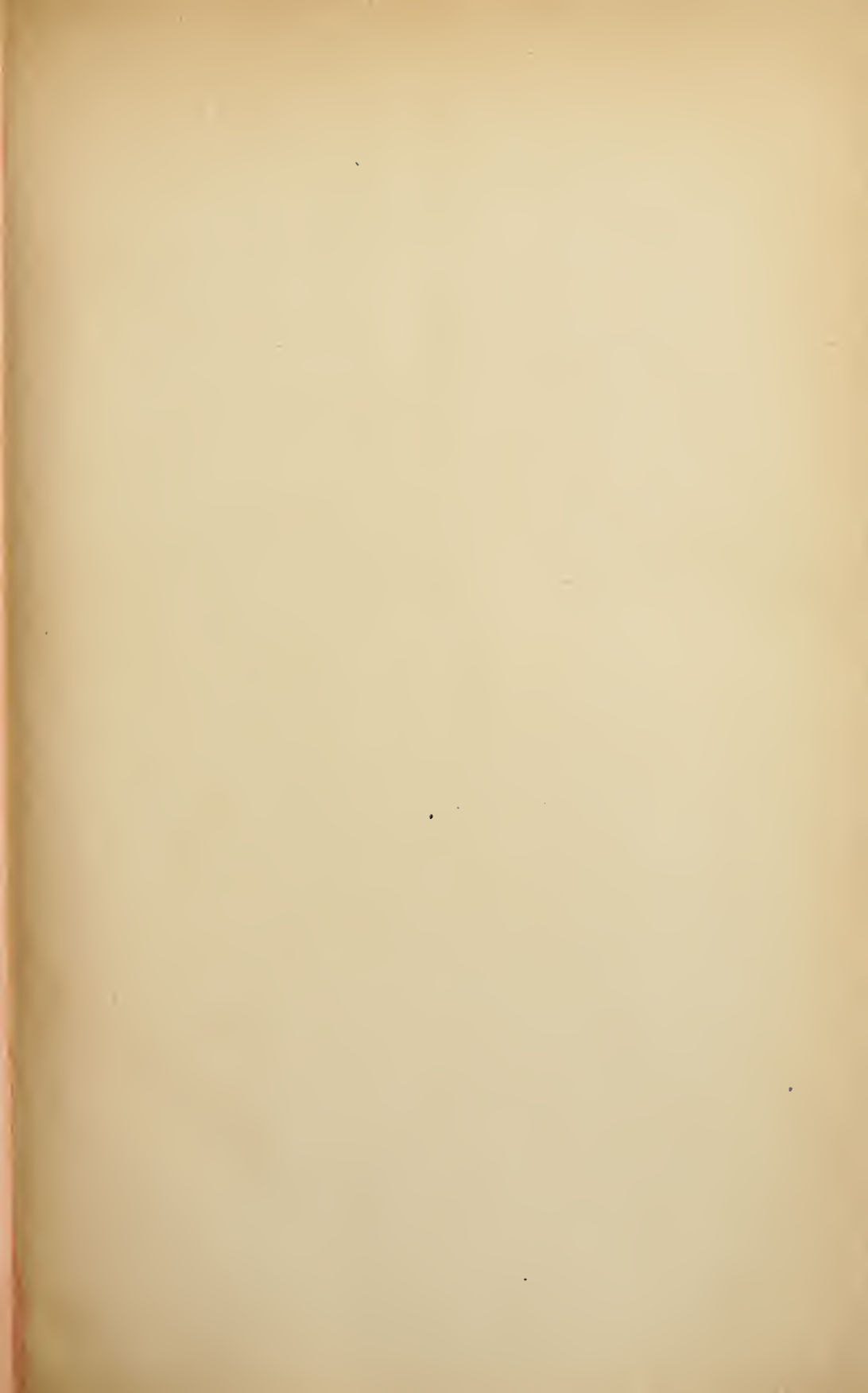




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INDEX.

- Abbey, O. L.—Wound of perineum and urethra; retention of urine; traumatic stricture; aspiration of bladder, 170.
- Abdomen, wound of, 577; contusion of, 753.
- Abdominal section done for ectopic gestation, 249; distention, sulphate of magnesia in, 538; for disease of uterine appendages, 798; section, 832.
- Abortifacient, quinine as, 829.
- Abortion, treatment of, 300, 307, 443.
- Abortionist brought to grief, 629.
- Abortive treatment of typhoid fever, 144; of furuncles, 263.
- Abscess psoas, 18; pelvic, drainage of, 462; of both ovaries, 576; of cornea, 734; ischio-rectal, 807; of spleen 810.
- Absorption, spontaneous, in empyema of children, 365.
- Accidents in prescribing, 391; service, 437.
- Acetone and diacetic acid in urine, 310.
- Acid, salicylic and iron, 129; in food, 616; boracic for leucorrhœa, 155.
- Acid, carbolic poisoning, 365; hydrochloric in removal of necrosed bone, 428; carbolic in hydrocele, 569; sulphuric poisoning, 766.
- Acids in canned goods, 592.
- Acne, 823; treatment of, 714.
- Actinomycosis, case of, 842.
- Acute, mania treatment of, 80; polymyositis, 461; rheumatic peritonitis, 680.
- Address to Medical Societies of the United States, 834.
- Adenitis, axillary in tuberculosis of lung, 546.
- Adulteration of food, 123; of morphine, 268.
- Ady A.—Plugging the nostrils, 161; Large doses of morphia, 227, 270; Quinine in pneumonia, 302; Persistent priapism, 559; Experience with veratrum viride, 671; Hemorrhage into an intra-peritoneal pus cavity, 815.
- Agaricin used in Bellevue Hospital, 191.
- Albuminuria among the sick, 253.
- Alcohol in high latitudes, 525; and its uses, 764.
- Alimentation in phthisis, 235.
- Allen H.—Some old-time prescriptions, 39.
- Allyn H. B.—Treatment of ringworm of the scalp, 106; Hypnotism and its curative uses, 703.
- Almen's test for sugar, 370.
- Alopecia areata treatment of, 215.
- Ambergris, large piece of, 660.
- Amenorrhœa, 90.
- Ammonia-picrate, in malarial fevers, 189.
- Ammonium and iron in hypertrophy of spleen, 179; chloride of in diseases of liver, 785.
- Amnesia, verbal due to shock, 690.
- Amusing experiences of a druggist, 434.
- Anæmia or chlorosis of girls, 854.
- Anæsthesia, by vibration, 27; cocaine, 118; dental, 300; local, 604.
- Anæsthetic, bichloride of methylene an, 12; warm ether an, 95; Parson's local, 366.
- Analgesics, antipyrin and antifebrin as, 184.
- Anderson, Winslow.—Prescription writing, 510.
- Angina pectoris, hysterical, 213.
- Analysis of beer, 563; of cure for cancer, 689.
- Anarsarca due to heart trouble, 109.
- Anatomy, section on, 382.
- Anchylrosis, fibrous, of knee-joint, 197.
- Anemia, pernicious, 656.
- Aneurism cured by position, 53; innominate, 86; ligation of subclavian artery for, 469; of left ventricle, 542; of leg, 545; of aorta in childhood, 549; of aorta cured by operation, 778; of aorta, 841.
- Animals, wild, diseases of, 258; diphtheria in, 61; foot and mouth disease of, 805.
- Antifebrin, the new antipyretic, 119; solvent for, 273; in fevers, 551; in hay-fever, 883.
- Antipyretic treatment in croupous pneumonia, 1; antifebrin, the new, 119.
- Antipyrin, 687; in thermic fever, 171; an analgesic, 184; in pregnancy, 581; in intercostal neuralgia, 849; in hay-fever, 883; in headache and epilepsy, 21; in subcutaneous injections, 222; in headaches, 71.
- Antisepsis for urethra and bladder, 844.
- Antiseptic, iodoform, 82; dressing, 165; system of surgery, 250; sponges, 268; rules, 319; practice, position of, 405; value of coffee as an, 648; corrosive sublimate as, 649; duels, 661; biniodide of mercury an, 759.
- Aorta in childhood, aneurism of, 549; aneurism cured by operation, 778; aneurism of, 841.
- Apomorphine in whooping cough, 155; in respiratory diseases, 557.
- Appendix vermiformis, inflammation of, 697.
- Argument and ridicule, 466.
- Aromatics and bacteria, 267.
- Arteritis, gangrene due to, 131.
- Artery, iliac, ligation of, 526; coronary, atheroma of, 542.
- Arthritis of knee, 773.
- Articular rheumatism, 214.
- Artificial diabetes, 259; fecundation, 777.
- Asthma crystals without asthma, 647; cured by relief of constipation, 783.
- Aspinwall, John.—Correction about honey, 469.
- Aspiration of bladder, 170.
- Association of medical superintendents of the insane, 49.
- Ataxia, locomotor, 292, 631.
- Atheroma of coronary artery, 542.

- Athletes. of interest to, 725.
 Atropia injections for gonorrhœa, 192; in dilatation of pupil, 572; in opium poisoning, 573.
 Atropine, santionate of, 85; stimulating action of, 484.
 Aulde, John.—treatment of common uterine affections, 279; administration of quinine, 301; strophanthus hispidus, 346; small doses, 738.
- Bacteria, are tumors caused by, 181; and aromatics, 267.
 Bacterial cultures, 542.
 Bacteriotherapy in splenic fever, 811.
 Bacilli, typhus in blood, 390.
 Bacillus, ode to, 275; of scarlet fever, 297.
 Bacteriology vs. chemistry, 650.
 Barnes, S. P.—Menstruation, 881.
 Barton, J. M.—Details of antiseptic dressing, 165.
 Base ball injuries, 44, 162.
 Bates, Jas.—Base ball injuries, 162; gonorrhœa, 270.
 Baths, oxygen, in febrile conditions, 179; Turkish, in diseases of circulation, 517.
 Battey's operation, 482.
 Bauer, Louis.—Fibrous ankylosis of knee, 197.
 Bay rum trade-mark case, 629.
 Beauty, personal, and romantic love, 435.
 Be bugs, urticaria from, 188.
 Beer, why it is bitter, 66.
 Belladonna in diabetes, 181.
 Benjamin, D.—The present position of antiseptic practice, 405; Improved splint, 700.
 Bennett, S. A.—Correspondence, 881.
 Benzol, in whooping-cough, 886.
 Bergeon's method, 192, 200, 223.
 Berlin letter, 289.
 Beverage, influence on digestion, 84.
 Bichloride of methylene, 31; anæsthetic, 12.
 Biliary calculi with absence of gall bladder, 553.
 Billings, F. S.—Pathological and Biological Work, 849.
 Biological and Pathological Work, 849.
 Births, still, 609.
 Bismuth, iodide, for chancre, 624.
 Bisulphide, carbon, 162; in pulmonary disease, 87.
 Blackwell, E. T.—Pneumonia, complex in its origin and nature, 133; Purpura hemorrhagica as a complication, 170; Tobacco, safe and unsafe methods of exhibition, 312.
 Blackwood, W. R. D.—Galvano-puncture in tubal pregnancy, 313; Electricity as a means of inflicting the death penalty through process of law, 761.
 Bladder, gas in, 158; aspiration of, 170; in ox, rupture of, 223; inflammation of, 636, 806; diverticula of, 641; foreign bodies, 740; rupture of, 773; antiseptics for, 844.
 Bland's pills, 724.
 Blisters for infants, 26.
 Blood, spitting of, hysterical, 139; typhus bacilli in, 390; portal, in animals; 421; cells, vitality of, 649.
 Blue pus, 784.
 Books disinfecting, 886.
 Boone, D. W.—Atropia injections for gonorrhœa, 192.
 Boracic acid for leucorrhœa, 155.
 Boric acid for sty, 592.
 Bothriocephali, ninety from one patient, 688.
 Bougies, medicated, 269.
 Bowels, internal obstruction of, 812.
 Brains of deaf and dumb, anatomy of, 776.
 Breast, fibroma of, 3; operation for cancer of, 683.
 Breathing pure oxygen, 304.
 Breech presentation with hydrocephalic head, 640.
 Bright's disease, lightning stroke followed by, 110; mental affections with, 709.
 Brobst, J. C.—Egyptian tamarind for hemorrhoids, 640.
 Bromidia, 305.
 Bronchial catarrh, 331.
 Bronchitis from mechanical irritation, 79; eucalyptus in, 618.
 Broncho-pneumonia infantile, 857.
 Browne, Lennox.—An unrecognized cause of many throat ailments, 506, 516.
 Brutality legalized, 502.
 Bunions, about, 805.
 Bundy, A. D.—Medicine in Iowa, 399.
 Burden, conjugal, 863.
 Burial or cremation, 424.
 Burns, treatment of, 121.
 Burr, H. N.—Case of morphine idiosyncrasy, 206; treatment of epistaxis, 553.
 Butterine or margarine, 499.
 Buttermilk in nutrition of invalids, 775.
- Cadavers, preservative of, 216.
 Cecum, tumor near, 751.
 Cæsarean, section on cow, 128.
 Calcareous concretions in external ear, 542.
 Calculi, renal, and white wine, 592.
 Calculous formation, foreign body with, 547.
 Calculus, salivary, 53; in Syria, 457.
 Calkins, A. E.—The etiology and treatment of female sterility, 201; Puerperal mastitis, 539.
 Calomel in hypertrophic, cirrhosis of liver, 681; in diseases of children, 786.
 Camphor and charcoal, 192.
 Camping on Mont Blanc, 432.
 Canadensis hydrastis, 219.
 Cancer, encephaloid, of face, 9; of lip, carcinoma from, 116; uterine, treatment of, 452; lime treatment of, 654; of breast, 683; analysis of cure for, 689; etiology of, 805; bacillus, 886.
 Cannabis Indica, in diarrhœa, 332.
 Canned goods, acids in, 592.
 Carbolic oxide of mercury, in syphilis, 52; acid poisoning, 345; acid in radical cure of hydrocele, 569.
 Carbolsol oil in scarlet fever, 580.
 Carbon bisulphide, 162.
 Carcinoma from cancer of lip, 116.
 Cardiac orifice of stomach, stricture of, 722.
 Carpenter, Wesley M.—Delirium tremens, 791.
 Carotid, ligation of, 581, 778.
 Cataract, 105.
 Carrell, J. B.—Cerebral rheumatism, 705.
 Cascara anarga, 528; sagrada, 657, 712.
 Castor oil draught, 337.
 Castration in epilepsy, 844.
 Catarrh, bronchial, 331; fever, 567; vesical, fluid extract of pichi in, 854.
 Catarrhal vulvo-vaginitis in children, 827.
 Catheterization of ureters, 768.
 Cerebellar tumor, 626, 871.
 Cerebral localization, 277; softening, 467; rheumatism, 705; tumor, removal of, 777.
 Cervical glands, excision of, 116.
 Cinchona growing in Réunion, 565.
 Circinate lesions, purpura with, 564.
 Cirrhosis of liver, 89; with jaundice, 339; hypertrophic of liver, 577, 681.
 Champagne vs. cholera, 755.
 Chancre, iodide of bismuth for, 624.

- Chapped hands, 886.
 Charcoal and camphor, 192.
 Charcot and hypnotism, 230; clinic picture of, 35.
 Charlatan, a regular, 787.
 Chase, M.—Consultation with licensed homœopaths, 497.
 Cheatham, W.—The pupil in health and disease, 41.
 Cheerfulness, 651.
 Chemist, sagacity of, 403.
 Chemistry *vs.* bacteriology, 650.
 Chichipate, 528.
 Childhood, chronic incontinence of urine in, 359; aneurism of aorta in, 549.
 Children, diarrhoea of, 28; scarlatinal uremia in, 258; diseases of, kefir in, 260; aspiration and early incision in empyema of, 365; diseases of, 383; treatment of convulsions in, 431; incontinence of urine in, 559; calomel in diseases of, 786; cure of, 813; nephritis in, 820; catarrhal vulvo-vaginitis in, 827; over excitement in, 846; gonorrhœa in, 853.
 Cholera, 614; infantum, treatment of, 91, 224; in South America, 733; no fear of, 465; infection, investigation of, 516; in New York, 535, 629; *vs.* champagne, 755.
 Chloride of ammonium in diseases of liver, 785.
 Chloroform, recent literature on, 146; in spasmodic croup, 738; death under, 777.
 Chlorosis, 56; supra-orbital neuralgia in, 112; of girls, 854.
 Chorea cured by typhoid fever, 778.
 Chronic rheumatism, 172; laryngitis, its sequelæ, 426; diphtheria, 615; peritonitis, laparotomy for, 809.
 Chyluria, 869.
 Clairvoyante diagnosis, 274.
 Clark, H. H.—Ligation of the third part of the right sub-clavian artery external to the scaleni muscles, for aneurism; death on the seventeenth day from abscess of the sac and septicæmia, 409.
 Clavicle, fracture of, 796.
 Cleansing the hands, 214.
 Climatology and demography, 383.
 Clitoris, ligation of, 882.
 Cocaine in cure of tetanus, 94; anæsthesia, 118; in tonsillitis, 213; influence of, 283; in strictures of urethra, 427; in labor, 429; ligation of external iliac artery under, 526; hydrochlorate of, 604; in diseases of stomach, 745; poisoning with, 843; in obstetrics, 886.
 Cocculus indicus, 401; poisoning from, 431.
 Cockey, C. H.—Medical epitaphs, 497.
 Cod-liver oil, emulsion of, 525.
 Coffee, antiseptic value of, 648; and tea, 658.
 Cohen, S. S.—Alimentation in phthisis, 235; Some practical points in connection with catarrhal fever, 567.
 Cold, influence on heart, in fever, 888.
 Colic, nephritic, operation for, 812.
 Colleges in good standing, 274.
 Collodion iodol, 688.
 Colonial and international congress on inebriety, 34.
 Colvin, D.—Homœopathy, 59.
 Comma bacilli, injection in pigs, 182.
 Composition for removing ink, 400.
 Comstock, T. G.—Scarlet fever, 60.
 Conception, act of, 619; products retained, 867.
 Condurango bark in diseases of stomach, 390.
 Congenital myomas, 421; dislocation of hip, 425.
 Congestive headaches, 545.
 Congress, funds for, 228; of American physicians and surgeons, 597.
 Conjugal burden, 863.
 Conjugal question, 572, 592, 643, 751; woman's view of, 468; man's side, 497.
 Conjunctive, hemorrhage from, 527.
 Consciousness after decapitation, question of, 366.
 Constipation, habitual, gravel purgative in, 182; chronic, treatment of, 681; asthma cured by relief of, 783.
 Constriction, tetanoid, of uterus, 843.
 Consultations with licensed homœopaths, 497.
 Consumption, treatment of, 37, 120, 224.
 Contagiosa eczema papulosa, 189.
 Contention, a bone of, 195.
 Contributed articles, 466, 469.
 Convulsions, epileptic, temperament in, 215; epidemic of, 367; in children, treatment of, 431; puerperal, 642; pilocarpine in, 682; unilateral, 707.
 Cooper Hospital, Camden, N. J., 130.
 Coriaria thymifolia, 35.
 Cornea, transplantation of, 98; abscess of, 734; ser-piginous ulcer of, 735.
 Corrosive sublimate, 587; antiseptic, 649.
 Corset, evil effects from, 786.
 Cough, whooping, treatment of, 87; eucalyptus in, 618.
 Country practitioners, urine examined by, 153; in Texas, 269; experience of, 584.
 Cranium, gunshot wound of, 772.
 Cremation, by Boarry system, 83; or burial, 424.
 Creoline, 872.
 Creosote, effect produced by, 94.
 Cricoid cartilage, extirpation of, 481.
 Criminal, shall a doctor inform on a, 584; gait of, 400.
 Criticism, ill-natured, 848.
 Crothers, T. D.—Inebriety and inebriate hospitals in America, 637.
 Croup, chloroform in spasmodic, 738.
 Croupous pneumonia, 671.
 Crown Prince's throat, 651.
 Curability of tabes dorsalis, 389.
 Cyst, post-rectal dermoid, 648.
 Cystic ovaries, 116; enlargement of vulvo-vaginal gland 151; sarcoma of inferior maxilla, 771.
 Cystotomy, 806.
 Cysticercus in anterior chamber of eye, 844.
 Dangerous toy, 501.
 Darwin as a medical student, 885.
 Datura seeds, poisoning by, 591.
 Dead failure, limited, 216.
 Deaf, intermarriage of, 683; and dumb, anatomy of brains of, 776.
 Death, after a dog's bite, 127; from pollution of well, 130; in dentist's chair, 401.
 Decapitation, question of consciousness after, 366.
 Deglutition of air, 118.
 Delirium tremens, 791.
 Delivery of after-coming head, 769.
 Dental anesthesia, 300; and oral surgery, 382.
 Dentistry, in Germany, 67; for country practitioner, 398; American, an English opinion of, 661.
 Dentrifice, steatite as, 65.
 Dermoid cyst of the ovary, 714.
 Destroyers, the two, 65.
 Detection of a criminal by a doctor, 562; of metallic bodies with magnet, 714.
 Deviations of the septum narium, 183.

- Deweese, W. B.—Pregnancy complicated with hydroperitoneum, 573.
- Diabetes, 485; new remedy for, 51; action of belladonna and opium in, 181; artificial, 259; melitus, etiological factor in, 233; patient in search of health, 329; jambul in, 654.
- Diagnosis of simulated joint-trouble, 66; brilliant clinical, 180; of clairvoyante, 274; error in, 554; of a layman, 566.
- Diaphragm, rupture of, 618.
- Diarrhoea of children, 28; treatment of, 218; summer, treatment of, 224; cannabis Indica in, 332.
- Diet on health, influence of, 589.
- Differential diagnosis of tuberculous meningitis, 581.
- Digestion, infused beverages on, 84.
- Dilatation, treatment of piles by, 122; of pupil, 300, 572; of stomach, 541.
- Diller, Theo.—Gangrene of the lung complicating croupous pneumonia, 671.
- Diphtheria, 721, 814; epidemic of, 14; treatment of, 225; in animals, 501; circumscripta, 547; chronic, 615.
- Diseases, pulmonary expectorants in, 74; of wild animals, 258; kefir in, of children, 260; treatment of, 261, 298; of joints, 357; bark of condurango in, of stomach, 390; heart, treatment of, 490; Turkish baths in, of circulation, 517; terebene in, of lungs, 555; apomorphia in respiratory, 555; hip joint, 729; cocaine in, of stomach, 745; chloride of ammonium in, of liver, 785; calomel in, of children, 786.
- Dislocation, congenital, of hip, 425; of scapula, 617; of thoracic viscera, 618.
- Disinfectant, iodine as, 647.
- Disinfection, 552.
- Disocorine in hepatic colic, 268.
- Distilled water, in eye lotions, 33; not good for eye lotions, 305.
- Distillery swill a food, 554.
- Diverticula of bladder, 644.
- Dock, Geo.—Sulphuric acid poisoning, 766.
- Doctor shot, 26; in trouble, 230.
- Doctor's story, 306; good place for, 691.
- Doses, large, 608; small, 738.
- Douche in puerperal septicemia, 345.
- Drainage in pelvic abscesses, 462.
- Dressing, sterilized, 81; antiseptic, 165; sanitary reform in, 560; for broken finger, 591.
- Drink for harvest field, 590.
- Drinkers, moderate, duration of life in, 813.
- Dropsy, pilocarpus in, 559.
- Druggist, duties of, 98; experience of, 434.
- Drugs in New Jersey, 626.
- Dulles, Charles W.—A simple way to apply fluid to the nasal cavity, 171.
- Duration of life in moderate drinkers, 813.
- Dysentery, 624; treatment of, 292.
- Dyspepsia, 261, 298; hydrochloric acid for, 94.
- Dyspnoea pyridin in, 128.
- Ear, calcareous concretions in, 542; syncope from syringing, 657.
- Eclampsia, puerperal, 316; oxygen in, 810.
- Ectro-melic monster, 576.
- Eczema, papulosa contagiosa, 189; at menopause, 184.
- EDITORIALS:
- The New Volume of the REPORTER, 25.
- The Monument to Benjamin Rush, 25.
- A Doctor Shot, 26.
- A Hanging Experiment, 26.
- Blisters for Infants, 26.
- Ideas and Indexes, 26.
- Treatment of Tumors of the Bladder, 54.
- The Effects of Ether on Living Nerves, 55.
- Morphinism, 55.
- Was it Slander? 55.
- True Cirrhosis of the Liver vs. Cardiac Cirrhosis, 89.
- Heroic Treatment, 89.
- New Test for Watered Milk, 90.
- English Doctors Disappointed, 90.
- Treatment of Ozena by Animal Grafting, 90.
- Adulteration of Food, 123.
- The Treatment of Hydrophobia, 124.
- Club Rates, 124.
- The Journal and the Association, 125.
- The Treatment of Varicose Veins of the Leg, 157.
- Specialists' Slang, 158.
- Gas in the Bladder, 158.
- A Queer Theory, 158.
- Deviations of the Septum Narium, 183.
- The Difficulties and Deserts of Medical Journalism, 183.
- Antipyrin and Antifebrin as Analgesics, 184.
- Modern Methods in Hypodermic Medication, 184.
- Scarlet Fever and Milk, 221.
- Antipyrine in Subcutaneous Injections, as a Substitute for Morphia, 222.
- Soluble Salt of Quinine for Hypodermic Use, 222.
- Artificial Diabetes, 259.
- On the Employment of Kefir in the Diseases of Children, 260.
- In Memoriam—Nathaniel Archer Randolph, M. D., 296.
- Sanitary Progress in Midwifery, 296.
- The Bacillus of Scarlet Fever, 297.
- The Autumnal Fevers, 329.
- A Diabetic Patient in Search of Health, 329.
- The International Medical Congress, 331.
- Chronic Incontinence of Urine of Childhood, 359.
- Pneumothorax, 360.
- Pyrexia and Fever, 361.
- Accidents in Prescribing, 391.
- The Utility of Intestinal Antiseptics, 392.
- Gonorrhoea in Women, 423.
- Burial or Cremation, 424.
- No Fear of Cholera, 465.
- Argument and Ridicule, 466.
- Woman's View of the Conjugal Question, 466.
- About Contributed Articles, 466.
- Acknowledgment, 367.
- The Philadelphia Medical Times, 467.
- Studies in the Public Schools, 489.
- The Treatment of Heart-disease, 490.
- The Nature of Tetanus, 521.
- College of Physicians and Surgeons, 522.
- Nervous Palpitation Cured by Climbing Stairs, 551.
- The Communicability of Tuberculosis, 551.
- Disinfection, 552.
- Experience of Country Practitioners, 584.
- Shall a Doctor Inform on a Criminal? 584.
- Ventilation, 585.
- Veratrum Viride, 585.
- On the Act of Conception, 619.
- Morphinomania, 620.
- Iodoform as a Germicide, 620.
- Saccharine, 621.
- The Jefferson Medical College, 621.

- Corrosive Sublimate as an Antiseptic, 649.
 The Vitality and Capabilities of Blood Cells, 649.
 Chemistry vs. Bacteriology, 650.
 Researches on Menstruation in Syria, 650.
 Hypodermic Medication of Animals, 651.
 Cheerfulness, 651.
 The Crown Prince's Throat, 651.
 Inter-marriage of the Deaf, 683.
 The Result of Operation for Cancer of the Breast, 683.
 Hemorrhage from Varicose Veins of the Labium in Pregnancy, 684.
 The Microscope in Medicine, 684.
 Epilepsy and Nystagmus, 685.
 Removing the Ovaries of Insane Women, 715.
 The Bovine Origin of Scarlet Fever, 716.
 The Seybert Commission on Spiritualism, 717.
 The Utility of Intestinal Antiseptics, 392.
 The Treatment of Pneumonia, 717.
 Suture of the Urethra after Laceration, 718.
 A Case of So-called Hydrophobia, 719.
 International Copyright, 719.
 Gleditschin, 719.
 The Physical Development of Americans, 747.
 The Treatment of Typhoid Fever, 747.
 The Influence of Typhoid Fever upon Insanity, 748.
 A Hospital Quarrel, 749.
 Rabies from Tanacetia Acid, 749.
 Leprosy in America, 779.
 Strychnia as a Heart Stimulant, 780.
 Vegetarianism, 780.
 A Danger from Sewing Machines, 781.
 The Journal of the American Medical Association, 781.
 Bacteriotherapy in Splenic Fever, 811.
 Operative Treatment of Internal Obstruction of the Bowels, 812.
 Some Points in the Care of Children, 813.
 Duration of Life in Moderate Drinkers, 813.
 Impurities in Ice, 845.
 Over-excitement of Children, 846.
 An Appeal for a National Quarantine Law, 847.
 Hydrophobia, 847.
 Ill-natured Criticism, 848.
 Plugging, 848.
 Close of Vol. Fifty-seven, 877.
 Germs and Peritonitis, 877.
 Quack Advertisements in Religious Newspapers, 878.
 A Secret of Success, 879.
 Edmunds, T. C.—Fatal Carbolic Acid Poisoning occurring from Uterine Douche Administered in Puerperal Septicemia, 345.
 Electricity in Gynecological Practice, 120, 872; in Treatment of Fibroid Tumors, 254; in Chronic Constipation, 681; instead of Hanging, 761.
 Electrified Ice Cream, 305.
 Electrolysis for Fibroid, 867.
 Element of Truth in Popular Beliefs, 272.
 Eliot, L.—Puerperal Eclampsia, 316.
 Emetic, Melon Root, as, 223; Nitrate of Potash as, 686.
 Emmenagogue, Indigo, as, 160.
 Empyema of Children, Spontaneous Absorption in, 365; Exophthalmia from, 495.
 Emulsion of Cod-liver Oil, 525; of Castor Oil, 883.
 Enchondroma, Extirpation of Cricoid Cartilage for, 484.
 Endocarditis, Gonorrhœal, 291.
 Enemata, Cold Water in Jaundice, 339.
 Eneucleation, Slow, Removal of Lower Jaw by, 362.
 Eneuresis, Rhus Aromaticus for, 628.
 Epidemic of Convulsions, 367; of Miliary Sweat Rash, 713.
 Epididymitis, Massage in, 22.
 Epilepsy, Antipyrine in, 21; and Nystagmus, 685; Sudden Death from, 695; Castration in, 844.
 Epileptic Convulsions, Temperature in, 215.
 Epistaxis, Treatment of, 558; by Counter-Irritation, 84.
 Erections, Painful, Treatment of, 775.
 Ergot in Incontinence of Urine in Children, 559.
 Erysipelas, Hepatic, 33; Relation to Syphilis, 181; Treatment of, 358, 366, 746.
 Esch, Jost P.—Diphtheria, 814.
 Ether, its Effects on Living Nerves, 55, 304; warmed an Anæsthetic, 95; a Parasiticide, 122; Recent Literature on, 146; Variety of, 258.
 Ethics, Question of, 163.
 Etiological Factor in Diabetes Mellitus, 283.
 Encalyptol injections in tuberculosis, 294.
 Eucalyptus in whooping-cough and bronchitis, 618.
 Encephaloid, cancer of face, 9.
 Eustis, W. C.—Curative effects of morphine, 334
 Physician and Pharmacist, 797.
 Excision of knee, uniting the tibia and femur in, 16; of hip-joint, 18; of cervical glands, 116; of tongue, 355.
 Exophthalmia from empyema, 495.
 Expectorants in pulmonary diseases, 74.
 Expert services, suit for, 437.
 Exploratory incision, 770.
 Extirpation of eye, 395; of cricoid cartilage, 484.
 Eye lotions, distilled water in, 33; not good for, 305; diseases, treatment of, 103; foreign body in, 326; of adult imbecile, 380; cysticercus in anterior chamber of, 844.
 Facial neuralgia, napelline, 87; sweating, 156.
 Faith cure, a clergyman on, 97.
 Fashion and dress, 501.
 Fasting, individual resistance to toxic agents by, 22.
 Fatal mistake of nurse, 130.
 Febrile conditions, oxygen baths in, 179.
 Fecundation, artificial, 777.
 Fedeli Gregorio.—Roman fever, 508.
 Feeding infants' bottles, 737.
 Female genitals, pruritus of, 125.
 Femur, fracture of, 449.
 Ferric salicylate, mode of preparing, 30.
 Fever, scarlet, 60; and milk, 221; in horse, 274; carbolized oil in, 580; and milk supply, 582; bovine origin of, 716; puerperal, relation of to pyosalpinx, 113; puerperal, 317, 319, 321; malarial, pierate of ammonia in, 189; malarial puerperal, 768; thermic, antipyrin in, 171; thermic, treatment, 180; thermic, 250; knowledge of, 2-6
 hay, 352, 496; antifebrin in, 351; and pyrexia, 361; autumnal, 329; the Roman, 508; typho-malarial, 537; catarrhal, 567; yellow or dengue, 508; typhoid, treatment of, 144, 747; case of, 334; traced to dairy, 875; hemorrhage in, 714; influence upon insanity, 748; chorea, cured by, 773; splenic, bacteriotherapy in, 811.
 Fibro-sarcoma of uterus, 576.
 Fibroid tumors, 804; treatment of, 254, 867; intra-uterine, 770.
 Fibroma of female breast, 3.
 Fibrous ankylosis of knee-joint, 197.
 Finger, broken, dressing for, 591.
 Fiske fund prize, 130.
 Fissures in ano, treatment of, 291.

- Fistula, urethral, 408; recto-vaginal, 775; vesico-vaginal, 778; in ano, 806.
- Flat-foot, Plantar spring for, 17.
- Flies, tuberculosis transmission by, 519.
- Fluids to nasal cavity, 171.
- Fluorides of ammonium and iron in hypertrophy of spleen, 179.
- Fœtal bones, removal of, 569.
- Fœtus, expulsion of, 177; expelled through rectum, 291; injury to during labor, 663, 672.
- Food adulterations, 35, 123.
- Foot and mouth disease, 805.
- Forceps, legal responsibility for use of, 396.
- Foreign body in eye, 326; with calculous formation, 547; in urethra and bladder, 740.
- Fox, L. W.—Engrafting cornea of rabbit in human subject, 492.
- Fracture, vertical of external malleolus, 223; treatment of, 422; of femur, 449; of cervical vertebra, 625; gun-shot, splint for, 653; intra-uterine of tibia, 682; of clavicle, 796.
- Fraudulent life insurance, 628.
- Free, J. E.—Lightning-stroke followed by acute Bright's disease, 110; Vomiting of pregnancy, 410; Conjugal question, 593.
- French wines and liquors, 64; toilet preparations, 163.
- Furey, G. W.—Trichiniasis, 590.
- Furuncles, abortive treatment of, 263.
- Fussell, M. H.—Gastric pain, 47; Acute nephritis, phthisis pulmonalis, 112; Thoracic aneurism, improvement by rest and potassium iodide, 354.
- Galaetorrhœa, case of profuse, 746.
- Gall bladder, biliary calculi, with absence of, 553.
- Galvano-puncture in tubal pregnancy, 313.
- Gangrene due to arteritis, 131; senile, 432; with encephaloid cancer of face, 9; of lung, 671.
- Gangrenous stomatitis, 373.
- Gas in bladder, 158.
- Gaseous enemata, purpura treated by, 167.
- Gaston, J. McF.—Diagnosis, pathology, and treatment of perforation of the appendix vermiformis, 236.
- Gastric pain, 47; juice in phosphorus poisoning, 421; disturbance from ovarian irritation, 477; ulcer, measles followed by, 755.
- Gates, L. M.—Extra-uterine pregnancy, removal of the fetal bones through the rectum after nine years, 569.
- Genitals, female, pruritus of, 125.
- Germicide, iodoform as, 620.
- Gerster, A. G.—Varicocele, 727.
- Gestation, ectopic, abdominal section done for, 249.
- Girls, anaemia or chlorosis of, 554.
- Given, A.—Homœopathy, 228.
- Gland, vulvo-vaginal, cystic enlargement of, 151; mammary, 714.
- Glands, excision of cervical, 116; lymphatic, palpation of, 267; supplementary mammary, 753.
- Glass-blowers' syphilis, 886.
- Glass cutting with scissors, 397.
- Gleet, treatment of, 94.
- Gleditschine, 593, 594, 607, 701, 719, 803.
- Glioma of retina, 395.
- Goitre, treatment of, 30; large, 712.
- Gonorrhœa, Noeggerath on, 20; atropia injections for, 192; in women, 423; treatment of, 257, 687; injections of quinine in, 548; in young children, 853.
- Gonorrhœal endocarditis, 291; orchitis, salicylate of soda in, 420; vaginitis, chloride of zinc in, 548; rheumatism, 647.
- Gout, treatment of, 364.
- Grafting, treatment of ozena by animal, 90.
- Granular lids, 734.
- Gravel as purgative in habitual constipation, 182.
- Green stools of infancy, 23.
- Grenier, Theo.—Case of dysentery, 624.
- Griffith, J. P. C.—Acetone and diacetic acid in the urine, 310.
- Grocer's prize, 61.
- Gross, S. W.—Fibroma of the female breast, basde upon a study of one hundred cases, 3.
- Growths, keloid, 771.
- Gummatous infiltration, treatment of, 548.
- Gunshot wound of cranium, 772.
- Gynecological practice, electricity in, 120.
- Hæmatoma of ovary, 644.
- Hæmatophobia, case of, 292.
- Hæmaturia, 870.
- Hallowell, R. C.—Therapeutics of stimulants, 237.
- Hands, cleansing the, 214.
- Hanging experiment, 26.
- Hare, H. A.—Alcohol and its uses, 764.
- Hart, de, M. F.—The Conjugal Question, 572.
- Hay fever, 352, 496, 883.
- Head, J.—Dentistry for country practitioner, 398.
- Headache, antipyrine in, 21, 471; ophthalmic, treatment of, 86; relations of uric acid to, 177; congestive, 545.
- Head, painful affections of, 471; injuries of, 774.
- Health, and disease, pupil in, 41; resorts, selection of, 493; influence of tobacco on, 500; of Jews, 532; State Board of, 693.
- Heart, trouble, anasæra due to, 109; disease, treatment of, 214, 490; affections in tabes dorsalis, 388; rupture of, 479; removal of needles from, 555; gunshot wound of, 578; spontaneous rupture of, 656; stimulant, strychnia a, 780; strophanthus in diseases of, 844.
- Helm, E. C.—Treatment of abortion, 443; Double uterus and vagina complicating labor, 833.
- Helonias in uterine hemorrhage, 381.
- Hemato-salpinx, 770.
- Hemianopsia, temporal, optic atrophy and, 475.
- Hemiplegia, case of, 707.
- Hemorrhage, at menopause, 115; intra-cranial, 869; operation for, 153; uterine, helonias in, 381; from the conjunctivæ, 527; uterine, 644; control of, 682; from varicose veins, 684; in typhoid fever, 714; from rupture of varicose veins of vulva, 787; after excision of tonsils, 809.
- Hemorrhagica, purpura, a complication, 170.
- Hemorrhoids, internal treatment of, 95, 851; Egyptian tamarind for, 640.
- Hepatic, erysipelas, 33; colic, disocorine in, 263.
- Hernia, traumatic, of diaphragm, 420; acute strangulated, 644, 865, 866; umbilical, 805; irreducible, 865.
- Herniotomy, 865.
- Herpes zoster ophthalmicus, 752.
- High license bill, 19.
- Hill, Newton.—Twins, etc., 881.
- Hillegass, J. P.—Remarkable case of typhoid fever, 334.
- Hip-joint, disease, 18, 729; excision of, 18; congenital dislocation of, 425.
- Hitchcock, H.—Homœopathy, 96.
- Hollister, C. G.—Senile gangrene complicated with encephaloid cancer of the face; spontaneous

- amputation, 9; Rodent ulcer cured with lactic acid, 444.
- Holmes, J. C.—Rupture of the heart, 479.
- Homicide or infanticide, 467.
- Homœopathic non-, cures, 430.
- Homœopaths, licensed, consultations with, 497; opinion, 627.
- Homœopathy, 31, 34, 59, 228, 302, 498.
- Honey, purity of, 469.
- Hopkins, W. G.—Antipyrin, 687.
- Hot water, effects upon the uterus, 462.
- Hour-glass contraction, placenta with, 706.
- Housewife, a hint to, 432.
- Huber, L.—Sending phthisical patients to Rocky Mountains, 861.
- Huffman, J. W.—Urethral fistula relieved by external perineal urethrotomy, 408.
- Humphreys, B. F.—Pilocarpus in dropsy, 559.
- Hurd, E. P.—Cerebral localizations, 277.
- Hydrastis canadensis, 219.
- Hydrocele, 644; infantile treatment of, 13; carbolic acid in, 569.
- Hydrocephalic head, breech presentation with, 640.
- Hydrochlorate of cocaine, 604.
- Hydrochloric acid for dyspepsia, 94.
- Hydroperitoneum, pregnancy complicated, 573.
- Hydrophobia, 793, 847; treatment of, 124; imitation of, 130; pseudo, 211; so-called, 719; death from, 723; spurious, 850, 883.
- Hygienic handwriting, 98.
- Hymen, nature of, 867.
- Hyoscine, therapeutics of, 421.
- Hyperperostosis subungualis, 212.
- Hypertrophy of spleen, fluorides of ammonium in, 179; of prostate, 363, 550.
- Hypertrophic cervical pachymeningitis, 294; chronic cirrhosis of stomach, 572; cirrhosis of liver, 681.
- Hypnotism, its curative uses, 703; in court, 842.
- Hypodermic injection of carbolic oxide of mercury in syphilis, 52; medication, 185; of animals, 650; injections in syphilis, 586.
- Hypospadias in female, 616.
- Hysterectomy, vaginal, 395.
- Hysterical blood-spitting, 139; angina pectoris, 213.
- Ice, to keep from melting, 657; impurities in, 844.
- Ice-cream poisoning, 126.
- Illegitimacy in Europe, 33.
- Imbecile, eye of, 380; punished, 590.
- Impetigo, ointment for, 390.
- Incontinence, chronic, of urine in childhood, 359, 559.
- Incrustation of tube in intubation of larynx, 644.
- Indexes and ideas, 26.
- Indigo an emmenagogue, 160.
- Inebriate hospitals in America, 637.
- Inebriety, International Congress on, 34.
- Infancy, green stools of, 23; uranoplasty in, 83.
- Infanticide or homicide, 467.
- Infantile hydrocele, treatment of, 13; colic, quinine in, 27.
- Infants, nursing, 588; feeding bottles, 737.
- Infantum, cholera, treatment of, 91.
- Infectious broncho-pneumonia of intestinal origin, 420; tonsillitis, 645.
- Inflammation of bladder, 636, 806; of appendix vermiformis, 697; of lungs, 774.
- Ingrowing nail, removal of, 746.
- Inhalation of sulphurous acid in tuberculosis, 819.
- Inhaling acid fumes, insanity from, 500.
- Injections of cocaine in tetanus, 94; of comma bacilli, 182; subcutaneous, 187; of sulphuretted water for phthisis, 191; atropia for gonorrhœa, 192; of yeast, 212; subcutaneous antipyrin in, 222; of iodoform oil in gonorrhœa, 257; of eucalyptol in pulmonary tuberculosis, 294; of quinine in splenic tumors, 431; of quinine in gonorrhœa, 548; of iodine, 809.
- Injuries of base-ball players, 44, 162; in woman pregnant with twins, 177; of head, 774.
- Innominate aneurism, 778.
- Inoculation of rattlesnake venom, 518; preventing scarlatina by, 805.
- Insane women, removing the ovaries of, 715.
- Insanity and prostitution, 21; fighting insanity, 6; true and simulated in crime class, 77; and oöphorectomy, 154; physiological aspect of, 287; from inhaling acid fumes, 500; uterine diseases in, 776.
- Insect bites, treatment of, 292; fight, 303; insurance, fraudulent, 628.
- Intercourse between dog and man, 435.
- Intermarriage of the deaf, 683.
- International Medical Congress, 335, 349, 382, 412, 445.
- International copyright, 719.
- Intestinal, tuberculosis, 180; antisepsis, utility of, 392; origin of broncho-pneumonia, 420.
- Intestine, rupture of, 753; resection of, 851.
- Instinct, medical, 563.
- Instruments, new, 783.
- Intra-cranial hemorrhage, operation for, 153; -peritoneal injection of comma bacilli in pigs, 182; -uterine fibroid, 770; -peritoneal pus cavity, hemorrhage into, 815.
- Intoxicating liquors sold by druggists, 660.
- Intubation of larynx, 644, 875.
- Iodine, reaction of starch, 66; colorless tincture of, 131; a disinfectant, 647.
- Iodism, case of, 268.
- Iodoform, an antiseptic, 82; substitute for, 188; in diarrhoea, 218; oil injections in gonorrhœa, 257; toxic effects of, 556; a germicide, 620.
- Iris, sarcoma of, 739.
- Iritis, 871.
- Iron and oxygen, syrup of superphosphate of, 23; and salicylic acid, 129.
- Irritation, mechanical bronchitis from, 79.
- Ischiatic crutch, 16.
- Ischio-rectal abscess, 80.
- Jackson, E.—Phlyctenular ophthalmia, 137.
- Jacobi, M. P.—Quinine in pneumonia, 29.
- Jaundice, treatment of, 339.
- Jefferson Medical College, 621.
- Jensen, P. C.—Asthma cured by relief of constipation, 783.
- Jhambul in diabetes, 654.
- Johnson, J. B.—The proper mode of preparing ferric salicylate, or mistura ferro-salicylate, 30; treatment of tedious labor, 60; formula for lithuria, 366; fluid extract of ergot for incontinence of urine in children, 559.
- Joint trouble, diagnosis of, simulated, 66.
- Journal of the American Medical Association, 731.
- Journalism, medical, difficulties and deserts of, 183.
- Keating, J. M.—Acute retroversion of uterus, 602.
- Kefir in diseases of children, 260.
- Kelly, Howard A.—Letter from Leipzig, 210.

- Keloid growths, 771.
 Keratitis, ulcerative, 734.
 Kerato-iritis, 735.
 Kidney, operations upon, 589.
 Knee, excision of, 16; white swelling of, 732; joint synovitis of, 172; joint, fibrous ankylosis of, 197; arthritis of, 773.
 Kotz, A. L.—Stricture of the cardiac orifice of stomach, 722.

 Label paste, 337.
 Labor, treatment of tedious, 60; cocaine in, 429; injury to fetus during, 663, 672; uterus and vagina complicating, 833.
 Laceration of perineum, 15; of tendo-achillis, 128; suture of urethra after, 718.
 Lactic acid in rodent ulcer, 444.
 Lange, J. C.—Use of expectorants in the pulmonary diseases, 74.
 Laparotomy for chronic peritonitis, 809.
 Laparotomy, 212; too late, 624.
 Laryngis pachydermia, 356.
 Laryngitis, tubercular, 88; chronic, its sequelæ, 426.
 Larynx, tracheotomy and intubation of, 297; intubation of, 644, 875.
 Laudanum poisoning, 590.
 Leeches, 194; preservation of, 303.
 Left-handedness, cause of, 682.
 Leg-holders, improvements in, 96; varicose veins, treatment of, 158; aneurism of, 545.
 Legal responsibility for use of forceps, 396; control of inebriates, 638.
 Leigh, C. W.—Inflammation of the bladder and urethra from abnormal conditions of the uterus, 636.
 Leipzig letter, 710.
 Leucorrhœa, boracic acid for, 155.
 Leukæmia, priapism in, 623.
 Leprosy, 609, 658; in America, 779; spread of, 784; contagious? 786; those cases of, 818.
 Leuf, A. H. P.—A few facts about injuries of base ball players, 44; base ball for physicians, 60.
 Lewis, Louis—Large doses, 608.
 Lewis, M. J.—Use of antipyrin in thermic fever, 171.
 Life, value of, 271.
 Ligation of subclavian arteries, 86; of subclavian artery for aneurism, 409; of external iliac artery, 526; of common carotid, 581, 778.
 Lightning-stroke followed by acute Bright's disease, 110.
 Lime in cancer, 654; juice cordial, 755.
 Liniment, improved hartshorn, 300; for renal colic, 421.
 Liquor license, 437.
 Listerism, Bantock on, 882.
 Lithæmia, 883.
 Lithotomy position, mechanical support for, 175.
 Lithuria, formula for, 366.
 Liver, cirrhosis of, 89, 884; cirrhosis, with jaundice, 339; hypertrophic cirrhosis of, 681; chloride of ammonium in, 785; enlargement of, 807.
 Localized facial sweating, 156.
 Loco weed, 195.
 Locomotor ataxia, 631; treatment of, 292.
 London letter, 207.
 Longevity in U. S., 61.
 Lumbago, pathology of, 264; immediate relief, 554; prescription for, 721.
 Lunacy regulations in France, 305.
 Lung, expulsion of pin from, 23; gangrene of, 671; abscess in, 873; foreign body in, 874.
 Lungs, terebene in diseases of, 555; inflammation of, 774.
 Lupus, treatment by scraping, 178.
 Lymph, degeneration of, 57.
 Lymphatic glands, palpation of, 267.
 Lymphoma, malignant, 141.

 Macready, J.—Malignant lymphoma, or Hodgkin's disease, with pneumonic complications, 141.
 Magnesia in peritonitis after laparotomy, 538; in abdominal distension, 538.
 Malaria, nervous system after, 776.
 Malarial fevers, picrate of ammonia in, 189; typho-fever, 537; neuralgia, 574; fever, puerperal, 768.
 Male, sterility in, 774.
 Malignant lymphoma, 141.
 Malleolus, external vertical fracture of, 223.
 Mammary gland, 714, 753.
 Man eats, how much a, 591.
 Manchester, H. L.—Predicting the sex of the unborn, 61.
 Mania, acute, treatment of, 80.
 Man's side of conjugal question, 497.
 Margarine and butterine, 499.
 Martin, A.—Procidencia uteri, 439.
 Martineau's new remedy for diabetes, 51.
 Marvellous voice, 713.
 Massage in traumatic orchitis and epididymitis, 22; in sciatica, 816.
 Mastitis, puerperal, 539.
 Mattison, D. E.—Carbon bisulphide, 162.
 Mattison, J. B.—Gleditschine-stenocarpine, 593.
 Matriculants, preliminary examination of, 367.
 Maxilla, cystic sarcoma of inferior, 771.
 McBride, T. B.—Improvement in leg-holders, 96.
 McKelway, G. I.—Saccharin, 623.
 McTaggart, F.—Abortive treatment of typhoid fever, 144.
 Mays, Thos. J.—The external treatment of pulmonary consumption, 37; Prolonged expiration of incipient phthisis, 570.
 Measles followed by gastric ulcer, 755.
 Mechanical irritation, bronchitis from, 79.
 MEDICAL SOCIETIES:
 American Gynecological Society, 479.
 American Orthopædic Association, 16.
 American Public Health Association, 596.
 British Medical Association, 250, 284, 317.
 British Gynecological Society, 766.
 Crawford County, Pa., Medical Society, 400.
 Chicago Medical Society, 172, 542.
 Clinical Society of Maryland, 146, 771.
 College of Physicians of Philadelphia, 835.
 New Hampshire Medical Society, 13.
 New York Academy of Medicine, 739, 805, 865.
 New York County Medical Society, 614, 805.
 New York Pathological Society, 644.
 Obstetrical Society of Philadelphia, 575, 768.
 Pennsylvania State Medical Society, 47.
 Pennsylvania Pharmaceutical Association, 19.
 Philadelphia Clinical Society, 710.
 Philadelphia County Medical Society, 113, 151, 514, 609, 672, 740, 798.
 Philadelphia Neurological Society, 707.
 Philadelphia Pathological Society, 576.
 Medical matters in Vermont, 193;—epitaphs, 269, 497; American, literature, pessimistic view of, 273; journals, take a large number of, 368; female students, 268; fees, 435; union-association, 469; practice (native) in Syria, 530; in-tinct, 563; aphorisms, 660; societies of United States, an address to, 834.

- Medication, hypodermic, 185.
 Medicine with or after meals? 265; address in, 284; in Iowa, 399; in Spain, 501; as taught in eleventh century, 594.
 Melon root an emetic, 223.
 Menière's disease, 258.
 Meningitis, tuberculous of childhood, 531; tubercular, 644; cause of, 632.
 Menopause, hemorrhage at, 115; eczema at, 484.
 Menstrual fluid, retention, 522.
 Menstruation in Syria, 650; vicarious, 755; early, 881.
 Mental overwork in schools, 487; affections! with chronic Bright's disease, 709.
 Mercurial necrosis, 174.
 Mercury, carbolic oxide in syphilis, 52; antiquity of, 66; biniodide, an antiseptic, 759.
 Metallic bodies, detection of, 714.
 Methylene bichloride, an anæsthetic, 12; bichloride of, 31; chloride a narcotic, 517.
 Microscope in medicine, 634.
 Midwifery, sanitary progress in, 296; rare presentation in, 643.
 Milk, care of, 32; of swill-fed cows, 63; diet in therapeutics, 159; and phthisis, 218; scarlet fever and, 221; unwholesome, 275; supply and scarlet fever, 582; through ear, regurgitation of, 754.
 Milch cows, distillery swill a food for, 554.
 Mistake, an unhappy, 369.
 Mistletoe, 160; therapeutic, applications of, 342.
 Mollusc, 218.
 Mon-trosity, killing a, 659.
 Monument to Benj. Rush, 25; to Audubon, 712.
 Moore, V. H.—Nitrate of potash as an emetic, 636.
 Morbid conditions of urine, 503, 514.
 Morphia, substitute for, 222; large doses of, 227, 270.
 Morphine habit, sulphate of sparteine in, 86; in whooping-cough, 155; idiosyncrasy, 206; adulteration of, 268; curative effects of, 334; death from, 401.
 Morphinism, 55.
 Morphinomania, 620, 724.
 Morse, W. H.—Gleditschine, 701.
 Mortality of physicians, 273.
 Mosquitoes, poisoning fangs of, 369.
 Mud poisoning, 363.
 Mouth and foot disease, 805.
 Mummy of Sesostris, 368.
 Muser, J. H.—Treatment of jaundice by cold water enemata; cirrhosis of the liver with jaundice, 389.
 Myomas, congenital, 421.
 Myotomy in pregnancy, 775.
- Nystagmus and epilepsy, 685.
 Nails, curious disease of, 212.
 Napelline in facial neuralgia, 87.
 Naphthalin, 587.
 Narcotic, methylene chloride as, 517.
 Nasal vertigo, 85; cavity, applying fluids to, 171; stone, a large, 549.
 Necrosed bone, removal of, 428.
 Necrosis, mercurial, 174.
 Needles removed from heart, 555.
 Needless alarm, 432.
 Nefe, A. A., petechiæ after pneumonia, 141; Purpura, 270.
 Neonatorum syphilitis hæmorrhagica, 51.
 Nephritic colic, operation of, 842.
 Nephritis, acute, 112; in children, 820, 876.
 Nephrotomy, laparo-, 415.
 Nerves, living, effects of ether on, 55; trophic, 211.
- Nervous palpitation cured, 551; system after malaria, 776.
 Neuralgia, facial napelline in, 87; supra-orbital in chlorosis, 112; malarial, 574; treatment of, 627; antipyrin in intercostal, 849.
 Noeggerath on gonorrhœa, 20.
 Nose, obliteration of orifice of, 513; disease of, 808; part played in respiration, 874.
 Nostrils, plugging the, 161.
 Nursing infants, 588.
 Nutmeg, poisoning with oil of, 882.
 Nutrition of invalids, buttermilk in, 775.
 Nutritive enema, 300.
 Nitro-glycerine, contraindications, 276.
- Obesity, treatment of, 724.
- OBITUARIES:
 Edgar Fenn Peck, M. D., 36; Woolsey Johnson, M. D., 36; Ezra Michener, M. D., 36; R. Fowler, M. D., 36; Mark Hopkins, M. D., 63; Benjamin Hancock Deacon, M. D., 68; H. Carpenter, M. D., 100; L. B. Hunter, M. D., 100; David Davidson, M. D., 131; Jared Linsley, M. D., 131; George Engs, M. D., 132; John T. Bagg, M. D., 132; Samuel H. Henry, M. D., 132; William S. Little, M. D., 195; E. D. Standiford, M. D., 196; John C. Levis, M. D., 196; J. D. Warren, M. D., 196; N. A. Randolph, M. D., 371; Nathan Lewis Hatfield, M. D., 372; John R. Haney, M. D., 372; C. T. Melsheimer, M. D., 438; Geo. Brundage, M. D., 438; Richard Quain, 470; Luke P. Blackburn, M. D., 470; S. B. Kieffer, M. D., 630; John M. Carnochan, M. D., 662; James Knight, M. D., 662; Moses Gunn, M. D., 662; Wm. Armstrong, M. D., 694; Wm. Selden, M. D., 694; Wm. O'Gorman, M. D., 694; John K. Lee, M. D., 694; W. H. Peer, M. D., 726; A. C. Hoffman, M. D., 726; Adam W. Sloane, M. D., 726; James Bennett, F. R. C. S. E., 758; W. F. Teevan, F. R. C. S., 758; H. L. Vogelbach, M. D., 758; Theodore R. Varick, M. D., 790; Henry D. Harvey, M. D., 790; C. Lynde, M. D., 790; Thomas L. Janeway, M. D., 790.
- Obstetric practice, 640; in rural districts, 817.
 Obstetrical advantages, 400; nomenclature, uniformity in, 524.
 Obstetrics, 69.
 Obstruction, internal, of bowels, 812.
 Edema, transient, of lip, 655.
 Oesophagus, ulcer, with stricture, 547; occlusion of, 688.
 Ointment for impetigo, 380.
 Oliver, C. A.—The eye of the adult imbecile, 380.
 One point of view, 274.
 Oöphorectomy and insanity, 154.
 Operation for intra-cranial hemorrhage, 153; Battey's, 482; upon kidney, 589; for abscess of spleen, 810.
 Ophthalmia, phlyctenular, 137; neonatorum, 653.
 Ophthalmic headache, treatment of, 86.
 Ophthalmicus, herpes zoster, 752.
 Ophthalmology, 101.
 Opium in diabetes, 181; doctoring in Smyrna, 531; gathering, 533; poisoning, atropia in, 573; importation, 691; habit in San Francisco, 784; habit, fatty degeneration due to, 819.
 Optic atrophy and temporal hemianopsia, 475.
 Orifice of nose, obliteration of, 513.
 Osteoclasia, 19.
 Ovarian irritation, gastric disturbance from, 477.
 Ovaries, cystic, 116; abscess of, 576; malignant tumors of, 680; of insane women, removal of, 715.

- Ovariectomy, parotitis after, 617.
 Ovary, hæmatoma of, 644.
 Oxide of mercury, carbolic, in syphilis, 52.
 Oxygen baths in febrile conditions, 179; breathing pure, 304; in puerperal eclampsia, 810.
 Oysters preserved in shell, 659.
 Ozæna, treatment of, 90.
- Pachymeningitis, hypertrophic cervical, 294.
 Pachydermia, laryngis, 356, 393.
 Pain, what is it? 275.
 Palpitation, nervous, cured, 551.
 Palpation of lymphatic glands, 267.
 Papoid, 529; therapeutics of, 440.
 Paralysis, Brown-Séquard's, 631; facial, 872.
 Parasiticide, ether as, 122.
 Parcels, W. H.—Mysteriously trephined, 301.
 Pareirin, new tonic, 216.
 Parotitis and pelvic diseases, 130; after ovariectomy, 617.
 Paroxysmal sneezing, 820.
 Parvin, T.—Treatment of inevitable abortion, 307; injury to the fœtus during labor, 663, 672; Catarrhal vulvo-vaginitis in children, 827.
 Pasteur's recession, 126.
 Pastilles of tar, 300.
 Pathogenic organisms, thermal death-point of, 127.
 Pathological urine, unrecognized body in, 291; and biological work, 849.
 Pathology of lumbago, 264.
 Pavy, F. W.—Some morbid conditions of the urine, 503, 514.
 Payne, R. L.—Mistletoe, its physiological action and therapeutic applications, 342.
 Pennyroyal, poisoning by, 21.
 Penrose, C. B.—Sulphate of magnesia in abdominal distention and peritonitis after laparotomy, 538.
 Pepper, W.—Double croupous pneumonia in a child, with remarks on the antipyretic treatment, 1; Epilepsy, sudden death in a comatose condition, no lesion discovered at the autopsy; Inflammation of appendix vermiformis, followed seven months later by ulceration, rupture and death 695.
 Perineum, laceration of, 15; wound of, 170; ruptured, 269.
 Peritoneal, intra-, pus cavity, hemorrhage into, 815.
 Peritonitis from injury, 299; sulphate of magnesia in, 538; acute rheumatic, 680; suppurative, 745; laparotomy for chronic, 869.
 Pertussis, sulphur fumes in, 305.
 Pessary, ball removed from vagina, 357.
 Pessimistic view of American medical literature, 273.
 Petechiæ after pneumonia, 111.
 Pharmacy, condensed, 98; pharmacist and physician, 797.
 Phlebitis in gonorrhœal rheumatism, 647.
 Phosphorus poisoning, gastric juice in, 421.
 Phlyctenular ophthalmia, 137.
 Phthisis, pulmonalis, 112; injection of sulphurated water for, 191; and milk, 218; alimentation in, 235; expiration of incipient, 570; sending to Rocky mountains, 861.
 Physical condition of St. Louis police force, 369; development of Americans, 747.
 Physicians, base ball for, 60; mortality, 273; liability of, 401; beheaded, 403; reminiscences of an old, 436; and pharmacist, 797.
 Physiological action of sparteine, 52; aspect of insanity, 287.
 Physique, the American, 753.
- Pichi, fluid extract in vesical catarrh, 855.
 Picrate of ammonia in malarial fevers, 189.
 Piles, treatment of, 122.
 Pills in shells, 564.
 Pilocarpus in dropsy, 559.
 Pilocarpine in puerperal convulsions, 682.
 Placenta, removal of, 119; previa, 483; centralis, 575; with hour-glass contraction, 706; previa in situ, 804.
 Plaques of the tongue, 722.
 Plantar spring for flatfoot, 17.
 Plaster, covering wounds with, 213.
 Pleasant to take, 31.
 Pleuritic purulent exudations, 486.
 Plugging, 848; the nostrils, 161.
 Pneumonia, 133; croupous, 671; antipyretic treatment of, 1; quinine in, 29; petechiæ after, 111; broncho- due to nematoid worms, 119; broncho- of intestinal origin, 420; infantile, 857; venesection in, 558; acute, in utero, 575; treatment of, 717.
 Pneumococcus, cause of meningitis, 682.
 Pneumothorax, 360.
 Poison fangs of mosquitoes, 369.
 Poisoning by pennyroyal, 21; ice-cream, 136; carbolic acid 345; by meat, 358; by mud, 363; by phosphorus, 421; by cocculus indicus, 431; by laudanum, 590; by datura seeds, 591; sulphuric acid, 766; with chlorate of potash, 810; with cocaine, 843.
 Polypus, rectal, 710.
 Polymyositis, acute, 461.
 Popular beliefs, element of truth in, 272.
 Port physician, 564.
 Portal vein, thrombosis of, 576.
 Potable water, 337.
 Potash nitrate an emetic, 686; poisoning with chlorate, 810.
 Potts' disease, 16.
 Powder-marks from pistol wounds, 65.
 Powell, W. M.—Infants' feeding-bottles, 737.
 Practitioner, country, dentistry for, 398.
 Prairie itch, 189.
 Pregnancy, vomiting of, 161, 410, 657; excessive salivation in, 187; extra-uterine, 291, 293, 569; tubal, galvano-puncture in, 313; complicated with hydro-peritoneum, 573; renal affections of, 528; antipyrin in, 581; myotomy in, 775.
 Prescribing over counter, 368; accidents in, 391.
 Prescription-writing, 510.
 Prescriptions, some old-time, 39; more professional, confidence of public in, 15.
 Preservation of leeches, 303.
 Priapism persistent, 559; in leukæmia, 623.
 Price, J.—Abdominal section done for ectopic gestation, 249.
 Price, M.—Laparotomy too late, 624.
 Prize, fifty-dollar, 597.
 Procidencia uteri, 439; prolapsus ani, 807.
 Prostate, hypertrophy of, 363, 550.
 Prostatitis, treatment of, 363, 550.
 Prostitution and insanity, 21; at Honolulu, regulation of, 429.
 Prurigo, new views on, 155.
 Pruritus of female genitals, 125; of vulva, 785.
 Pseudo-hydrophobia, 211.
 Psoriasis-abscess, 18.
 Puerperal fever, relation of pyosalpinx to, 113; fever, 317, 319, 321; eclampsia, 316; septicæmia, 641; mastitis, 539; septicæmia, 641; convulsions, 642; convulsions, pilocarpine in, 652; septicæmia, biniodide of mercury an anti-

- septic in, 759; malarial fever, 768; eclampsia, oxygen in, 750.
- Pulmonary consumption, treatment of, 37; diseases, expectorants in, 74; disease, bisulphide of carbon in, 87.
- Pupil in health and disease, 41; dilatation of, 300, 572.
- Purgative, gravel, in habitual constipation, 182.
- Purification of water, 63.
- Purpura, 270; treated by gaseous enemata, 167; hæmorrhagica a complication, 170; with circinate lesions, 564.
- Purulent ophthalmia, 735.
- Pylephlebitis, suppurating, case of, 549.
- Pyosalpinx to puerperal fever, relation of, 113.
- Pyrexia and fever, 361.
- Pyridin in dyspnoea, 128.
- Quackery on grand scale, 661.
- Quain, Dr., still alive, 499; bequest, 691.
- Quarantine law, 847.
- Quebracho, use of, 648.
- Quinine in infantile colic, 27; in pneumonia, 29, 302; soluble salt of, 222; unusual effects of, 301; injections in splenic tumors, 431; symptoms from, 527; injections in gonorrhœa, 548; an abortifacient, 829.
- Rabies from tannic acid, 749.
- Railroad conductors, surgical instruction to, 553.
- Rattlesnake-bite, cure for, 558.
- Raynaud's disease, 869.
- Recreation, Rocky Mountains for, 336.
- Recto-vaginal fistula, 775.
- Rectum, removal of foetal bones through, 569.
- Registration of physicians, New York law, 229.
- Regurgitation of milk through the ear, 754.
- Remedy, new, for diabetes, 51.
- Removal of jaw by slow enucleation, 362; of necrosed bone, 428; of foetal bones, 569; of foreign bodies, 740; of ingrowing nail, 746; of cerebral tumor, 777.
- Removing ink, composition for, 400.
- Renal colic, liniment for, 421; affections of pregnancy, 528; calculi and white wine, 592; bal-lottement, 646.
- Reporter, new volume of, 25.
- Resection of the intestine, 851.
- Resorcin, 587, 870.
- Respiratory diseases, apomorphia in, 557; and genito-urinary organs, treatment of, 787.
- Retina, glioma of, 395.
- Retention of urine, 170.
- Retroversion, acute, of uterus, 602.
- REVIEWS:
- Aitken—Hand-book of Treatment, 848; the Animal Alkaloids, 814.
- Andrews—Rectal and Anal Surgery, 720.
- Barker—Manual of Surgical Operations, 782.
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- Fothergill—Vaso-Renal change *versus* Bright's Disease, 488.
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- Garmany—Operative Surgery on the Cadaver, 652.
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- Hagen—Mechanism of Fractures of the Skull, 652.
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- Hammond—Sexual Impotence in the Male and Female, 328.
- Henry—Anæmia, 220.
- Hewson—Earth as a Topical Application in Surgery, 53.
- Hooper—Recurrent Laryngeal Nerve, 880.
- Hughes—The Relation of the Nervous System to Hæmophilia, 182.
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- Lochman—Dose and price-tables of Drugs and Preparations of U. S. Pharmacopœia, 53.
- Maddick—Stricture of the Urethra, 24.
- Maisch—A Manual of Organic Materia Medica, 685.
- Mann—A System of Gynecology, 156.
- Maryland State Board of Health, 623.
- Miner—New Index Review for Students and Professional Men, 849.
- Murrell—What to do in Cases of Poisoning, 219; Massage as a Mode of Treatment, 422.
- Nettleship—The Student's Guide to Diseases of the Eye, 464.
- New Jersey Medical Society Transactions, 782.
- New York State Medical Society Transactions, 219; Board of Health Annual Report, 782.
- Pathfinder Physiology, 750, 782.
- Payne—Some preventable Causes of Disease among Females, 122.
- Remsen—The Principles of Theoretical Chemistry, etc., 652.
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- Sollier—Dentition, chez les enfants idiots, etc., 880.
- Spitzka—Insanity, etc., 520.
- Szele—Hygienic Physiology, 849.
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- Swain—Surgical Emergencies, 422.
- Texas State Medical Transactions, 88, 622.
- Thompson—Diet, in Relation to Age and Activity, 750.

- Transactions of the American Gynecological Society, 156.
- Transactions of the Association of American Physicians, 720.
- Valentine—The Physician's Utility Enhanced, 814.
- Vandeveer—To what extent can we classify Vesical Calculi for Operation? 652.
- Visiting Lists for 1888, 750.
- Walsham—Surgery; its Theory and Practice, 550.
- Wilder—Anatomical Technology, etc., 720.
- Woakes—Nasal Polypus, etc., 685.
- Reynolds, H. J.—Acne, 823.
- Rheumatic, anti-remedy, 394; acute, peritonitis, 680; nodes, 775.
- Rhenmatism, chronic, 172; articular, acute, 214; gonorrhœal, 647; cerebral, 705; chronic, articular, 744; carbolic acid injections for, 885.
- Rhus aromaticus for enuresis, 628.
- Ribs, counting the, 192.
- Ridicule and argument, 466.
- Ringworm, 558; of scalp, treatment of, 106.
- Ripley birching case, 298.
- Robinson, W. D.—True and simulated insanity in the crime class, 77; purpura treated by gaseous enemata, 167.
- Rocky Mountains, for recreation, 336, 558; sending patients to, 861.
- Rodent ulcer cured with lactic acid, 444.
- Romantic love and personal beauty, 435.
- Rosenberry, H. L.—A rare dislocation, 333.
- Runtz-Rees, Janet E.—A woman's view of the conjugal question, 468, 643; the conjugal burden, 863.
- Rupture of bladder in ox, 223; of the heart, 479, 656; of diaphragm, 618; of intestines, 753; of bladder, 773.
- Ruptured perineum, 269.
- Saccharin, 621, 623.
- Salicylate of soda in gonorrhœal orchitis, 420.
- Salicylic acid, and iron, 129; in food and drink, 616.
- Salivary calculus, 53.
- Salivation in pregnancy, 181.
- Salix nigra, a sexual sedative, 217.
- Salol, 646, 863, 837.
- Sanitary progress in midwifery, 296; reforms in dress, 560.
- Santonate of atropine, 85.
- Santonin, use of, 153.
- Sarcoma of iris, 739.
- Scalp, treatment of ring-worm of, 106.
- Scapula, dislocation of, 617.
- Scarlatina, alterations of skin in, 215; prevention of, 805.
- Scarlatinal uræmia in children, 258.
- Scarlet fever, 60; and milk, 221, 582; in a horse, 274; bacillus of, 297; carbolized oil in, 580; bovine origin of, 716.
- Schools, studies in public, 489.
- Schweinitz De, G. E.—Optic atrophy and temporal hemianopsia; suspected tumor of the pituitary body, 475; Severe inflammatory affections of the cornea, iris and conjunctiva, and their treatment, 734.
- Sciatica, massage, rest and position in, 816.
- Scientific spirit, 65.
- Scintillations, by the late Dr. Moxon, 31.
- Serofulous ophthalmia, 104; glands, treatment of, 265.
- Sea-sickness, treatment of, 338, 546, 679.
- Sectarianism in medicine, 301.
- Sedative compound, 95.
- Sée, Germain.—Treatment of painful affections of the head by antipyrin, 471.
- Senile gangrene, 432; with encephaloid cancer of face, 9.
- Septicæmia, death from, 409; puerperal, 641.
- Serious mistake, 659.
- Sesostris, mummy of, 368.
- Sewing machines, a danger from, 781.
- Sexless being, 155; of unborn, predicting the, 61.
- Sexual sedative, salix nigra a, 217.
- Seybert—Commission on spiritualism, 717, 723.
- Sherman, W. N.—Salol, 271; conjugal question, 592; iodide of bismuth for chancre, 624.
- Shivers, C. H.—Intercostal Neuralgia Cured with Antipyrin, 849.
- Silver absorption in plate workers, 294.
- Simon, Jules—Broncho-pneumonia, 857.
- Simon, T. W.—Dilatation of the pupil with atropia in opium poisoning, 572.
- Sixtieth Congress of German Surgeons, 81.
- Skin, transplantation of, 82; diseases, treatment of, 95, 212; in scarlatina, alterations of, 215.
- Skinner, Henry—the details of Bergeon's method, 200.
- Slander, was it? 55.
- Smell, wonderful delicacy of sense of, 122.
- Smith, A. N.—Helonias in uterine hemorrhage, 381.
- Smith, J. C.—Fees of veterinarians, 97.
- Smith, T. C.—Bronchitis from mechanical irritation, 79.
- Sneezing, paroxysmal, 820.
- Solvent for antifebrin, 273.
- Sparteine, therapeutic action of, 52; sulphate, in morphine habit, 86.
- Spasmodic croup, chloroform in, 738.
- Specialists, American, 353.
- Spectacle frames, selection of, 105.
- Spinal cord, surgery of, 126; compression of, 631; symptoms after exposure of, 888.
- Spiritualism—Seybert, commission on, 62, 717, 723.
- Spleen, fluorides of ammonium and iron in hypertrophy of, 179; abscess of, 810.
- Splenic fever, Bacteriotherapy in, 811.
- Splint for gunshot fracture, 653; improved, 700.
- Spohn, Arthur E.—Country practice in Texas, 269; Fracture of the clavicle, 796.
- Sponges, antiseptic, how to make, 268.
- Squint, 102.
- Stamps, J. A.—Anasarca due to heart trouble, with recovery, 109.
- Starch, iodine reaction of, 66.
- Starr, M. Allen.—Compression of the spinal cord; Brown Séquard's paralysis; locomotor ataxia, 631.
- Statistics, proposed international vital, 353.
- Steatite, a dentrifice, 65.
- Stenocarpine, 361; so-called, 607.
- Sterility, female treatment of, 201; in male, 774.
- Sterilized dressing, 81.
- Stewart, Nolan.—Quinine as an abortifacient, 829.
- Stimulants, therapeutics of, 237.
- Stinson, J. E.—Wholesome influence of Rocky Mountain air, 558.
- Stomach, mucous membrane of, 549; chronic hypertrophic cirrhosis of, 577; hemorrhage from, in typhoid fever, 714; stricture of cardiac orifice of, 722; cocaine in diseases of, 745; dilatation, 841.
- Stomatitis, treatment of, 128, 193; gangrenous, 373.
- Strangulated hernia, 644.
- Strickland, D. H.—Carbolic acid in radical cure of hydrocele, 569.
- Stricture, ulcer of œsophagus with, 547; of cardiac orifice of stomach, 722.

- Strictures of urethra, cocaine in, 427.
 Strophanthus, hispidus, 346; in diseases of heart, 844.
 Strychnia, a heart stimulant, 780.
 Students, anxious for, 533.
 Studies in public schools, 489.
 Stults, M. F.—The conjugal question, 751.
 Sty, remedy for, 592.
 Subclavian artery, ligation of, 409.
 Subcutaneous injections, for local effects, 187; anti-pyrine, 222.
 Sulphur fumes in pertussis, 305.
 Sulphuretted water injection for phthisis, 191.
 Sulphuric acid poisoning, 766.
 Sulphurous acid in tuberculous, inhalation of, 819.
 Surgeon's life, 402; eloquent words about army, 433; activity of, 659.
 Surgery, report on, 15; system of antiseptic, 250.
 Surgical instruction to conductors, 553.
 Sutton, R. S.—Abdominal section, 832.
 Suture of urethra after laceration, 718.
 Sweat rash, miliary epidemic of, 713.
 Sweating, localized, 594, 623, 655; facial, 156, 518.
 Swelling, white, of knee, 732.
 Sweringen, H. V.—Acute mania cured by heroic treatment, 80; waiting for nature, 227; ruptured perineum, 269; homeopathy, 498; still-births, 609; chloroform in spasmodic croup, 738.
 Swill milk, wholesomeness of, 194.
 Symptom, an unusual, 192.
 Syncope, from syringing ear, 657.
 Synovitis of knee joint, 172.
 Syphilis, carbolic oxide of mercury in, 52; relation of erysipelas to, 181; prophylaxis of, 429; treatment of, 83, 586; and tabes dorsalis, connection between, 745; glass-blowers', 886.
 Syphilitis hæmorrhagica neonatorum, 51.
 Syringing ear, syncope from, 657.
 Syrup of superphosphate of iron and oxygen, 23.
 Tobacco on health, influence of, 500.
 Tabes, benign, 216; dorsalis, symptoms of, 388; dorsalis and syphilis, connection between, 745.
 Tanacetia acid, rabies from, 749.
 Tannin test for water, 274.
 Tape worm, danger of, 370.
 Tar pastilles, 300.
 Taste, sense of, 548.
 Tea and coffee, 658.
 Teeth, interesting points about, 190.
 Temperance, Victor Horsley on, 581.
 Temperature in epileptic convulsions, 215.
 Temporal, hemianopsia, optic atrophy and, 475.
 Tendo Achillis, laceration of, 128.
 Terebene in diseases of lungs, 555.
 Terpine, formula for, 820.
 Test, Almen's, for sugar, 370.
 Testicles concealed, 578.
 Tetanus, 558; injections of cocaine in, 94; traumatic cured, 516; nature of, 521; etiology, 870.
 Theine, therapeutic use of, 495.
 Therapeutic, scraps, 22, 218; action of sparteine, 52; applications of mistletoe, 342; value of medicines, 480; use of theine, 495.
 Therapeutics, report on progress in, 15, 587; milk diet in, 159; of stimulants, 237; section on, 388; of hyoscine, 421; of papoid, 440; of articular rheumatism, 744.
 Thermal death-point of pathogenic organisms, 127.
 Thermic fever, 250; antipyrin in, 171; treatment of, 180.
 Thoracic aneurism, 354; viscera, dislocation of, 618.
 Thomas, J. J.—Homeopathy, 302; gastric disturbance from ovarian irritation, 477; biniodide of mercury as an antiseptic in puerperal septicæmia, 759.
 Throat ailments, cause of, 506, 516.
 Thrombosis of portal vein, 576.
 Thumb, lacerated wound of, 731.
 Thymifolia coriaria, 35.
 Tibia, intra-uterine fractures of, 682.
 Tobacco enema, effects of, 227; methods of exhibition, 312.
 Tongue, excision of, 355; ulcers of, 656; plaques of, 722.
 Tonic, pareirin a new, 216.
 Tonsils, hemorrhage after excision of, 809.
 Tonsillitis, cocaine in, 213; infectious, 645.
 Torticollis due to anomaly of vision, 19.
 Toxic agents, resistance to, 22.
 Tracheotomy, 121; and intubation of larynx, 297.
 Transfusion and infusion, 463.
 Transmission of tuberculosis by flies, 517.
 Transplantation of skin, 82; exchange by, 268.
 Traumatic orchitis, massage in, 22; stricture, 170; rupture of varicose veins of vulva, 787; hernia of diaphragm, 420.
 Treatment of crupous pneumonia, 1; of infantile hydrocele, 13; of goitre, 30; of pulmonary consumption, 37; of base-ball injuries, 46; of tumors of bladder, 54; of tedious labor, 60; of acute mania, 80; of syphilis, 83, 586; of epistaxis, 84; of ophthalmic headache, 86; of whooping-cough, 87; of ozæna, 90; of cholera infantum, 91; of gleet, 94; of skin diseases, 95, 212; of internal hemorrhoids, 95, 851; of diseases of eye, 103; of ringworm of scalp, 106; of consumption, 120, 224; of burns, 121; of piles, 122; of hydrophobia, 124; of stomatitis, 128, 193; of typhoid fever, 144, 747; of varicose veins of leg, 157; of purpura with gaseous enema, 167; of chronic rheumatism, 172; of lupus by scraping, 178; of thermic fever, 180; of female sterility, 201; of chronic heart-disease, 214; of alopecia areata, 215; of diarrhœa, 218; of summer-diarrhœa and cholera-infantum, 224; of diphtheria, 225; of perforation of appendix vermiformis, 236; of fibroid tumors, 254; of gonorrhœa, 257; of furuncles, 363; of scrofulous glands, 265; of uterine affections, 279; of fissures in ano, 291; of acute miliary tuberculosis, 292; of dysentery, 292; of insect bites, 292; of locomotor ataxia, 292; of common diseases, 261, 298, 331; of incomplete abortion, 300; of inevitable abortion, 307; of tuberculosis, 325; of jaundice, 339; of erysipelas, 358, 306, 746; of prostaticitis, 363, 550; of gout, 364; of fractures, 422; of convulsions in children, 431; of abortion, 443; of cancer, 452; of painful affections of head, 471; of hemorrhagic conditions of uterus, 480; of purulent pleuritic exudations, 486; of heart-disease, 490; of congestive headaches, 545; of gummatous infiltration, 548; of seasickness, 546, 679; of epistaxis, 558; of neuralgia, 627; of malignant tumors, 680; of chronic constipation, 681; of gonorrhœa in women, 687; of acne, 714; of pneumonia, 717; of obesity, 724; of painful erections, 775; of internal obstruction of bowels, 812.
 Trephined mysteriously, 301; tremens delirium, 791.
 Trephining the pubic bone, 462.
 Trichiniasis, 599.
 Trophic nerves, 211.
 Tubercular laryngitis, 88; meningitis, 644.
 Tuberculosis, intestinal, 180; studies in, 266; acute miliary, treatment of, 292; pulmonary, injections

- of eucalyptol in, 294; lime treatment 325; transmission by flies, 517; communicability of, 551; of lung, axillary adenitis in, 546; inhalation of sulphurous acid in, 819.
- Tuberculous meningitis of childhood, 581.
- Tumor, mediastinal, 578; cerebellar, 626, 871; near cæcum, 751; cerebral, removal of, 777; in umbilical hernial sac, 805.
- Tumors caused by bacteria, 181; fibroid, treatment of, 254; splenic, injections of quinine in, 481; malignant, of ovaries, 680; fibroid, 804.
- Turkish baths, value of, 517.
- Turnbull, C. S.—Address on ophthalmology, 101.
- Turnbull, L.—Bichloride of methylene an anæsthetic, 12; local anæsthesia, 604.
- Twins, severe injury in woman pregnant with, 177; white and black, 881.
- Typho-malarial fever, treatment of, 537.
- Typhoid fever, treatment of, 144; case of, 334; hemorrhage in, 714; influence upon insanity, 748; chorea cured by, 778.
- Typhus bacilli in blood, 390.
- Ulcer, rodent, lactic acid in, 444; of œsophagus with stricture, 547; serpinigous, of cornea, 735; gastric, measles followed by, 755.
- Ulcerative keratitis, 734.
- Ulcers of tongue, 656.
- Umbilical hernial sac, tumor in, 805.
- Unilateral iodism, 212.
- University biological expedition, 469.
- Unsanitary prison, 598.
- Uranoplasty in infancy, 83.
- Ureters, catheterization of, 768.
- Urethra, cocaine and strictures of, 427; calculous formation in, 547; inflammation of, 636, 887; after laceration, suture of, 718; foreign bodies in, 740; antisepsis for, 844.
- Urethral fistula, 408.
- Urethrotomy, external perineal, 408.
- Uric acid excretion to headache, relation of, 177.
- Urinary, genito-, and respiratory organs, treatment of, 787.
- Urine examined by country practitioners, 153; retention of, 170; pathological, hitherto unrecognized body in, 291; acetone and diacetic acid in, 310; body in childhood, incontinence of, 359; morbid conditions of, 503, 514; in children, incontinence of, 559; practical points about, 725.
- Urticaria from bedbugs, 188.
- Uterine affections, treatment of, 279, 872; pregnancy, 291, 293; hemorrhage, helonias in, 381; cancer, treatment of, 462; extra-, pregnancy, 569; hemorrhage, 644; diseases in insanity, 776; appendages, abdominal section for disease of, 798.
- Uterus, extirpation of, 462; effects of hot water upon, 462; hemorrhagic condition of, 480; fibrosarcoma of, 576; acute retroversion of, 602; fibroid, 804; complicating labor, 833; tetanoid constriction of 843.
- Vaccination, 57; not due to, 819.
- Vagina, removal of ball pessary from, 357; occlusion, with retention of menstrual fluid, 522.
- Vaginal hysterectomy, 395.
- Vaginismus, 885.
- Vaginitis, vulvo-catarrhal, in children, 827.
- Value of a life, 271.
- Vanderpoel, Edw.—Some results of a long experience, 558.
- Variocèle, 727.
- Varicose veins of leg, treatment of, 158; hemorrhage from, 686; of vulva, hemorrhage from traumatic rupture of, 787.
- Vegetarianism, argument for, 563.
- Veneral diseases in British army, 819.
- Venesection in pneumonia, 558, 871.
- Venom, rattlesnake, preventive inoculation of, 518.
- Venous and carotid blood, sugar in, 421.
- Ventilation, 585.
- Ventricle, aneurism of, 542.
- Veratrum viride, 585, 671.
- Verbal amnesia due to shock, 690.
- Verdict, an unsatisfactory, 500.
- Vermiformis, appendix, perforation of, 236; inflammation of, 697.
- Vertebra, cervical, fracture of, 625.
- Vertical fracture of external malleolus, 223.
- Vertigo, nasal, 85.
- Vesical catarrh, fluid extract of pichi in, 854.
- Veterinarians, fees of, 97.
- Vibration, anæsthesia by, 27.
- Vindication, 35.
- Virginia, Northeast, Medical Society, 163.
- Vesico-vaginal fistula, 778.
- Vision, torticollis due to anomaly of, 19.
- Vivisection, 63.
- Vomiting of pregnancy, 161, 410, 657.
- Vulvo-vaginal gland, cystic enlargement of, 151.
- Wafers and capsules, manufacture of, 561.
- Ward, S. M.—Hysterical blood-spitting, 139; Obstetric practice, 640.
- Warts, venereal, 870.
- Water, purification of, 63; tannin, test for, 274.
- Weller, E. K.—Etiological factor in diabetes mellitus, 283.
- Werner, P. P.—Homœopathy, 31.
- Wharton, H. R.—Seven cases of gangrenous stomatitis, 373.
- Whittaker, James T.—Hydrophobia, 793.
- White wine for renal calculi, 592.
- Whitford, W.—Spurious hydrophobia, 850.
- Wholesome advice, 692.
- Whooping-cough, treatment of, 87; apomorphia in, 155; eucalyptus in, 618; benzol, 886.
- Willits, Mary.—A correction, 333.
- Wilmoret, P.—Therapeutics of papoid, 440.
- Wines and liquors, 64.
- Wolfe, S.—Obstetrics, 69.
- Woman's view of the conjugal question, 466, 468.
- Women, gonorrhœa in, 423.
- Wood, E. A.—Thermic fever, 250.
- Woods, G. B.—Adherent placenta, with hour-glass contraction, in three consecutive pregnancies, 706.
- Woodward, Geo. Y.—Treatment of typho-malarial fever, 537.
- Worm, tape, danger of, 370.
- Worms, nematoid, broncho-pneumonia due to, 119.
- Wound of perineum and urethra, 170; of abdomen, 577; of heart, 578; lacerated, of thumb, 731; gunshot, of cranium, 772.
- Wounds, pistol, powder marks from, 65; covered with plaster, 213.
- Writers' cramp, relief of, 304.
- Wyckoff, A. B.—Cholera in South America, 373.
- Yellow Fever, or dengue, 568; at Tampa, 597.
- Young, G.—Obliteration of the orifice of the nose, 513.
- Young, J. K.—Recovery from the toxic effects of a tobacco enema, 227.
- Zimmerman, H. E.—Diphtheria, 721.
- Zinc chloride in gonorrhœal vaginitis, 548.

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ORIGINAL DEPARTMENT.

A CASE OF DOUBLE CROUPOUS PNEUMONIA IN A CHILD, WITH REMARKS ON ANTIPYRETIC TREATMENT.

BY WILLIAM PEPPER, M.D., LL.D.,

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Clinical Medicine, at the University of Pennsylvania.

The following case appears worthy of being placed upon record on account of its pathological and clinical interest. On December 2d, 1886, I was called to see F——C——, a boy, aged three and one-half years, who had been under my professional observation from the time of his birth. Born of healthy parents, he has exhibited a marked tendency to catarrhal trouble, chiefly affecting the gastro-intestinal canal. In the summer of 1885 he had entero-colitis, and in the fall had a violent attack of dysentery, which was ushered in with high fever (105°), and a fully developed convulsion. He made a good recovery and enjoyed good health during the ensuing year, returning to Philadelphia from the seashore, in October, 1886, in unusually good condition. He was always watched carefully and was exposed to no appreciable cause of sickness. In November, he began to exhibit catarrhal symptoms, affecting in a slight degree, the respiratory and digestive mucous membrane. He was confined to the house for at least two weeks prior to the onset of the attack now to be described, which occurred on December 2d.

He was noticed to become suddenly very hot, and, at the same time to grow dull and

heavy. I was summoned hastily, but before I reached the house he had a severe convulsion. The rectal temperature was 107° . After the convulsion he was heavy and dull and almost unconscious, but this state was disturbed by recurrence of severe convulsions at short intervals. He was immediately placed in a tepid bath, the temperature of the water being reduced until it was quite cool, and until his temperature fell to 104° . It rose again almost immediately after his removal from the bath, and the repetition of this measure did not produce any more lasting effect. Antipyrin was then given in the dose of three grains, repeated in three hours. The effect was very prompt and satisfactory. The temperature fell to $103\frac{1}{2}^{\circ}$, the skin became moist and relaxed, and the rectal temperature did not rise above 105° for several days. Careful exploration revealed no physical signs in connection with either the lungs or the heart. A close watch was kept for the appearance of eruption, but the second day passed without any such symptoms. Not until the third day, was it possible to make a positive diagnosis. At that time a fine crepitant râle was heard over the left lower lobe posteriorly, and this was soon followed by the development of complete pneumonic consolidation of the whole lower lobe, with an extension to the posterior half of the upper lobe. The child was very ill, with temperature ranging from $103\frac{1}{2}$ to 105° , with rapid, weak pulse, and with very hurried breathing. The urine contained no albumen or casts, but presented the febrile characteristics in high degree, with an almost entire absence of the chlorides. The stomach was retentive, but it

was very difficult to induce him to take nourishment or medicine. On the 6th day there was a sudden rise of temperature to over 106° , with the appearance of threatening spasmodic movements. Antipyrin was at once given as previously, with equally good results. The physical signs of pneumonia of the posterior part of the right lung now appeared speedily, and went on to complete consolidation of the posterior half of the lower and upper lobes. From the 9th to the 20th days, it seemed scarcely possible that the child could survive from day to day. But the temperature, however, did not rise above 105° , and it was not thought necessary to resort to antipyrin again under these circumstances.

The respirations were from 60 to 80 in the minute, and the pulse ranged from 150 to 160. The cough was short, dry, and not very frequent or painful; there was no return of convulsions. The nervous symptoms consisted of great dullness alternating with spells of extreme irritability or delirious excitement; there were extreme debility and rapid loss of flesh. In addition to the occasional administration of antipyrin, as above mentioned, the treatment consisted in the use of quinia by suppository, four grains being given three times daily; and of ammonium carbonate, one grain every two hours, with, at first, tincture of aconite root, and after the eighth day, with tincture of digitalis. By the fifteenth day it had become impossible to administer the above remedies by the mouth, and the use of suppositories was followed by diarrhea; scarcely any food could be given. The signs of resolution were very slow in appearing, and the severity of the general symptoms was maintained. At this time an emulsion of cod-liver oil with lacto-phosphate of lime, which the child had taken willingly on several occasions for catarrhal attacks, was tried, and to my surprise was received with immediate favor, so that a large teaspoonful was given every three hours for a considerable time; brandy was given freely after the eighth or ninth day. The tendency to diarrhea was checked by injections of laudanum and starch water. Defervescence began about the eighteenth day of the attack, and, although not abrupt, was quite rapid, so that a temperature of 100° to 101° was reached by the twenty-first day. Even after this, however, the consolidation on both sides was very extensive, resolution advancing from below upwards and being more forward on the left side, which had been the first attacked. No expectoration occurred at any

time, the enormous amount of exudate being absorbed.

Temporary albuminuria of moderate degree, without casts, appeared during this stage of resolution, but passed away wholly subsequently. The consolidation was not entirely removed until the thirtieth day. The child was then a mere skeleton, barely able to move his hands, and unable to bear any weight upon his legs for six weeks subsequently. There were no sequelæ except a tendency to rectal irritation and diarrhea to which the child had been subject since his spell of dysentery. About April 15th, he had practically regained his health, and at this time he is stronger and fatter than he has ever been in his life.

The origin of this case of croupous pneumonia is obscure. As stated, the child had been confined to the house for at least two weeks prior to the onset of the attack. It is true that his system was extremely sensitive, and that the season was a very severe and inclement one; so that he may have been chilled in some accidental way. The sanitary condition of the house was good and there has been no sickness among other members of the family. The diagnosis was very difficult for the first three days. It is of course well known, that in some cases of croupous pneumonia, the general symptoms precede by a day or two the appearance of the local signs. But the violence of the onset here was such, presenting convulsions and stupor and rectal temperature of fully 107° , as to strongly suggest scarlet fever, occurring as this case did in an unprotected child. There was no enlargement of the glands at the angles of the jaw, and the mental condition made it impossible to determine if there was any sore throat. As there was a sister, a girl five years old, also unprotected, isolation was insisted upon until the nature of the case developed itself.

In estimating the gravity of the onset and the cause of the initial convulsion, it was of course remembered that an acute local affection occurring a year previously, had been attended with convulsion when the temperature reached 105° . I may here remark that the course of this dysentery and the readiness with which it yielded to rectal medication seemed to prove its local nature, and that there was no specific constitutional element present. This encouraged the hope that in the later attack also, it would be found that a developing local lesion was the essential cause. The interval between the appearance of the initial symptoms and the earliest demonstrable physical signs of pneu-

monia was unusually long. The chest was examined critically several times a day, and I believe it may be stated positively, that it was not until well into the third day that the crepitant râle first appeared. The action of antipyrin in this case is deserving of special attention. It was evident that the hyperpyrexia was, in large measure, directly productive of the grave nervous symptoms, and that unless it were reduced, a fatal result would speedily follow. It is difficult to overestimate the importance of meeting promptly such violent onsets in acute cases. While in adults the temperature may not go so high nor the nervous symptoms be so alarming, there is great room to fear serious damage to the heart muscle, the blood and the nerves. In children the fear of rapid and irreparable damage is even greater. The continuance of such excessive temperature for even a few hours will impart an added gravity to the case, which may determine its future course in a fatal direction. It would seem good practice to meet the abrupt development of such symptoms by remedies capable of antagonising them instantly.

Quinia and veratrum viride are too slow. Venesection may be the best remedy in suitable cases, but cannot be advised in childhood. The uncertainty of diagnosis in such cases as the above would add to the impropriety of resorting to it. The prompt use of cold water externally, or the administration of some antipyretic of immense power, are the only alternatives. The material is not yet at hand to decide as to the relative merits of the cool bath and of the remarkable new remedies antipyrin and antifebrin. It is clear that the former measure, the cool bath, does more than merely abstract heat; it exerts a positive action upon the state of the skin and of the nervous system. But so also do the latter named remedies cause other effects, both direct and indirect, than the mere reduction of the temperature. The question of the relative merits of these two modes of antipyretic treatment, and the determination of the cases which are best adapted for their respective use, is one of the most important clinical problems of the day. In continued fevers such as typhoid fever and scarlatina, where the hyperpyrexia is largely due to the poisoned state of the blood, even though there may be local irritative lesions which play a part in heightening the fever, the good results from antifebrin or antipyrin will often be found to be very transient; and if the doses of these remedies be pushed, it may be doubted whether injurious effects may not follow. In such cases it is probably

safest to suspend their administration after a few doses, and to try the effect of cold water externally; and if then its effect be no more permanent, to abandon antipyretic treatment in the hope that the case will run a more favorable course, even though the temperature be excessive, than if complicated by the repeated use of perturbative and ineffectual antipyretic measures.

But the brilliant results which may sometimes be attained from antifebrin and antipyrin can find no better illustration than in cases like the one here reported. It is impossible to draw any inferences from the superior efficacy of the external remedy to the cold bath in this single case, but it is very desirable that all should appreciate that we have recently had put into our hands agents of great power, very manageable when given in suitable and not too frequently repeated doses, and singularly free from any attendant ill-results.

The willingness with which the emulsion of cod liver oil was taken, and the apparent improvement which followed its use in this grave acute case, were noteworthy.

1811 Spruce Street.

FIBROMA OF THE FEMALE BREAST; BASED UPON A STUDY OF ONE HUNDRED CASES.

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NEOPLASMS composed of hyperplastic connective tissue, in which normal or variously altered preëxisting acini and ducts are sparingly interspersed, are classified as fibromata. From the persistence mainly of the acini, they are included by Birkett in his first group of adenomata or adeno-sarcomata, which he describes as being "compact, dense, firm, fibrous, lobulated, and invested by their own fibrous capsule;" and they are synonymous with the solid fibroid glandular tumors of Foerster, the adenomata with predominance of stroma of Broca, the *corps fibreux* of Cruveilhier, the chronic mammary tumors of Sir Astley Cooper, the pancreatic sarcomata of Abernethy, the adenoid tumors of Velpeau, the partial hypertrophies of Lebert, and the adenocèles of Bryant. That they form at least a part of the mammary glandular tumors of Paget is evident from the statement, that the connective tissue was very abundant in most of the specimens he had examined. From the very frequent presence

of preëxisting lacteal glands in their midst, Green, Duplay, Billroth, Erichsen and Beck term them adeno-fibromata. Klebs and Ziegler recognize an almost pure fibroma and an adeno-fibroma; while Virchow, Rosenstirn, Monod, Cornil and Ranvier, Lannelongue, Tripiër, Labbé and Coyne, Perls, and other modern investigators describe them merely as fibromata. The proliferous or vegetating variety, properly denominated cystic fibroma, is equivalent to the papilläre Drüsengeschwulst of Foerster, the cytosarcoma fibrosum of Rindfleisch, the fibroma intracanalicular of Virchow, the fibroma endocanalicular of Labbé and Coyne, the cystoid adenoma of Birkett, the true cystic adenocoele of Bryant, the proliferous mammary cyst of Paget, the hydatid or encysted tumor of Sir Astley Cooper, and the tuberous cystic tumor of Caesar Hawkins.

Fibromata are circumscribed, spherical, rounded, or ovoid, and have a nodular, bossed, or lobulated outline. Their consistence is usually firm and elastic, or hard when they are not succulent, or unequal when the fluid contents of the cysts are in excess, in which event they are elastic, or soft and fluctuating over the more prominent bosses, but firm elsewhere. On section they may be dry, white, nacraceous, or opaque-white, dense, and compact, and cry under the knife, and the interlacing bundles of fibrous tissue may be arranged concentrically around centres which project above the level of the cut surfaces. Minute examination of growths which present these peculiarities shows that they are composed of dense bundles of mature fibrous tissue, which is almost or entirely devoid of corpuscles, and that the small projections correspond to ducts and acini. This type corresponds, therefore, to the neoplasms formerly called fibroid or desmoid. In other specimens, as in Fig. 1, from Formad,* bands of wavy, connective tissue interlace in every direction. Such tumors are more or less juicy or moist, and of a glistening whitish, grayish-white, or rosaceous tint, and represent the majority of fibromata. In rapidly growing examples the minute structure is that of recent connective tissue abounding in cellular elements.

From the foregoing brief description it will be seen that the determination of fibroma depends upon the predominance of the fibrous tissue over the preëxisting glandular structures. It is very rare to find glandular elements entirely absent, but when present they must be subordinate to constitute a fibroma. When they are newly formed and preponderate over the fibrous constituent of the tumor, the latter is an adenoma, as is beautifully shown in Fig. 2. from Formad, which is introduced here with a view to compare the histological features of these

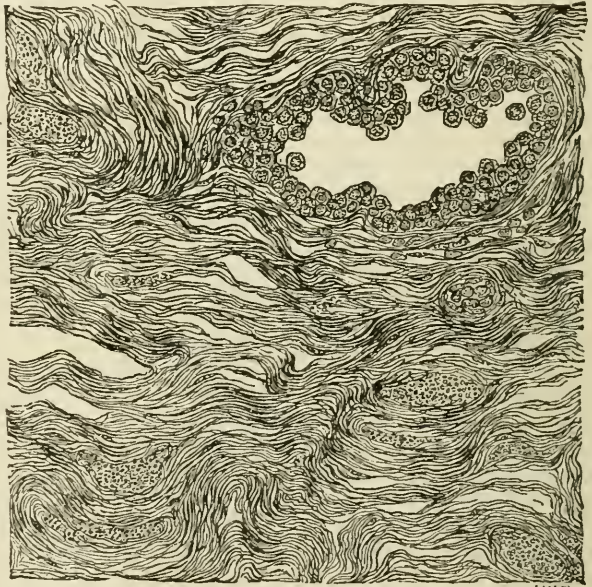


FIG. 1.

FIBROMA.—The newly formed fibrillar connective tissue is loose and wavy, and transverse cuts of bundles of fibres are seen at many points. In the upper portion of the drawing is a duct in transverse section, the epithelium of which has undergone irritative hyperplasia. $\times 300$.

two growths, and to show precisely what is meant by the term fibroma.

The smallest vegetating tumors have a lobed appearance, while the macroscopic features of the larger ones vary in accordance with the transformations to which they are liable. Thus, while the mass of the growth may be firm and of a milk-white color, the vegetations are not infrequently softer and more transparent. When they are very vascular, their tint is rosaceous, or decidedly red, or red in lines, or even ecchymotic. A yellowish hue is indicative of fatty changes, while myxomatous degeneration is characterized by areas of gelatinous appearance.

Inflammation and suppuration of fibromata are very uncommon, and fungous protrusion was met with in only five of the one hundred

* I am indebted to Dr. H. F. Formad for this and the succeeding illustration, which are taken from his forthcoming "Manual of Microscopic Diagnosis."

cases which I have collated. It is interesting to note, from a diagnostic standpoint, that these were all examples of vegetating growths, and that the skin around the ulcer was normal as respects freedom from infiltration and adhesion to the protruding mass.

In a unique case recorded by Satterthwaite,* a proliferous fibroma protruded through the dilated orifices of the milk ducts, without the intervention of ulceration, so that the nipple was surrounded by a mass of tissue which was eight lines high, and looked like exuberant granulations.

The degenerations and transformations of fibromata are the cystoid, fatty, myxomatous, osseous, calcareous, and telangiectatic; but they are infrequent. In about 3 per cent. of all examples they may be the seat of cysts, due either to fatty or mucoid transformation of the epithelium of the acini, or to myxomatous change of the connective tissue. In addition to the latter, there may also be fatty metamorphosis, and in this event the growth may contain blood or extravasation cysts. In 4 per cent. of all cases, provided they are of many years' duration, the mineral salts may be interspersed throughout limited portions of the mass, so as to impart to it the appearance of spongy bone; or they may be aggregated into a densely hard concretion, which, as recorded by Cruveilhier,† may resemble in size and configuration the head of the femur; or, as in the case of Monteils,‡ they may form plates surrounding the fibrous tissue, some of which contain osteoblasts. Ossification is very uncommon, the only example of that occurrence of which I have any knowledge being one of a true spongy osteoma, as large as a pigeon's egg, contained in a cystic myxomatous fibroma removed by Leloir.§

Although they are, as a rule, only moderately vascular, fibromata undergo telangiectatic transformation in 6 per cent. of all instances, which is usually associated with rapid growth, and is indicated in one half of the examples by a bloody discharge from the nipple. In these cases of increased vascu-

larity, which, as well as the calcareous degeneration, appears to be confined to the cystic fibromata, the vegetations are pervaded by large vessels, to the rupture of which may be ascribed the more or less transformed blood that is found in the dilated ducts, and the hemorrhages which occur when they protrude externally.

Fibrous tumors of the mamma are usually solitary. Thus, of 100 examples, which include twenty-four of my own, only 15 were multiple, two growths being present in one breast in five, one in both breasts in five, two in both breasts in four, and three in both breasts in one. In the last case, which was

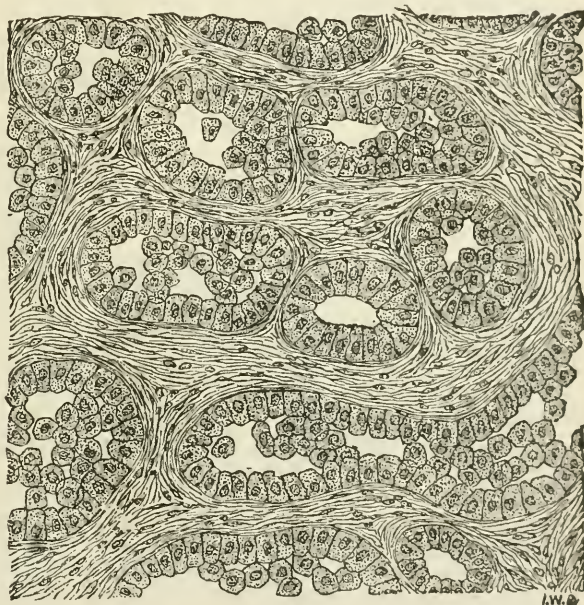


FIG. 2.

ADENOMA.—Showing a transverse section of newly-formed glandular tissue, contained in a relatively sparse fibrous stroma. $\times 200$.

under my care in March, 1887, I enucleated three fibromata from the right breast, which had existed, respectively, for twenty-four, five, and two years, and, after amputating the left mamma for carcinoma, discovered that, in addition to the malignant growth, it contained three small fibromata. The patient, who was fifty-one years of age, single, and still menstruated regularly, continues well.

When single they are, for the most part, peripheral, their favorite locality being the upper and outer portion of the left breast. Thus, of 85 cases in which the seat is noticed the tumor occupied—

* *The Medical Record*, 1874, p. 635.

† *Bull. de la soc. Anat.*, t. xlviii, p. 344.

‡ *Bull. de la Soc. de Chir.*, sér. 3, t. i, p. 472.

§ *Gaz. Méd. de Paris*, No. 52, 1878.

The upper hemisphere in.....	14
The lower " in.....	9
The outer " in.....	10
The inner " in.....	9
The upper and outer quadrant in.....	10
The lower and " in.....	4
The upper and inner " in.....	8
The lower and " in.....	5
The vicinity of the nipple and areola in.....	16

They are generally quite superficial, and, in rare cases, or once in every twenty-five, project beyond the level of the skin as pendulous or pedunculated growths.

They are met with as early as the seventh and as late as the seventy-fourth year, the average age of their first observation being 29.1 years, but they are uncommon before puberty and after the fifth decade. Of the 96 cases in which the age is noted—

19 appeared between 10 and 19 years.	
36 " " 20 " 29 "	
18 " " 30 " 39 "	
15 " " 40 " 49 "	
5 " " 50 " 59 "	
1 " " 60 " 69 "	
1 " at 7 years.	
1 " at 74 "	

Of the entire number, 7, or 7.29 per cent., occurred before the sixteenth year, namely at the ages of 7, 12, 13, 14, 14, 14, and 15, or during the developmental state of the mamma; 67 or 69.79 per cent., appeared between the sixteenth and fortieth years, or at a period when the breast and the genital organs are functionally most active; and 22 22.91 per cent., after the fortieth year, or during the period of their functional decline. It is, moreover, interesting to note that cystic fibroma develops later in life than the solid variety, since the average age at which the former was first noticed was 38.42 years, against 25.54 years for the latter. Hence it may be said that non-vegetating fibromata, which represent 63.54 per cent. of the entire number, are essentially outgrowths of the young and active mamma, while vegetating fibromata are outgrowths of the mature gland.

In the unique case of fibroma in childhood, recorded by Dr. Hopkins,* of Brooklyn, a tumor as large as a chestnut was enucleated from the right mamma of a girl seven years of age. At the end of six months, a small growth was noticed in the left breast, and two years later it had attained a diameter of one inch. At the expiration of five months, the entire breast, with four enlarged axillary glands, were removed. Sections of the growth examined by myself developed that it was made up of wavy fibrous tissue, in which were intercalated a few ducts.

Thirty-nine of the patients were single when the tumor was first observed, and

thirty-six were married, while the social condition is not stated in the remainder. Of the married women, twenty had more than one, and seven had one child, but four of these had never suckled; six were barren; and the question of children is not mentioned in three. In two the disease developed during lactation.

Of fifty-five cases, in which the menstrual function is recorded, forty-nine were regular, five were irregular, and one was the subject of metrorrhagia. Two of the patients after the fiftieth year were menstruating, while of the young subjects it is certain that the catamenia had appeared in one at the age of fourteen. Assuming, in the remaining six, and in five women after fifty years, that the menses had either not appeared or had ceased, it is evident that fibromata are developed principally during the menstrual epoch of life. These facts, when considered in connection with the statements concerning the social condition of the patients, demonstrate conclusively that neither celibacy nor disordered nor arrested menstruation is an important agent in their production.

In only fourteen instances, or in about one in every seven, was the tumor traceable to injury. In one there was antecedent mastitis; in two the mothers of the patients died of mammary cancer; while in one it appeared to be transmitted from parent to child. In the last case, recorded by Puls,† the left breast of the mother was the seat of two vegetating fibromata, while two cystic tumors were present in the left breast of the daughter. The general health of the patients was, as a rule, excellent.

The growth of fibromata is slower than that of the other connective tissue tumors, but it is very variable, and seems to be influenced by the presence or absence of vegetations. Of the solid variety, the smallest that I have met with attained a diameter of half an inch, and a thickness of three-eighths of an inch, in twelve months, and my experience shows that they rarely exceed the volume of a large walnut in three years. Even at the end of ten years they may be limited to that size,‡ or measure only three inches in diameter in eighteen years.§ A breadth of

* *Boston Med. and Surg. Journal*, March 26, 1885, p. 290.

† *Virchow's Archiv*, Bd. 94, p. 455.

‡ Labbé et Coyne, *Traité des tumeurs bénignes du sein*, p. 388.

§ Muriel, *Trans. Path. Soc. London*, vol. viii, p. 384.

an inch and three-quarters in six months is the most rapid growth that I have witnessed. The largest examples that I find recorded were of the size of a goose's egg in four years,* or of an adult hand, and weighed three pounds and a half in five years † or measured nearly twelve inches in length, and weighed seven pounds in twelve years; ‡ or had a circumference of twenty-two inches, and weighed four pounds in twenty years; § or attained the volume of two fists, and weighed upward of twelve pounds in twenty-one years. || On the whole, the rate of their growth may be computed at about two-thirds of an inch a year.

Cystic fibromata increase more quickly and acquire a larger size, as a rule, than the preceding variety. While it is true that they may require twelve months to reach the volume of a small chestnut, ¶ or six months, ||| eighteen months, ** two, |||| three, |||| and even four years, |||| to attain the dimensions of a hen's egg, they grow, on the other hand, to the size of a double fist or foetal head in two years and a half †† or six years, †† of an adult head in one year, §§ eight years |||| or twenty-five years, ¶¶ or have a circumference of twenty-nine inches, and weigh eight pounds in six years, *** or weigh twenty-nine pounds in seven years. ††† A peculiarity of their growth is that, while they may have been stationary or have progressed slowly for a long time, they suddenly, and without obvious cause, begin to increase rapidly, so that a nodule that has remained of the size of a walnut for five years and a half reaches the volume of a double fist in six months, ††† or a tumor which has taken twenty-four years to equal the size of an orange attains that of an adult head, and weighs nearly six pounds in an additional year. §§§ Under these cir-

cumstances the neoplasm will be found to be very vascular, or contain blood-cysts, or a large quantity of fluid. Hence the mode of increase is of importance as an aid in the diagnosis of the variety of fibroma, a slowly and regularly growing tumor indicating freedom from cysts and vegetations, and a suddenly and rapidly increasing tumor, with decided enlargement of its bosses, indicating the accumulation of fluid contents and intracanalicular vegetations.

It now and then happens that fibromata grow very rapidly during pregnancy, as in the case reported by Cras, while, in about four per cent. of all examples, they become larger and softer during the menstrual discharge and subside at its termination, while in one per cent. they became smaller and softer. In one case the tumor became harder and fuller just before the appearance of the menses, but returned to its former consistence and volume when the flow was established. In an instance recorded by Fergusson,* it increased very rapidly after the menopause; while, in a unique example reported by De Morgan, † the breast suddenly doubled its size during a severe attack of gout in the toe, but returned to its original dimensions with the disappearance of the disease.

Throughout their entire life, as a rule, the skin remains mobile and normal in texture and color; the subcutaneous veins are not enlarged; the nipple is natural; the neighboring lymphatic glands are not enlarged; and the tumors are free from superficial or deep attachments.

To these general statements there are some exceptions. In three cases the skin was adherent, but to a limited extent only in two; in four it was red, and in one of these, at points, almost purple; while in five, as has been already mentioned, it ulcerated. The superficial veins were tortuous and dilated in five. The nipple was depressed in three. In two the neoplasm was so closely connected with the pectoral muscle that some of its fibres had to be removed with it; while in another it adhered firmly, by two prolongations, to the periosteum of the sternum. In two instances the lymphatic glands were enlarged.

In one case out of every seven of cystic fibromata there is a discharge from the nipple, but this symptom does not appear to be present in the solid form of fibrous tumor. In an example recorded by Labbé, ‡ a spontaneous, although scanty, escape of a whitish fluid preceded the detection of the new

* Schuhl, *Chirurgie und Operationslehre*, p. 311.

† Bull, *Illus. Quart. of Med. and Surg.*, vol. i, No. 4, p. 83.

‡ Paget, *op. cit.*, p. 564.

§ Monteils, *Bul. de la Soc. de Chir.*, 3 ser., t. i, p. 472.

|| Cras, *Bul. et Mém. de la Soc. de Chir.*, t. iii, p. 13.

¶ Labbé et Coyne, *op. cit.*, p. 397.

** *Ibid.*, pp. 448, 190, 131, 408, and 264.

†† Demarquay, *Bul. de la Soc. Anat.*, t. xliii, p. 492. Paris. 1868.

‡† Labbé et Coyne, *op. cit.*, p. 259.

§§ Lebreton, *Bul. Soc. Anat.*, t. xliii, p. 282.

||| Heinecke, *Beitrag zur Statistik der Mammatumoren*, p. 2.

¶¶ Labbé et Coyne, *op. cit.*, p. 270.

*** De Morgan, *Trans. Path. Soc. Lond.*, vol. xxi, p. 352.

††† Gherini, *Annali Univ. di Med.*, Feb., 1878.

‡†† Labbé et Coyne, *op. cit.*, p. 259.

§§§ *Ibid.*, p. 270.

* *Trans. Path. Soc. London*, vol. iv, p. 353.

† *Ante.*

‡ *Op. cit.*, p. 397.

growth by two months, when it became bloody. In a patient under the care of Guyon,* a sanguinolent discharge was induced by the pressure upon the breast, but it had ceased for several years before the tumor was extirpated. In a third case,† there were several hemorrhages by the nipple during the rapid increase of the tumor, or during the last month of its existence. In a case of my own a yellowish brown fluid could be expressed; while in that of Watson,‡ the discharge was spontaneous. In all of these examples the cysts were more or less completely filled with highly vascular vegetations, so that a bloody discharge is indicative of that condition.

In 35 examples of fibroma pain was experienced. Attention was, however, first called to the affection by suffering in only 3 of the entire number, while in the remainder it declared itself after the discovery of the tumor. In 20, or more than one-half, the pain was of an intermittent, severe shooting, darting, lancinating, or neuralgic character, while in 15 it was slight and evanescent, usually darting, but not infrequently dull and aching. In 9 it did not appear until the tumor began to increase rapidly; in 4 it was experienced only at the menstrual period; in 2 it grew worse at that time, and in 1 during lactation; while in 1 the pain was aggravated after the cessation of the catamenia. In the examples of ulceration of the skin and fungous protrusion, the suffering was slight; in one, indeed, there was no pain at all, but the mass was exquisitely tender on handling. Including this case, only six were sensitive. In one of my own, a tumor not larger than a bean was, for the last three months of its existence, as intolerant of manipulation as a painful subcutaneous tubercle. It had existed for one year in the right mamma of a prolific female, aged forty-two, from whose left breast a similar growth was removed six years previously in Saxe-Weimar. In three examples the pain was neuralgic, paroxysmal and severe, and radiated to the shoulder, base of the neck, axilla and inner side of the arm. Not only were the tumors tender to the touch, but the mere friction of the clothing provoked suffering; while in one the patient was deprived of sleep, appetite, and the use of the corresponding arm. In none of these so-called *irritable tumors of the breast* did the growth exceed the volume of a small walnut. Hence, while it is true that amylenic neuromata occur in the mamma,

as has been demonstrated by Tripiér* in two instances, it is highly probable that the small growths which excite so much suffering are composed essentially of indurated fibrous tissue comprising nerve filaments.

Recurrence of fibromata is met with once in every twenty-five cases. The most remarkable of these is that recorded by Rosenstirn,† in which a tumor of one year's standing, and seated in the left mamma of a prolific woman of forty-five, was enucleated in April, 1855. In March, 1860, a growth of six months' duration was removed from the right breast. Four additional tumors were extirpated from the left mamma in March, 1861, August, 1862, August, 1866, and September, 1869, and two from the right breast in 1862 and 1869. They were all traversed by enlarged and deformed ducts. These illustrations of recurrence do not denote local malignity, but merely indicate that, in some women, there is a tendency to the formation of multiple fibrous growths, so that in these cases it was a question either of the further development of a nodule which was overlooked at the time of operation, or of the successive appearance of similar tumors in portions of the gland that remained behind. In all of these examples the growths were simply enucleated; but even when the gland has apparently been entirely removed, it need not excite surprise if fibromata subsequently make their appearance, since outstanding lobules are sometimes disseminated throughout the entire mammary region, and even in the axilla, and may readily escape the eye of the surgeon.

Other evidences of the innocent nature of fibromata are the absence of enlargement of the associated lymphatic glands and of secondary deposits in the viscera. Their benignity is, moreover, demonstrated by the facts that they had existed, on an average, for five years and eight months before they were subjected to the knife, and that the total duration of life from their first observation to the date of the final reports averaged fourteen years.

Although they are not malignant, fibromata may, in their open and fungating state, prove destructive to life through profuse suppuration and hemorrhage, or through the injurious effects exerted upon neighboring organs. Thus, Foerster‡ describes a solid tumor, eleven inches long, eight broad, and four inches and a half in thickness, which pro-

* *Ibid.*, p. 206. † Lebreton, *ante*.

† *Trans. Path. Soc. London*, vol. xix, p. 386.

* *Dict. Encyclop. des Sciences Médicales*, 2, ser. t. iv, p. 408.

† *Virchow's Archiv*, Bd., lvii, p. 166.

‡ *Op. cit.*, Bd., ii, p. 481.

duced absorption of a portion of the seventh rib, and penetrated the thorax, where, covered by the pleura, it formed a mass seven inches long, five broad, and three inches and a half thick, which rested upon the diaphragm, pushed the lung upward and completely compressed its lower lobe, dislocated the heart to the right, and curved the vertebral column to the opposite side.

The diagnosis of fibromata is based upon their indolent and insidious origin, their great mobility, peripheral situation, firm consistence, nodular or lobulated outline, slow growth, moderate dimensions for the period of their existence, freedom from alterations in the skin, nipple, subcutaneous veins, and lymphatic glands, slight liability to ulcerate and fungate, and to a discharge from the nipple, slight tendency to be painful during their progress, and upon their greatest frequency between the sixteenth and fortieth years, or, on an average, at the twenty-ninth year.

The only tumors that exist prior to the sixteenth year are fibroma and sarcoma, the former being more than twice as common as the latter. The fibromata are always solid, while the sarcomata are cystic in three-fourths and medullary in one-fourth of all examples; so that a firm solid neoplasm at that period of life is a fibroma and nothing else.

The distinction between the solid and cystic varieties may be made by attention to the following points: The former appear, on an average, at the twenty-fifth year; eleven per cent. develop before the age of sixteen, and sixty-eight per cent. before the thirtieth year. They are uniformly firm or hard, never fungate, nor are they marked by a bloody discharge from the nipple. The latter are never seen before the sixteenth year; occur, on an average, at the thirty-fifth year; and only forty per cent. originate before the age of thirty. Their consistence is unequal, being firm at points, and soft and fluctuating at others, they are more largely and deeply lobulated, fungate once in every seven cases, and discharge by the nipple in an equal proportion of instances. Adhesion and discoloration of the skin, enlargement of the superficial veins, ulceration, depression of the nipple, and deep attachments, features which are uncommon in fibromata, if present, are characteristic of the cystic variety. Their growth is, moreover, sudden and rapid after having remained stationary, or advanced slowly, for several years.

The diagnosis between cystic fibroma and cystic sarcoma cannot in every case be absolutely made without a resort to the micro-

scope, as they possess so many clinical features in common.

The treatment of fibroma is by enucleation from its capsule, the line of incision radiating from the nipple. If an involuting breast be the seat of several tumors, it should be excised, and the entire gland should be sacrificed if the growth be ulcerated. In women of fashion the scar may be hidden from view by adopting the practice of Gaillard Thomas.* When the tumor is of moderate volume, neither very small nor very large, that distinguished gynecologist makes an incision in the fold which unites the lower hemisphere of the breast to the thorax, through which that portion is dissected from its deep attachments, when an incision from the under surface of the breast admits of the removal of the growth. If the operation be aseptic, as all operations should be, and care be taken to drain the cavity left by the enucleation of the tumor, the resulting cicatrix will be scarcely apparent, especially as the greater portion of its extent will be concealed.

In recommending the removal of fibroma, I am not unmindful of the statement that it may disappear after marriage, or during pregnancy, or at the climacteric, but I cannot find the slightest evidence confirmatory of this assertion. Broca† regards compression as an efficacious measure: while other surgeons resort to sorbefacient plasters and unguents. These expedients I regard as not only useless, but as positively detrimental, as they may excite active growth. Nor do I favor the let-alone policy of some surgeons. As I have elsewhere pointed out,‡ fibroma is liable to be transformed into sarcoma and carcinoma; and the cystic variety, if not timely removed, not uncommonly ulcerates, and protrudes large fungous, offensive and bleeding masses. Then, too, a tumor of the breast, no matter what its nature may be, is always a source of anxiety. It is for these reasons that I advise an early operation, as it is the only means which will rid the patient of these risks and annoyances.

SENILE GANGRENE, COMPLICATED WITH ENCEPHALOID CANCER OF THE FACE; SPONTANEOUS AMPUTATION; RECOVERY.

BY CLARENCE G. HOLLISTER, M. D.,
UNION CITY, PA.

The remarkable feature of this case was

* *New York Med. Jour.*, April, 1882, p. 337.

† *Traité des tumeurs*, t. ii, p. 462.

‡ *A Practical Treatise on Tumors of the Mammary Gland*, p. 23.

the wonderful work of nature, hampered by the cancerous cachexia and persistent anemia, from continuous and severe hemorrhages, in separating the dead from the living tissue, making an amputation of which the best surgeon might be proud.

Mr. B., about sixty years old, had for many years suffered from numerous scaly spots upon his face, some of which ulcerated through the integument. About two and a half years ago one of these ulcerated spots rapidly developed into a true cancer, situated upon the right cheek and temporal region. It took on a malignant form and the patient was averse to surgical interference, being somewhat discouraged by the unsatisfactory treatment of his face for many years, so that he failed to call upon any medical gentleman for assistance until the disease had progressed so far as to make interference useless. At the end of about two years he had a large mass of raw cancerous tissue upon his right cheek which bled so profusely as to bring him almost to death's door. On October 16, 1886, he was seized with excruciating pain, commencing in the right-knee and extending to the foot and ankle. It was with difficulty he could be kept quiet for a moment. He said he would rather die than suffer such pain for thirty minutes, which coming from one who had suffered so much, meant a great deal.

Upon examination, no swelling, or heat, or loss of temperature, could be discovered. So far as physical signs were concerned the foot and leg were normal. Repeated hypodermic administration of morphia allayed the pain and gave him some rest. Realizing that there must be some physical signs of the origin of the pain by another day I left him, with instructions to administer the morphia in doses large enough and often enough to control the pain. Upon visiting him the next day, and again carefully examining the leg and foot, I discovered the key to the trouble—a slight coldness of the foot, extending from the toes about half-way to the ankle. This was very slight, however, and there was no other physical sign. The patient complained of a slight feeling of numbness, "as if the foot were asleep." Being thoroughly under the influence of the morphia, his pain was slight. I now informed the family that gangrene of the extremity was to be feared and expected. Subsequent events proved that my fears were well grounded, as there immediately supervened that peculiar pathological phenomenon, death of the extremity, followed by a wonderfully fine operation of nature, separation of the

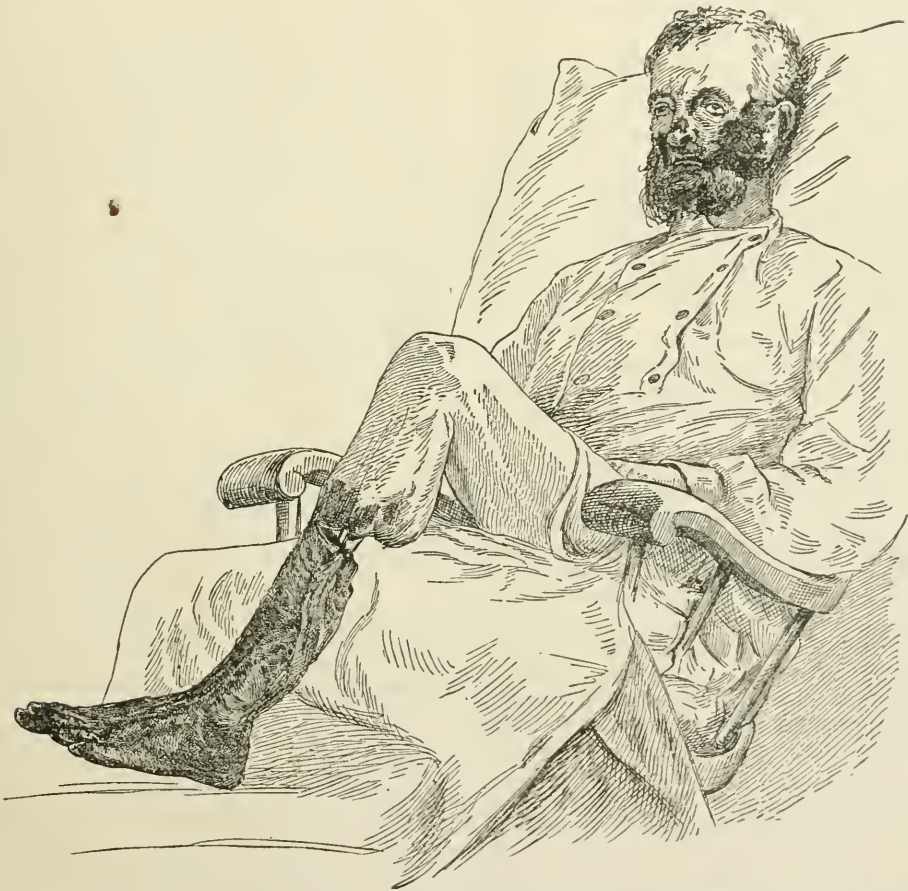
dead from the living tissue, with a reparative process, entirely unlooked for in a patient so reduced in blood, and in one so saturated with the cancerous poison, as evidenced by the large malignant growth, with its accompanying manifestation of the cancerous cachexia. The condition being one of dry gangrene, I had nothing to do but to use the best tonic remedies, with supporting diet and opiates to control the intense pain. Commencing at the toes, the gangrene gradually extended upwards to within about three or four inches of the knee-joint, at which point the line of demarcation became visible about eighteen days after the first symptom of pain. This line extended quite around the leg. Above it, for a distance of about two inches, distinct coldness was perceptible. Before the first week had elapsed, the extremity was dark and cold half-way to the knee. Upon applying an antiseptic solution of carbolic acid a change in color gradually took place. From dark blue it gradually became a sort of dirty green. The toes became mummified and boggy, and the foot and leg swollen. Remarkably slight systemic disturbance followed these changes. The patient ate, and slept, and talks rationally of his disease, occasionally joking about it.

At this time Drs. Rockwell and Sherwood saw the case with me, and agreed that it was very doubtful that the patient would live long enough for nature to complete the process she had begun. How well he stood the terrible drain is shown in fig. 1, taken from a photograph made when the tissues were entirely amputated and the skin over the stump well formed. His pulse at this time was rarely over 100, his bowels were regular. He had occasionally, slight mental disturbance. His tongue was somewhat coated. These were about all of the constitutional symptoms. Having decided, with the advice of Drs. Sherwood and Rockwell to let nature take its course, I simply continued the general supporting plan of treatment, with pretty large doses of morphia to keep the patient comfortable. Certainly if nature, hampered with such a complication as existed in this case could complete the process necessary for the successful separation of this poor man's leg, her powers would be greatly elevated in our estimation. How well she performed her part is now plainly seen. We did not theorize much as to the cause of the gangrene. It is possible that an embolus was carried from the degenerated mass on the patient's face to the extremity and then lodged and obstructed the circulation. Or, diseases of the blood-vessels in the foot may

have obstructed the circulation. This, however, is pure speculation, and it is not the object of this report to discuss the cause of the gangrene, but simply to show how wonderfully nature may do her work, even when almost denied the elements necessary for it, and to lead to greater confidence in the ability of nature to throw off disease, and to place the physician in the position of an assistant and not that of the active healer. On Nov. 4th, the patient was evidently weaker, but still so strong as to cause surprise

about 100, and the heart's action was very feeble.

On Nov. 29th, the patient was not losing strength as rapidly as we had expected. He still sat up in bed, although with much effort. He was now taking about half a grain of morphia every two hours. About two weeks ago I called and found his abdomen terribly distended. Indeed, it seemed as though it would burst. Upon inquiry, I learned that his bowels had not moved for about eight days. Enemata of turpentine



to all. He had had a bad hemorrhage from the cancer very recently. The condition of the foot and leg was progressing; the greenish discoloration extended over the whole foot and ankle. The leg, two-thirds of the way to the knee was almost black. The line of demarcation was now visible at the point before indicated. When the effect of the morphia wore off a little, he experienced intense pain, almost as bad as when I first visited him. The leg above the line was swollen, and quite tender upon pressure. The pulse was

and castor oil were given, and the bowels moved freely, much gas passing off and the distension rapidly subsided. He took liquid food almost exclusively. During the last week the ulcerating line had commenced to separate the dead from the living tissues. Below the line the leg and foot were dry and hard.

The line of demarcation described an irregular circle around the thickest part of the calf of the leg, and in a general way seemed to be a sort of a dropping away

of the dead tissue from the living and the leg was about half an inch smaller at the line of the dead tissue than at that of the living. The leg and foot were black, and hard, and dry, the skin imparting to the touch a sensation of extreme thickness. There was an opening on the outer side of the line of demarcation which seemed to open into a cavity, as large quantities of thick pus discharged through it.

The cancer on his face caused the patient much pain, with frequent hemorrhages. The odor from the face and leg was almost unbearable, and with difficulty kept down by the best of disinfectants.

At this time, May 20th, the patient is in the condition indicated in the illustration, which is from a photograph taken this day; the amputation is complete, with the exception of the bones of the leg, and they are beginning to separate. In a few days, the foot and leg will probably drop off. As shown in the illustration, the stump above is perfect, nicely skinned over, and to all purposes as fine as any made by a surgeon.

A very interesting point in the case is the fact that, the bones are separating about half an inch above where the skin comes down to them, nature thus providing plenty of skin to cover them.

To recapitulate: we have a patient 60 years old, who had suffered for two and a half years from a malignant cancer of the face, and had been brought down to a weak, anemic condition by severe and frequent hemorrhages. Suddenly attacked with senile gangrene, he yet bids fair to live through the whole operation of nature's amputation of the foot and leg. At this time, May 20th, as is shown by the illustration, he has nearly got through with the gangrene, and were it not for the cancer he might live to a good old age.

Let us therefore in future, place more confidence in the power of nature to help us out in such terrible conditions, when other help seems of no avail. And let us realize more fully that, in all pathological conditions, nature is the chief healer, and we are her assistants.

[A telegram kindly sent by Dr. Hollister, in response to a query, and dated June 28, 1886, states that this patient is holding his own. The slough has separated. He eats well, and temperature is normal. Pulse, 100. Stump and skin healthy.—EDITORS OF THE REPORTER.]

BICHLORIDE OF METHYLENE—AN ANÆSTHETIC.

BY LAWRENCE TURNBULL, M. D., PH. G., PHILA.

PREPARATION.*—By acting on chloroform with nascent hydrogen.

CHARACTERS.—A colorless, volatile liquid with smell like chloroform.

Methylene or bichloride of methylene was carefully studied by Dr. Richardson, who gave it a very high character as an anæsthetic. This was 1867. His views were soon called in question by Nussbaum in Germany, and Tourdes, Hept and Péan in France, while Spencer Wells took up the subject and defended it in England. For years it was fully tested at Moorfield Ophthalmic Hospital; but two deaths occurred without any indication of danger from the state of the pulse or heart. In 1879 I had it prepared by Dr. W. H. Green, and even with all his care the specimen contained chloroform, and was very costly. It was then tested by the late Dr. Washington Atlee, the article having been obtained through Spencer Wells; but Atlee did not find it as satisfactory in ovariectomy as his mixture of ether and chloroform. *Op. cit. infra.*, p. 130. Subsequently four more deaths occurred from its use.† Spencer Wells stated at the meeting of the British Medical Association, 1877: "Whatever may be its chemical composition, whether it is chloroform mixed with some spirit or ether, or whether it is really bichloride of methylene, I am still content with the effects of the liquid sold under that name." It is, I believe, still employed in the "Samaritan Free Hospital" of London by the officers in charge; but Spencer Wells has retired from the institution where he achieved such wonderful results. The operation of ovariectomy has been improved upon by Mr. Lawson Tait, under the use of ether, namely, one hundred and thirty-nine consecutive operations without a single death. Four years ago, M. M. Regnaud et Villejeau (*Journ. de Pharm. et de Chem.*, 1883) undertook a research which has recently been completed, and which led them to the following results: that the commercial

* $\text{CHCl}_3 \times \text{H}_2 = \text{CH}_2\text{Cl}_2 \times \text{HCl}$.

Boiling-point, 40°C . (104°F .).

ACTION.—Like that of chloroform, but more rapid, though a larger quantity is required. It depresses the action of the heart more than chloroform, and death is even more sudden and without warning symptoms.

† See list of deaths, with details. *Turnbull's Manual of Anæsthetic Agents*, 2d Ed., p. 66, Phila., 1885.

methylene, obtained through agents accredited by Sir Spencer Wells, and therefore genuine, was a mechanical mixture composed of four parts of chloroform and one of methylic alcohol. In some comparative experiments they administered the two agents, finding that while the commercial agent behaved precisely like chloroform, the genuine methylene bichloride produced choreiform and epileptiform convulsions.

HOSPITAL NOTE.

TREATMENT OF INFANTILE HYDROCELE.

Reported by J. T. Freeland, M. D., Assistant Surgeon of Hospital for Ruptured and Crippled.

In looking over the records of this institution, I found that one thousand one hundred and fifty-seven cases of infantile hydrocele have been treated here in the dispensary department. The treatment of this class of cases has varied at different times; but I notice that the change in treatment has been from the severe (*i. e.*, setons, iodine-injections, drawing out through an incision and snipping off a bit of tunica vaginalis) to the mild, and the results are now as good as they have ever been.

We first prescribe

Tr. bellad.

Tr. iodinæ co. āā ʒj.

M. sig.—Apply over hydrocele twice daily.

This is generally sufficient to relieve within a week or two, especially so if the infant is but a few weeks old.

If this fails to cause absorption after a fair trial, the fluid is drawn off by a hypodermic needle or a small trocar. It may be necessary to draw the fluid a second time, rarely a third; as the fluid does not show the tendency to reaccumulate in children as in adults. This last point is an important one, and should have much to do in changing the treatment generally employed by physicians.

The treatment given is applicable to all the forms of hydrocele, congenital, acquired, diffuse and encysted of the cord.

REPORTS OF SOCIETIES.

NEW HAMPSHIRE MEDICAL SOCIETY.

NINETY-SEVENTH ANNUAL MEETING, HELD IN
THE CITY OF CONCORD, N. H.,
JUNE 21, 22, 1887.

Tuesday, June 21—Morning Session.

The society was called to order at 11 o'clock by the president, Carlton P. Frost,

M. D., of Hanover.

The attendance was large, for, with a membership of two hundred and fifty, over fifty per cent. were present. That the profession in New Hampshire are interested in any legitimate means to elevate the standard of medicine, was illustrated by the number of new members received into the association—twenty—as well as by the prompt instructions to the Board of Censors to take peremptory measures to revoke a license which had been secured during the year on a diploma from a fraudulent university.

The first paper upon the programme was the President's address, in which he welcomed the members to the ninety-seventh annual meeting, and referred briefly to its objects and aims, and made suggestions as to some changes in the manner of doing its work.

He referred in fitting terms to members and ex-presidents who had died during the year—Dr. Luther M. Knight of Franklin, and Dr. A. H. Crosby, of this city, as follows: "Dr. L. M. Knight, a man whose warm heart and genial ways had endeared him to all who knew him, has passed away, after reaching the ordinary limit of human life. He has left an honorable record as a physician, as a surgeon in the service of his country, as a good citizen, and a Christian gentleman." "Dr. A. H. Crosby always ready with a pleasant word and a cordial greeting, ever seeking to promote the interests of those who came to him for professional council or aid in any emergency, was suddenly called away in the prime of professional life and influence. Highly esteemed as a surgeon by inheritance and by his scientific attainments and skill receiving the confidence of his patrons who were many and widely scattered over the state, he honourably closes for the present at least, the list of distinguished teachers and practitioners in his branch of a family whose names will be long remembered in this state and in this country."

The theme of the address was, The Etiology of Diseases, and in introducing the subject Dr. Frost said: The most recent theory in regard to the causation of disease, at least the theory whose study and elucidation have occupied the very careful attention of the investigators in the field of medicine, and has led to the most satisfactory results in many respects, is the germ theory, or the theory which rests on the belief that many diseases are caused by the introduction into the body, from without, of certain minute organisms whose development and reproduc-

tion cause such changes in the fluids and solids of the body that their normal vital actions are dangerously interfered with." The steps by which this theory has established itself in so many minds as worthy of acceptance were traced briefly and skillfully. The address received close attention and hearty applause.

The next paper on the programme was "Obstetrics: Thirty Years' Experience in a Country Practice," by Dr. William Child, of New Hampton. Dr. Child in this paper urged that a frequent reviewing of what may seem familiar points in obstetrical practice tended to proficiency therein. Personal experience, showing how many cases progressed rapidly and ended kindly without any aid, and the few that did require real skill, was given. Forceps were declared to be, first, the mother's instrument, then, second, the child's. Attention was called to the fatality in footling cases, and it was stated that this might be avoided by at once extending body of child between the knees of the mother to and upon the abdomen; decided traction being used if necessary; delivery of head will thus be ensured without delay. Attempts to deliver by extension in the line of the mother's body was condemned; with this method many children die.

In abortion with hemorrhage, the tampon was recommended as the only real remedy; this is to be of a continuous strip of fine cotton, one and a half inches wide, well oiled and then closely packed into the vagina; should be of one strip for convenience of introduction and removal. He had no new procedure to recommend but the utmost vigilance was urged in all uterine hemorrhages; more injury being done by indifference than by real want of skill. He recommended that ether and chloroform be employed only in obstetrical operations, or in very severe and painful labors. Some cases of puerperal convulsions were related. Treatment recommended as each particular case might demand. Bleeding in plethora; opium in spinal or cerebral anemia; active cathartics in apoplectic indications, chloral and bromide of potassium in general nervous excitability. If convulsion persists, deliver with forceps as soon as relaxation of soft parts will allow. Placenta previa cases demand the greatest courage, promptness and judgment to attain the best possible successful treatment. Obstetricians should never leave such cases for a moment until the danger is over. Caution and boldness are the only remedies when once the diagnosis is settled. More cases are lost from want of decision and

promptness of action than from real want of skill.

Dr. J. W. Parsons, of Portsmouth, opened the discussion by disclaiming any new or unusual methods, and in reference to the doctor's early experience said he believed a frank confession of almost all obstetricians in their early cases would be much the same as that of the country practitioner. He emphasized the rules given by Dr. Child and complimented him upon his almost uniform success.

Afternoon Session.

Dr. C. A. Morse gave an account of an epidemic of diphtheria in Newmarket in 1885 and 1886, in which there were one hundred and twenty-three cases treated, with a mortality of twenty-seven. There was one case of a child less than one year of age and one of a woman forty-four years old, but a large proportion were between the ages of four and twelve. In this it did not vary from the experience in other places. The writer claimed with considerable reason, that the epidemic originated or was developed in a primary school building, as the first case was taken ill while at school and during the time the school was open, twenty-nine out of the whole number of forty-seven, including one teacher, were taken ill; and with a mortality of sixteen, or more than fifty per cent. of those taken ill. The school was closed, the building thoroughly disinfected and there has been no trouble since. That the epidemic was very severe was shown by the great variety of secondary symptoms, as almost every form of paralysis was described as following the active symptoms. The discussion was opened by Dr. G. P. Conn, of Concord, who, in reviewing the paper, said, that in diphtheria as in all zymotic diseases, the physician would do more good to the community in the prevention than in the cure of such diseases; for when the epidemic gets a foothold, a certain number of deaths will follow before the cause of the trouble is eradicated and that it always proves embarrassing and discouraging to the physician to have the same influence which caused the disease depressing the vital powers of the patient and thus handicapping every means he could use to restore the child to health. The satisfaction a physician derives in the practice of medicine is destroyed unless he can feel that his efforts are to be rewarded in saving life; and when the well are made sick and those ill are made worse because waste and effete materials are left to decompose, thereby rendering the earth, air, and water contaminated, it is

no wonder the physician becomes disheartened and discouraged. It is gratifying to the profession and to the public to know that the epidemic described resulted in an increased effort on the part of the authorities of the town of Newmarket to effect a sanitary reform in their village.

Laceration of the Perineum.

The paper of Dr. F. B. Perkins, of Londonderry, on Laceration of the Perineum, gave as the most prominent causes:—rapid deliveries, large foetal heads and faulty mode of supporting the perineum. Too much discredit, he said, was cast upon the forceps as a cause of rupture. Danger from this source arises from the fact that they are as instruments of direct traction, instead of instruments to complete a normal process.

The following summary of preventive methods was given:

1. Pressure upon foetal head to prevent rapid descent. Avoid use of ergot. Dissuade patient from making voluntary effort, place patient on left side.

2. Administer chloroform or ether to relax vulva and perineum, anoint liberally with belladonna, perform episiotomy. Draw forward with the hand the perineum and anus, or the perineum alone by hooking the fingers in the anus (Goodell's plan). Hook the fingers in the posterior commissure and draw backward toward the coccyx with each pain. Judicious use of forceps an efficient means of prevention. Ocular examination of parts after delivery. Immediate operations for repair.

Dr. C. S. Whittier of Portsmouth opened the discussion, and in the course of his remarks, gave a full and clear description of the most approved method of operation for the restoration of a complete laceration and quoted from the recent edition of Drs. Goodell and Emmet in support of his position.

The Report on Therapeutics.

The report on Therapeutics, by Dr. L. C. Pattee, of Manchester, was long and historical in character. In the discussion that followed, the new remedies for reducing temperature, antipyrine and antifebrine received a share of attention, and the gentlemen discussing their merits were divided in their opinions as to the merits of these drugs. The same was true in regard to their efficiency in cases of pain. Nothing was said by anyone about the use of sulphuretted hydrogen and carbon dioxide in the treatment of phthisis; therefore we are unable to throw any light upon the dispute between the physicians of Baltimore and Chicago, whether

the gas, in theory, should be more fatal to the microbe or patient.

The Report on Surgery.

The Report of Surgery, by Dr. J. Cutler, of Peterborough, consisted of a report on four cases of abdominal section for the relief of ovarion disease, one of which was a cystic uninocular tumor and the second was a multilocular, and were successful. The other two cases, being complicated by the malignant nature of the tumor, died in a short time after the operations. The reporter drew the following conclusions in regard to these four cases;—Cases Nos. 1 and 2 were simply uni- and multiocular ovariectomies. The diagnoses were correct, the operations successful, and the recoveries as complete as the ages and general health of the patients would admit of. Case No. 3 was complicated with cancer, and the question arises as to the abandonment of the case without completion. The reports of Brown, Wells, Fox, Peaslee, Kimball, and Thomas all quite fully sustain the ground of a complete operation in cancerous complications. In case No. 4, the circumstances appear to fully justify a complete operation, and the best interests of the patient and those interested would appear to have demanded a much earlier one.

The remaining portion of the report consisted of a review of fourteen cases of hernia. The first three required an operation before reduction could be accomplished, with two deaths and one recovery. The fourth case was reduced under ether, while the fifth was operated upon and recovered only to have a recurrence five years later, when the patient refused to have a surgeon's aid and died in three days, fulfilling his threat, "that the doctors should never touch him again." Of the remaining eight cases, only one required an operation to effect a reduction of the tumor, and this one died the third day; the others were relieved without resorting to an operation. The inference to be drawn from these cases is that the patients and friends naturally shrink from the knife and that earlier operations would probably have been more successful.

The Confidence of the Public in Non-Professional Prescriptions.

The dissertation on "The Confidence of the Public in Non-Professional Prescriptions" elicited the fact that non-professional prescribing was much the same in New Hampshire as in other parts of the country, and that the neighbors and friends of the sick did not feel that they had done their duty

unless they gave a great deal of advice and a prescription for every conceivable ailment. The speaker drew some vivid pictures of the evils of such confidence and cited many cases of irreparable injuries in consequence of the neglect of more rational and intelligent treatment. The paper had many good points and would make a good medical tract for the public to read, for it is too true that the public are quite too much given to self-medication in the way of newspaper prescriptions and neighborly advice.

Morning Session, June 22.

The Society came to order at 8 A. M., and the reports to delegates to other societies and of the secretaries of district societies occupied the time until 9 o'clock, when the following officers were elected:

President—Dr. S. W. Roberts, Wakefield.

Vice-President—Dr. S. C. Whittier, Portsmouth.

Treasurer—Dr. D. Adams, Manchester.

Secretary, Dr. G. P. Conn, Concord.

Executive Committee: Drs. C. R. Walker, Concord; Geo. D. Towne, Manchester; John R. Kimball, Suncook.

Anniversary Chairman—Prof. Wm. T. Smith, Hanover.

A Council of twenty members and a Board of Censors of ten members complete the organization for the coming year.

A good programme was submitted by the Executive Committee for the next annual meeting; and the remaining part of the session was occupied in miscellaneous business and in the report of cases that had occurred in the practice of the members. This proved to be interesting and instructive, for in thus comparing notes, many a member received and imparted new ideas in the management of rare and difficult cases. The meeting was entirely harmonious in its views and the profession are apparently thoroughly alive to the importance of a high standard in medical work. The committee on the History of Medicine and Medical Societies in the State have already accomplished a great deal in their work, and it is safe to predict that when the centennial is celebrated in 1890, the profession of the State will have a full and accurate history to submit to the world that will be an honor to the State and the country.

AMERICAN ORTHOPÆDIC ASSOCIATION.

[Continued from p. 820, REPORTER, June 25, 1887.]

DR. RIDLON, of New York, was convinced that in a number of cases of chronic osteitis

about the joints, recovery would take place under the thorough use of mercury. He related one case, that of a girl whom he treated about two years for ankle joint disease, and when she had about recovered of that disease, it appeared at the shoulder joint. He became convinced that hereditary syphilis had something to do with it, and rubbed in blue ointment, and eight months later the shoulder which had been immovable, and to some extent atrophied, admitted of considerable motion.

Notes on a Case of Pott's Disease.

DR. H. L. TAYLOR, of New York, related a case of Pott's disease, the interesting points in which were, extreme lateral distortion at two points, and prompt rectification by giving antero-posterior support.

Remarks upon the case relating to the question of diagnosis of Pott's disease at a time when marked lateral deformity was the principal symptom, and to the marked benefit derived from an antero-posterior support, where made by Dr. Ridlon, Dr. Ketch, Dr. Shaffer, Dr. Stillman and Dr. Hodgson.

Ischiatic Crutch.

Dr. Judson, of New York, presented an inexpensive ischiatic crutch, for use in case of disease of the knee or ankle joint, or conditions in which otherwise an auxilliary crutch would be required.

Remarks on the advantages of the instrument were made by Dr. Gibney, Dr. Roberts and others.

On Uniting the Tibia and Femur in Excision of the Knee.

DR. MORTON, of Philadelphia, made some remarks upon the use of a strong catgut ligature for tying together the femur and tibia in excision of the knee. He had employed this method in several cases, and had found that union resulted much more quickly than when the limb was put up simply in a fracture box or plaster-of-paris dressing. The surfaces were much more closely approximated, favoring early union. And to hold the joint firmly, it was necessary only to apply a posterior splint fairly molded, and a bandage. Pain, delayed union, suppuration and high temperature, which often attended excision of the knee joint, were avoided by this method.

This principle of fastening together bones which it was desired should unite, he had applied to fracture of the patella. Three or four days after the fracture, he drilled holes through the separated pieces and drew them together by means of catgut: no other treat-

ment was necessary. In this connection Dr. Morton made some remarks upon one cause of non-union in fracture of the patella, namely, the intervention between the bony surfaces of fragments of the tendon.

DR. SHAFFER referred to a case in which, some time after excision of the knee was performed, increasing deformity at that joint took place. It was difficult to decide whether there had been imperfect coaptation of the parts or whether some of the diseased tissue had been left. Careful examination revealed slight motion in the joint.

Thursday, June 16, 2.30 P. M.

Plantar Spring for Flat Foot.

DR. A. S. ROBERTS, of Philadelphia, presented a plantar spring for use in flat foot. He spoke of the frequency of spurious valgus or flat-foot, the pain and debility resulting from it, and the liability of the deformity to be mistaken for rheumatism, neuralgia, or even tarsal osteitis. He described the bony arches of the foot, and the part the second or supplementary one played in support of the superincumbent body weight, together with the changed relations of these parts in the acts of walking, running, dancing, etc. The relation of vessels, ligaments and fasciæ as accessory supports were also described at some length; the weak point of the arch was located where the astragalus rested upon the os calcis, and that in occupations requiring continued standing and walking, the muscular and ligamentous supports of the arch became overtaxed and did not afford proper assistance to the bony arch, as a result of which permanent extension or flattening of the foot resulted.

In speaking of the morbid anatomy, the author stated that in the congenital variety the flattening of the arch, which is incomplete at this period of life, is more apparent than real, owing to the associated valgus which is always present in these somewhat rare conditions. The causes of the acquired varieties were stated to be rachitis, infantile spinal paralysis, rheumatism, and tarsal or ankle-joint osteitis. Bow-legs and knock-knee produce flat-foot symptomatically. These cases generally occur, the speaker went on to say, in adolescence and in those whose occupation compels them to occupy the standing position for a long time. Their gait is characteristic, heavy and dragging; the knee is bent, while the feet are placed gingerly on the ground. In speaking of treatment, special attention was given to the so-called inflammatory form, the speaker

stating that rest, which is essential, could best be attained by the use of tempered steel springs, so made that the convexity of the spring should be at that point where the arch of the foot is most flattened. A great improvement over the narrow spring which was let into the shank of the shoe, had been suggested by Mr. Arthur Lea, in which the spring was much broader, longer, and in addition to supporting the arch of the foot, prevented internal rotation by the extension upwards of flanges from the main body of the spring. Dr. Roberts stated that he had made use of the tempered steel springs in upwards of forty cases, with the most gratifying results in the relief of pain, disability, etc., finding them more convenient than the older forms of plantar support and ankle braces.

DR. KETCH had used this instrument, and said that one advantage which it possessed over similar instruments was that it could be taken out of one shoe and readily placed in another.

DR. SHAFFER, of New York, had noticed in a number of cases of flat-foot, or non-deforming club-foot, that there was shortening of the gastrocnemius muscle, and it had been a question in his mind whether this shortening had occurred first, or whether it followed the giving way of the plantar arch. He was disposed to think that this shortening of the gastrocnemius, lifting the os calcis from the ground, assisted in the development of flat-foot, for the weight was thrown upon the metatarsus. There was increased antero-posterior mobility at the metatarsal joint and limited motion of the os calcis in a direction downward and forward. He thought that recovery was much enhanced by division of the tendo-Achillis.

DR. L. H. SAYRE related a case seeming to support Dr. Shaffer's view, and Dr. Stillman described his method of treatment of flat-foot, which seemed also to owe its advantages partly to the fact that during the treatment, tension was made upon the gastrocnemius.

DR. ROBERTS had seen a considerable number of cases of flat-foot, but in none had he observed marked shortening of the tendo-achillis. Nor was this deformity of the plantar arch encouraged by the abominable fashion among ladies of wearing high heels, which tended to shorten the tendon.

DR. GIBNEY remembered having read an article in the *Lancet*, in which the writer advocated raising the heel for the cure of flat-foot, and said that ballet dancers, who had shortening of the gastrocnemii, had

anything else than flat-foot. Dr. Gibney had had one or two young lady patients study the ballet somewhat, and they had not been under the necessity of wearing the spring for flat-foot.

Hip-Joint Disease.

DR. BRADFORD, of Boston, gave the abstract of a paper containing the history of a case of hip-joint disease. The patient had been considered well for six years, the only evidence of the old disease being ankylosis of the joint. He then died of tetanus, and at the autopsy they were surprised to find caries of the acetabulum and an abscess in the pelvis. There was a small sequestrum on the head of the femur. But the head had become solidified and was strong, so that the patient had been able to walk about well with a stiff joint.

Excision of the Hip-Joint.

DR. L. H. SAYRE related the history of a case of hip-joint disease in a boy twelve years of age, who, two years before he excised the joint, had consulted Dr. H. L. Taylor for supposed disease of the hip-joint. Dr. Sayre operated in February last, first making an exploratory incision over a fluctuating tumour in the gluteal region. He thought the abscess was connected with disease of the ilium and that the joint was not implicated. The difficulty in diagnosis was not cleared up after evacuating the pus until, by manipulation, gella tiniform material exuded, which he regarded as evidence of implication of the joint. Disease of the femur and acetabulum was found and excision was performed. He thought the case was in line with that presented by Dr. Bradford, going to show that hip-joint disease might be present a long time after an apparent cure. The patient had done well since the operation. It was to be noticed that the sister of the boy thought he had always walked as if he had a wooden leg.

DR. SHAEFFER thought that the propriety of resorting to excision in disease of the hip-joint in cases presumably calling for it, was less evident than in disease of the knee-joint and other joints, where excision was really practicable. Scraping of the acetabulum was not really excision.

DR. BRADFORD said that it was not customary to perform complete excision of the hip-joint in this country, but that he had seen it done in Europe.

The Missing Link.

DR. GIBNEY presented a specimen received from Dr. Morgan Vance, consisting of an outgrowth from the integument over the

lower sacral region, four or five inches long, removed from a mulatto child.

DR. RIDLON recited the history of two cases, which during the first months pointed to disease of the vertebra in the cervical region, although no knuckle had yet appeared; but after eight months' treatment in one case, and five months' treatment in the other, the error in locating the disease became apparent. The vertebræ really affected were the first dorsal.

DR. KETCH referred to similar cases.

Psoas Abscess.

DR. BRADFORD gave the histories of five cases, in which he performed Koenig's operation, cutting down and evacuating gaseous matter and fragments of sequestra. All of his patients did well. When there was a large abscess which could not be absorbed, he thought an incision should be made, and the abscess drained thoroughly. He related a case of double iliac abscess so treated.

DR. HOGDEN, of St. Louis, recited five cases of psoas abscess consequent on caries of the spine, treated by aspiration of the abscess. The object of his remarks being to get the opinion of the members on the propriety of such treatment, which, although not new, had not, he thought, received the attention it should. The three methods of treating such abscesses were, the expectant, the operative with drainage and aspiration as soon as the diagnosis of Pott's disease could be made and the presence of pus detected.

The objections to allowing the abscess to take care of itself might be summed up under three heads, namely: there was destruction of tissue, there was interference with function, and there was inconvenience, if not pain, to the patient. The uncertainty of where the abscess would burrow was also an objection to the expectant plan; it might burrow under Poupart's ligament, or point in the gluteal region and do no harm. Yet it might enter the bladder or intestine. In one of his cases he believed it had opened into the hip joint of the same side. In each of his five cases the result after from two to five aspirations had been good. No evidence was left of there ever having been psoas abscess. He did not think that any one would claim that this treatment led to absolute cure, but he did hold that after aspiration of the abscess it might end there; still it might not. He would not aspirate oftener than four or five, or seven times. After that he would put on the plaster-of-paris jacket and let the abscess alone.

DR. SHAFFER, of New York, said that Dr. Hodgen's results with aspiration of psoas abscesses had been much better than his own. In many cases he had found that although there was evidently plenty of pus present, numerous aspirations resulted in the withdrawal of but a small quantity. With regard to the danger of the abscess opening into the bladder or rectum, he had seen several such cases, and if he could have his choice he would always have his abscess open into the rectum. A valvular opening formed, and bad results had not followed. He also had seen several cases in which the abscess had opened into the bladder without serious results.

DR. RIDLON thought that although one or two or even fifteen cases might have occurred in which the abscess following a few aspirations had dried up, it did not prove that aspiration would cure a discharge connected with diseased bone. He had had an extensive experience with such abscesses, and he had repeatedly seen large abscesses dry up without any known cause. He believed in letting the abscesses alone. The fact that they might dry up after aspiration did not prove that aspiration was the cause of it.

DR. KETCH said that Dr. Ridlon's remarks were in accord with those of the orthopædic surgeons of New York during a discussion on the treatment of abscess connected with hip-joint disease recently. The two conditions were similar, and the orthopædists then generally held that the non-interference plan was the best. On the contrary, the general surgeons present advocated active procedures. What had struck Dr. Ketch was the fact that patients with abscess connected with joint or spine disease did much better when wearing a comprehensive support than without; the abscess seemed to pursue a much more benign course.

Improved instruments were presented by Drs. Taylor, Ketch, Stillman and Knickerbocker.

Osteoclasis.

DR. DILLON BROWN presented a lad on whom he had performed osteoclasis. There was a very marked anterior curve which some surgeons thought made the osteoclast inapplicable. This was the only case out of a series of fifteen in which there had been any return of the deformity, although they were put up in plaster for only six weeks, and then allowed to go without a support. Photographs were presented.

Torticollis Due to an Anomaly of Vision.

DR. BRADFORD related the case of a boy twelve years of age, referred to him on ac-

count of supposed torticollis. On examination he found none of the muscles contracted, and no apparent reason for carrying the head on one side. It was found that in order to secure binocular vision the boy had to turn his head to one side in the position of one having torticollis. The oculist to whom he had sent the patient thought he would be able to cure him.

After the election of officers (see REPORTER, June 25, p. 823), the association adjourned. The time and place of meeting in 1888, was left with the executive committee.

TENTH ANNUAL SESSION PENNSYLVANIA PHARMACEUTICAL ASSOCIATION, PHILADELPHIA.

The Pennsylvania Pharmaceutical Association began its tenth annual meeting in Philadelphia, June 14. The Association is composed of all the principal pharmacists in Pennsylvania, and has a large membership.

President Myers, in his annual address, after reviewing the events of the year, referred to many changes in pharmaceutical preparations during the past year. He referred to the passage of the Pharmacy law in this State, and alluded to the fact that the thanks of the association were due to the members of the Legislature who aided and voted for the passage of the bill in the face of determined opposition. Speaking of the the new Pharmacy law, he said: "It is probably not all that could be desired or hoped for. Many people seem to have entertained the idea that this law was something got up solely to put money into the pockets of the druggists at the expense of the people. It will take time to educate them to the contrary, but when the true worth of the bill is once understood, all this prejudice will be put away, and at the proper time such amendments tending to perfect it as may be necessary, can easily be obtained."

"The High License Bill," the President, said, "to some may come as a sore affliction; but to the honest, legitimate pharmacist, aside from the fact that it will entail some additional labor, it must present itself as a thing much to be desired. It defines the status of a druggist before the law, who, in the pursuance of his legitimate calling, must dispense a limited amount of intoxicating liquor for medicinal purposes. It is to be hoped another and greater good may emanate from this new license law. We all know, and to the disgrace of true pharmacists, that in many localities the drug store and the rum shop were practically one and the same; or, in other words, in very many

drug stores the sales of liquors for beverages, either at the popular soda fountain, under high sounding names of fancy syrups, or straight and unmixed, made up a very large portion of the daily incomes of these stores. Men are to-day pursuing the liquor traffic as pharmacists who would be ashamed to hang out the sign of retail liquor dealer, which more nearly represents their true calling.

"Passing along one of the principal streets of this city not many months ago, my attention was attracted to the show-window of one of the old pharmacists of Philadelphia by a large display of 'Vinous Rubber Grapes,' hung in clusters, packed in boxes, and otherwise offered as a prominent attraction to passers-by. Brandy, gin, whiskey, and what not else, unblushingly exposed for sale in form 'convenient for a drink' by a pharmacist who deems himself reputable and law-abiding. Nor much better, if any, is the pharmaceutical journal which gives prominence to the advertisements of the "Vinous Rubber Grapes," and near by that of the "Book Phlask," another form of disguising the sale of—to the unlicensed—unlawful goods; and to these might be added the jobber who places them in the retail trade for the manufacturers."

The President also suggested a closer relation between the medical and pharmaceutical associations, and recommended an exchange of delegates between the State Pharmaceutical and State Medical Societies. He condemned "the growing tendency among some pharmacists towards speculative purchase of leading drugs," notably opium. "This," the President said, "is gambling, pure and simple, and leads but to certain disaster in the end."

I. H. Redsecker, Chairman of the Committee on Legislation, related the experience of his committee in having the Pharmacy bill passed at the last session of the Legislature. Great opposition, he claimed, came from the thirteen doctors, who were members of the House. The bill, he said, was not just what the committee desired, but it was the best obtainable.

Professor Remington said the law places pharmacy in a humiliating position from the fact that a physician with three years' experience can practice pharmacy without an examination, while graduates in colleges of pharmacy of acknowledged reputation are required to pass an examination. He thought the association should record the fact that it deprecates Section 11 of the bill. It is not, he said, that graduates of any college of pharmacy will be afraid of examination by

the State Board before practising their profession, but because pharmaceutical education is ignored and the diplomas of graduates of medical colleges recognized.

Noeggerath on the Results of Gonorrhœa.

(1) "Gonorrhœa in the man, as well as in the woman, persists for the whole life-time, in spite of apparent cure.

(2) "There is a latent gonorrhœa in the man as well as in the woman.

(3) "Latent gonorrhœa in the man as well as in the woman may evoke in a hitherto healthy individual either a latent gonorrhœa or the symptoms of an acute attack.

(4) "Latent gonorrhœa in the woman manifests itself in course of time by perimetritis, acute, chronic, or recurring, or by ovaritis, or as a catarrh of some definite portions of the genital mucous membrane.

(5) "The wives of men who at any time of their lives have had gonorrhœa, are, as a rule, sterile.

(6) "Such women, if they do become pregnant, either abort or bear only one child. Exceptionally three or four children are born.

(7) "From the discharge of a woman affected with latent gonorrhœa, a fungus may be cultivated, which is exactly analogous to that obtained from the discharge of acute gonorrhœa in the man.

"I am only too conscious that not fifty, but five hundred and more observations, and much more extended experiments, are required to impress upon the propositions the stamp of established thesis. I present them simply as the results of my individual investigations."

On the subject of sterility as a consequence of latent gonorrhœa, Noeggerath carries his conclusions further than the evidence produced seems to justify. He maintains that gonorrhœa is a common cause of sterility in the man, producing azoospermia, and he gives cases in proof. He is more convincing in dealing with the analogous effect on women, and he makes out a better case, though here also he leaves an impression of going beyond the record.

Noeggerath never hints at operative treatment, except to condemn it, but it is probable that few chapters have ever been written in more eloquent and telling support of the surgical treatment of this class of ailments than the portion of this short work devoted to treatment. DR. SINCLAIR in *Manchester Medical Chronicle*, June, 1887.

EDITORIAL DEPARTMENT.

PERISCOPE.

Antipyrine and Antifebrine in Headache and Epilepsy.

In a paper on this subject, published in the *N. Y. Medical Journal*, May 28, 1887, Dr. Allan McLane Hamilton recalls the fact that in January last, Ungar related his experience with antipyrine in the treatment of hemicrania, and in March Dr. C. B. Lyman, who had been induced to try the remedy after the publication of Ungar's success, administered it in several cases of neuralgia of the cervical, facial, and supra-orbital or mixed varieties, with more or less benefit. The first of these observers experimented with it as a successor to the salicylates, which have proved to be of great value in his hands in several varieties of headache, and he witnessed no evil results from doses of even twenty-three grains. Lyman used an initial dose of fifteen grains, repeated two or three times if necessary, and relieved the paroxysms, but did not prevent their recurrence. In last March Dr. Hamilton began a trial of this drug, and afterward its successor, antifebrine, in a variety of headaches, in insomnia, and in epilepsy. Some of the cases had been treated with more or less success with the salicylate of sodium, and the usual remedies, and the case of epilepsy were under modified bromide or other treatment. The cases of headache were those of migraine of the angeo-spastic and angeo-paretic varieties, as well as ordinary facial or sub-occipital neuralgias; and the cases of epilepsy, which were those of the symptomatic form, complicated with objective and subjective indications of cerebral disease, as well as the simpler forms which seemed to be dependent upon continued states of cerebral ischæmia, cerebral instability, etc.

In angeo-spastic migraine with evidences of cutaneous anæmia, dilated pupils, and coldness, the headache commencing in the morning, he found both antipyrine and antifebrine would quickly abort the paroxysms after the first dose.

He has used both drugs in cases of habitual insomnia in doses varying from three to eight grains of antifebrine, and ten to twenty of antipyrine, without appreciable result. In a case of maniacal excitement, due to nervous exhaustion and connected with moderate rise of temperature (102° F.), fifteen grains of antipyrine, repeated

twice induced refreshing sleep and a subsidence of excitement. There can be no doubt that, in wakefulness due to general disease, especially with high temperature, the value of both these drugs as hypnotics is very great. It would seem as if both remedies were of value in headaches or cerebral states attended by anæmia, or in the excitement due to cell malnutrition and exhaustion; and, though antipyrine seems to be the more serviceable remedy, it possesses drawbacks which do not belong to antifebrine. It would appear as if both remedies were valueless, or even harmful, in cases of epilepsy, but worthy of a trial in light cases attended by general cerebral vascular spasm and not much muscular movement. In several cases of *petit mal* the good effect of continued doses of antipyrine and antifebrine is manifest; for the losses of consciousness are far less frequent than when the patients were under other treatment. So far as tolerance goes, Dr. Hamilton has given to one patient forty-five grains of antipyrine in two hours without ill effects.

Poisoning by Pennyroyal.

Dr. J. Girling writes as follows to the *British Medical Journal* of June 4, 1887: The rarity of poisoning by pennyroyal, or oleum pulegii [hedeomæ, U. S. P.], is emphasized by the fact that standard works on toxicology, like Guy and Taylor, contain no account of the toxic symptoms produced by this drug, nor any indications as to appropriate treatment. Moreover, I find on inquiry that recurrence to pennyroyal is very common when menstruation has ceased suddenly, and that it can be procured with the utmost facility. These considerations have led me to describe the symptoms and the treatment employed in the following case. About an hour after the drug had been taken I found the patient (a woman, aged 40) in an extremely collapsed condition. The face was pale, cold, and bedewed with beaded sweat, and the hands and feet were cold and clammy. She lay apparently unconscious, but could at first be roused by shaking and shouting to her, rapidly sinking, however, into a state of profound coma. The pupils were normal in size, and responded to light. The action of the heart was exceedingly weak, irregular and fluttering, the pulse at the wrist being scarcely perceptible. The first cardiac sound

was almost inaudible, while there was distinct reduplication of the pulmonary second sound. There was jactitation and feeble retching, with much salivation, but no vomiting and no purging; temperature 97° F. The breath smelt very like peppermint. The treatment adopted was as follows: First, I gave her three-quarters of a tumblerful of water, followed immediately by a hypodermic injection containing one-fifth of a grain of apomorphine. This latter quickly produced the desired effect, the vomited matters having a strong peppermint-like odor. After the vomiting the patient seemed about to die, and having no ether with me I administered brandy hypodermically. The result of this was excellent; the heart-sounds at once began to improve in tone, and the pulse in force, and in twenty-four hours the patient was practically well. Thus the symptoms taken together seem to point to severe cardiac depression, approaching to paralysis, and appear to indicate that pennyroyal should be classed among the narcotic heart poisons. It transpired afterwards that the woman had taken $\frac{3}{4}$ of the essence of pennyroyal (which she had obtained from a chemist), and which is composed of of $\frac{3}{4}$ olei pulgeii to $\frac{3}{4}$ vii of spirit.

Prostitution and Insanity.

At the first (Moscow) congress of Russian alienists, Dr. Praskovia N. Tarnovskaia, of St. Petersburg, communicated (*Vratch*, No. 9, 1887, p. 216) the results of the anthropometric examination of fifty habitual prostitutes, who had all been inmates of brothels for a period of not less than two years. For the sake of comparison she examined in the same way fifty peasant women of the same age, and as far as possible of the same intellectual development, etc. The results of this—probably unique—investigation may be summed up as follows: 1. The prostitutes presented a shortening amount to half a centimetre, of the antero-posterior and transverse diameters of the skull. 2. As many as 84 per cent. of habitual prostitutes showed various signs of physical degeneration, such as irregularity in the shape of the skull, asymmetry of the face, anomalies of the hard palate, teeth, ears, etc. 3. In 82 per cent. of the prostitutes the parents were habitual drunkards. 4. In 18 per cent. of cases the prostitute examined was the last survivor of a large family of eight to thirteen children, all of whom had died at an early age. 5. These facts afford grounds for the belief that prostitutes, as a class, furnish the largest contingent of subjects predisposed to

nervous and mental affections. There is no special work in any language on this subject, nor are there any statistics as to the number of prostitutes yearly admitted to asylums. Dr. Tarnovskia urged the desirability of collecting such statistics for the purpose of determining the part which professional prostitution plays in the causation of mental and nervous disease.

Massage in Traumatic Orchitis and Epididymitis.

In the *Meditzinskoie Obozrenie*, No. 1, 1887, p. 41, Dr. Evgeny D. Kürduemoff, of the Moscow Military Hospital, says that he recently tried the massage treatment in three cases of orchitis and in two of epididymitis, all the patients being soldiers who had received some injury to the parts, in the course of gymnastic exercises, etc. Massage was resorted to, with the view of bringing about a resolution of the painful induration and enlargement, on the 7th, 11th, 14th and 15th day of the disease, after ordinary means had failed. The treatment was carried out once a day, and the number of sittings required varied from five to ten, each lasting from ten to twenty minutes. The manipulations consisted in alternate centripetal rubbing and kneading of the epididymis, testis, and hypogastric region. The results were most satisfactory. The swelling and induration seemed to "melt away under the hand." In every case the pain, tenderness, and feeling of weight diminished after the first sitting. In no case were any unpleasant secondary effects observed. Dr. Kürduemoff thinks that massage may also advantageously be tried in the initial stage of acute inflammation of the testicle, with the object of removing congestion, and promoting absorption of serous infiltration, as well as in plastic orchitis.

Resistance to Toxic Agents by the Fasting Individual.

At a recent meeting of the Paris Biological Society, M. Roger communicated a note on the effect of fasting on the power of the animal economy to resist the action of poisonous alkaloids. In a former paper he showed that the liver, when containing glycogen, was capable of arresting a part of the alkaloids passing through the organ into the system. When a 1 in 400 solution of sulpho vinate of quinine was injected into a peripheral vein of a rabbit in the proportion of 6 centigrammes to every kilogramme of the weight of the animal, it was found to produce a toxic effect, whereas a dose of 16

centigrammes to the kilogramme was required to produce death when the same substance was injected into a portal vein. When the animal had fasted for twenty-four hours a larger dose was required. If glucose be added to the solution injected, however, or, if three hours before the experiment, a certain quantity of sugar be given, the liver again becomes capable of arresting part of the alkaloid. The effect of neutral sulphate of atropine on rabbits which had been deprived of food for twenty-six hours showed that the animal resisted the poison better in the fasting than in the normal state. After five days of fasting, when the liver no longer contained glycogen, the organ was found incapable of arresting nicotine.

Green Stools of Infancy.

M. Hayem has recently presented before the *Académie de Médecine*, a paper upon the treatment of the green diarrhoea in early infancy and on the microbial nature of this affection. He at first undertook to combat the gastro-intestinal troubles of very young children by means of various treatments previously in use; of these hydrochloric acid gave the most permanent result. Lactic acid was found useful but of less efficiency. Finally, having observed that the admission to the *crèche* of an infant attacked with green diarrhoea was the signal for the appearance of similar evacuations among the infants in the same apartment, he reflected upon the possible contagion from these green stools, and instituted prophylactic measures against such contagion, this consisted in the speedy removal of the cloths soiled by the dejections and matter vomited, and these cloths were washed in a one per cent. solution of bichloride or mercury. Since this period the green diarrhoea has ceased to prevail in the *crèche* of the Hospital St. Antoine. M. Hayem and M. Lesage, his interne, have succeeded in proving that the green color of the stools was due to a special bacillus, the penetration of which into the system and the intestine may be recognized by the phenomena of green diarrhoea.

This observation is of great interest as explaining the good results of the internal administration of antiseptic remedies in these affections.

Expulsion of a Pin from the Lung, after Sixteen Years.—Acute Phthisis.

Dr. Colquhoun reports in the *Australian Medical Journal*, the case of E. W. A., æt. 21, suffering from acute phthisis in an ad-

vanced stage, and was much exhausted by a journey from the country. The right lung was dull from base to apex; the left apex had broken down, and there were the usual signs of acute general pulmonary tuberculosis. The other organs of the body were apparently unaffected. There was said to be no trace of phthisical history in her family, and I saw her father and mother subsequently, and found them to be strong and healthy. She had profuse expectoration, night sweats, cessation of menses, and rapid emaciation. The amount of expectoration continued very great, and on May 15, she coughed up three fragments of a pin—much eroded and very brittle. Her mother stated that she distinctly remembered that her daughter "swallowed a shawl pin when she was between the age of four and five years." Some days after spitting up the pin she died.

Syrup of Superphosphate of Iron and Oxygen.

DR. RICHARDSON, in *The Asclepiad*, No. 14, gives the following useful formula:

Syrup of superphosphate of iron, solution of peroxide of hydrogen (ten-volume strength), pure glycerine—of each a fluidounce. Mix. To make a mixture of three ounces. Dose for an adult, from one to two fluidrachms two or three times a day in three ounces of water.

It can be made to combine with tincture of nux vomica, with strychnine, and morphine, codeine, quinine, salicine, or any other agent which does not by its presence disturb or liberate the oxygen from the peroxide.

The syrup, as it is, is a most useful remedy in cases of a neurasthenic type, and especially when anæmia is also present. In an instance of pure anæmia treated with the syrup in combination with an occasional saline purgative, I have seen more rapid results toward recovery than from any ferruginous remedy I have hitherto employed under similar circumstances.

Therapeutic Scraps.

Terpin Hydrate has been found of value as an expectorant and diuretic.

Dr. J. G. Ellis has had good results from the internal use of stillingia in croup.

Apomorphine given in nauseating doses has been found, by Dr. C. L. Dana, to break up hysterical attacks.

Cannabin Tannate has given good results in the treatment of the agitation which precedes delirium tremens.

Gelsemine in one-two hundredth of a grain dose has been used with advantage in the treatment of yellow fever.

Succus Papaya rapidly dissolves the membrane of croup if a five per cent. solution be locally applied by means of a hair pencil.

British and Colonial Druggist states that twenty grains of a one per cent. strophanthin ointment rubbed into the arm reduces the pulse beats and cardiac pulsations.

Dr. A. F. Pattee (New York Medical Journal) has found antipyrin of great value in lung hæmorrhage, probably from the influence which antipyrin exerts over nervous agitation, a condition which accompanies and aggravates hæmorrhage of the lungs.

In a discussion at a meeting of the Medical Society of New York county, Dr. Fox stated that in some cases of baldness, local treatment sufficed to remove the abnormal condition of the scalp on which the alopecia depended. In other cases there was a good condition of the scalp, and baldness occurred in consequence of other causes, such as exhaustion of the nervous system, etc., and in those cases a general tonic and hygienic treatment might produce restoration of the hair or arrest its falling. Then there were cases of *inevitable* baldness, beginning as a small spot upon the vertex, or going up from the forehead, and in which the only thing which could be done was "to make the best of it." He doubted whether the style of hat had anything to do with causing baldness.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

—In Richard Ely's "Labor Movement in America," there is a statement which seems worthy of closer consideration from a medical standpoint: "The Shakers [who are celibates] live to be very old. There had been three deaths at Mt. Lebanon during the year previous to my visit; two brothers aged 87 and 91 respectively; one sister, 138. One of the sisters told me that the brother of 87 could in his last year run a race with any of the boys. She said also that his mental vigor was remarkable to the last. Daniel Fraser is between 80 and 90, and his intellectual powers seem entirely unimpaired. . . Among the Economites one may see men and women of 70 and 80 still hale and hearty."

—The twenty-second volume of the "Encyclopædia Britannica," completing the letter "S," is now ready. The principal literary

and scientific articles are, "The sonnet," by Mr. Theodore Watts; "Sophocles," by Professor Campbell; "Spanish Literature," by M. Morel Fatio, the first Spanish scholar in Europe; "Swedish Literature," by Mr. Gosse; "Syriac Literature," by Professor Wright; "Dean Stanley," by the present dean of Westminster; "Socrates," by H. Jackson; "Stoics," by D. Hicks; "Slavs," by Mr. Morfill; "Slavery," by Dr. Ingram; "Skeleton," by Prof. St. George Mivart; "Sponges," by Dr. Solias; "Steam-engine," by Professor Ewing; "Sun," by Mr. Lockyer; "Surface," by Professor Cayley; "Surgery," by Professor Chiene and three other contributors; "Spiritualism," by Mrs. Henry Sidgwick; and "Sword," by Prof. F. Pollock.

—The illustrations in Professor D. A. Sargent's article on "The Physical Proportions of the Typical Man," which appear in *Scribner's Magazine* for July, are from photographs of athletes, and diagrams furnished by the author. This article will be of special interest to young men engaged in outdoor sports and general athletics, and will also be of unusual value to teachers and parents as a guide to them in the physical development of their pupils and children.

BOOK NOTICES.

Stricture of the Urethra: its diagnosis and treatment facilitated by the use of new and simple instruments. By E. Distin-Maddick, F. R. C. S., Edin., etc. 8vo, pp. 154.

This book is evidently the work of a conscientious and pains-taking surgeon, who has studied his subject very carefully. It contains many valuable suggestions as to the treatment of strictures, especially by bougies or catheter. Again and again the author emphasizes the necessity for gentleness and delicacy in the manifestation required in these procedures, and points out the temptations to and the dangers of haste or roughness. In this we can heartily endorse his teaching. We can also recommend to our readers his views as to the importance of considering the constitutional state of patients suffering with stricture.

As to the "new instruments" referred to in the title, we cannot speak so positively, in view of the fact that they have not yet—so far as we know—reached this side of the Atlantic.

THE Medical and Surgical Reporter.

**A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.**

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The edition for this week is 10,000.

THE NEW VOLUME OF THE REPORTER.

With this issue the MEDICAL AND SURGICAL REPORTER begins its 57th volume. For 34 years it has been going to a very large number of subscribers, and it has come to be one of the best means of communication between the members of the medical profession in the United States and abroad.

On May 1st, of this year, the present editors assumed control of its management, determined to spare no pains to make it even a better medical journal than it has been in the past. They have already made certain improvements in its appearance and in the character of its contents, but the beginning of a new volume gives them an opportunity to do more.

The new volume is to be printed with entirely new and very legible type, on better paper than has heretofore been used, and with a wider and handsomer page.

The best writers in the country will contribute to its columns, and it will still present as its leading features the terse, practical observations of its practical

subscribers everywhere. Valuable hospital reports, condensed society reports, carefully prepared abstracts from other journals, brief notes and comments, and items of news, will keep our readers informed as to what is going on at home and abroad.

The novel feature of liberal cash payments for all published contributions to the Original Department will result in the advantage of all concerned.

The editors are strongly opposed to the fallacious policy of so-called "impersonal journalism." While they do not necessarily share the opinions of all their contributors, they hold themselves individually and jointly responsible for the *character* and *tone* of the journal from cover to cover.

The REPORTER is the exponent of no commercial interest. It is a *professional* journal in the strictest sense, and its editors look to their professional brethren for that support which is earned by a first-class journal conducted upon these principles.

THE MONUMENT TO BENJAMIN RUSH.

On first consideration of the report of the treasurer of the Rush Monument Fund the promoters of this fund might have cause to be discouraged. This is not the case however. They well know it has been the history of similar efforts in the past. Witness the Washington Monument, or, of more recent date, the Garfield and Grant memorials. The committee in charge, therefore, resolved to redouble their efforts and not to allow any act to be wanting, that may contribute to the success of the object of the American Medical Association, which at this late day desires to honor Benjamin Rush, the Sydenham of America.

In spite of a moderately thorough canvas, we learn that the contributions thus far, from the State of Pennsylvania, are comparatively insignificant. The medical profession of this State should gladly welcome a chance to honor Rush, the Physician.

The University of Pennsylvania and the alumni of that venerable institution should contribute handsomely for the honor of Rush, the Teacher and Scholar. The State of Pennsylvania, though most tardily, should recognize by a large donation the valuable services of Rush, the Statesman. And the city of Philadelphia should in this manner pay tribute to the man whom she should have

enrolled among the first of her many charitable citizens for his services in the yellow fever and other epidemics,—Rush, the Philanthropist.

We trust the medical profession will not turn a deaf ear to this appeal for a most worthy object.

A DOCTOR SHOT.

A sad story comes from New York of a physician of Williamsburgh, who was murdered in cold blood by the husband of one of his patients. The reason given for the shooting may be inferred from the relation of the doctor's patient to the murderer. The facts of the case will no doubt be made known in due time. But before they are known it may be worth while to consider the risks which a physician may run in the discharge of his duty. The first risk is to his own character. The relations of a physician to his women patients are often so intimate that one who has not firm principles to sustain him may give way, and shame, and disgrace, or even death may follow.

On the other hand, there can be no doubt that weak designing women may bring any or all of these catastrophes upon the head of an innocent man. As Potiphar's wife accused Joseph, so in modern times have men, who have resisted a thousand temptations, been accused. No virtue and no prudence can protect a man wholly against such accusation; nevertheless a medical man may lead such a life, and enjoy such a reputation for purity that a false accusation is in the highest degree unlikely to be made against him, and if made, it will be very unlikely to be believed.

To the credit of our profession it may be said that above all others it is distinguished for the faithfulness and integrity with which it performs the most difficult and most dangerous offices. It is a glory that in spite of occasional accusations and rare wrongs, it still retains the confidence of the community, which implicitly trusts to the physician that which it holds most sacred. This confidence rests upon the honor of every man in the profession, and let every man cherish it and make it stronger by his own integrity.

A HANGING EXPERIMENT.

In discussing the probable hanging of a young man convicted of murder, one Richard Allen, a citizen of Vincentown, N. J., recently expressed the belief that hanging was painless, and said any one could avoid being strangled by the rope,

by holding his chin in a certain position. As his hearers doubted the statement, Mr. Allen agreed to give a practical illustration of his statement, by allowing them to string him up for a minute or so, provided they would allow him to adjust the noose. This was done, and his friends pulled him up. But the rope fouled, and, before they could cut him down, he was unconscious. At first it was feared he was dead, but he finally recovered consciousness.

The rapidity with which this foolish man became unconscious furnishes some confirmation of an opinion recently expressed to the French Academy of Science, by Brown-Séquard, that congestion of the larynx produces an inhibitory action upon the medulla and respiratory centres, and may be the cause of that in hanging, when the neck is unbroken and when there is no complete obstruction to the entrance of air to the lungs.

BLISTERS FOR INFANTS.

The lamented Archambault, whose experience and clinical judgment no one will question, closed a lesson upon the employment of blisters in the treatment of infants with these words: "If I am still in doubt as to the good effects which I have thought I might attribute to blisters in some rare cases, I am absolutely convinced of their bad influence in a great number of cases; and, to speak more concisely, I am not sure that I have ever seen them do good, while I am very certain that they have often done much harm."

It will do no harm to recall from time to time some precept, which will put us on guard against ourselves. Let us reflect upon the wise words of Dr. Archambault which we have above quoted, and, when we apply a blister to a young child, let us not fear in following his counsels to err by excessive caution. "I was surprised," said Archambault, "to see one of my old preceptors prescribe blisters which seemed to me extremely small. 'In ordering a large blister,' said he to me, 'I am not very sure to do good, and I may do harm. With a very small one I do not fear this latter result.'"

IDEAS AND INDEXES.

Every literary production which contains many distinct subjects of thought should be accompanied by an index. Other things being equal, the size of the index indicates the number distinct concepts discussed in the body of the work.

The index which accompanied the last

number of the REPORTER occupied twenty pages of fine type, and gives a clue to the chief ideas presented in the journal during the past six months. Instead of allowing the index to crowd out the reading matter of that issue we adopted the rather unusual and expensive method of adding one form of sixteen pages to the thirty-two which every week constitute the regular body of the journal. This left us still four pages in debt to our subscribers, a debt which it gives us pleasure to expunge in the four extra pages of the present number.

NOTES AND COMMENTS.

Quinine in Infantile Colic.

There is a disease, known among old women as *three-months colic*, that torments infants, and not them alone, unfortunately, for they are none the worse for wear. Would that the same could be said of parents, nurses and neighbors. Such a disease really and truly does exist, but, in my reading, not in the text-books, or if so it appears under another name. The age at which it develops is generally about the second week after birth. During the day the infant sleeps sweetly and soundly, but as the shades of night deepen the little stranger begins to exercise his lungs, which practice he continues for from two to eight hours. Paregoric, Dewee's carminative, calomel, *et sui generis*, alleviate, palliate somewhat the suffering of the little screamer. The bowels are hard, the legs drawn up, rumblings are heard over the abdomen, and frequently an escape of gas is followed by complete relief of pain. From having made the night up to this time hideous, he relapses into angelic sweetness. We flatter ourselves that the key to the disease has been found, and address ourselves with renewed energy to the digestion, using largely the carminatives, purgatives, etc. Thus we continue day after day, and the child serenely, night after night, continues his serenade. As said before, he is none the worse for wear; he thrives on adversity. No babies are healthier-looking, fatter or so plump. I have had two such children in my own family, or rather one went the full three months despite all and every remedy he took, and five doctors and all the old women tried their hands on him without relief. He could take a drachm of paregoric at a dose when two months old and other narcotics in proportion. He finally wore it out, I reckon; I am sure he did every one else. The other boy started

off in the same way and so continued for two weeks, when I concluded, what I ought to have seen before, that the disease being periodical in character, and not attended with fever, was neuralgic, and that I would give him the benefit of the great antiperiodic, quinine. After the first night the neuralgia of the bowels was *cured*, and did not return for fourteen days, when, as by magic, it again vanished under the potent drug. I have used it in every case of this kind since, and with the same unvarying and gratifying success. It might be urged that the disease was malarial, but the absence of fever and the sweating stage, and the continual growth of the child, I think negative this view. My friend and colleague, Dr. Taliaferro, tells me that three of his children afflicted him with the affection in question, and resisted all curative agents. I have had in my practice the pleasure of curing about eight cases, all that I have seen, since this mode of procedure was first adopted by me, and so far as I know it is original with me. Dr. James A. Gray has tried this treatment and informs me, with success in every case. I submit these notes for the benefit of both parents and the child. I used the following formula:

R. Quin. sulph. gr. ix.
Hydg. chlo. nit. gr. iii.
M. ft. chart. ix.

Sig.—One at 9, 12 and 3 each day.

Prof. J. S. Todd, M. D., in *Atlanta Medical and Surgical Journal* for June, 1887.

Anæsthesia by Vibration.

In the June number of the *Independent Practitioner*, Dr. F. H. Brimmer, of Minneapolis, gives an interesting account of a dental operation in which he practically anæsthetized the pulp of a sound tooth by holding a rapidly revolving spear-shaped drill in contact with it for fifteen or twenty seconds, so lightly as only to transmit the vibrations. The drill was then pressed against the tooth with a little more force, and, the sensibility being found diminished, was allowed to penetrate perhaps a third of the distance to the pulp, when it was used again as at first. At the third trial the drill entered the pulp. Crystals of carbolic acid were then forced to the end of the root with a probe, and in twenty-three minutes the tooth was cut off and properly shaped for a crown, which was set on the following day. Dr. Brimmer remarks that the mitigation of sensibility by means of the dental engine is not a new idea. He thinks that the reason that its employment is not more commonly successful is that the operator allows the in-

strument to make progress at the same time. The theory is that there is a limit to nervous conductivity, and that the conduction of the vibrations exhausts it for the time being.

MODERN TREATMENT OF COMMON DISEASES.

Diarrhea of Children.

Sensemann recommends the subnitrate of bismuth, gr. iij-vj hourly, as almost a specific. Rossbach praises naphthalin, though not wholly free from irritating effects upon the kidneys and bladder. It is best given in doses of gr. $\frac{1}{3}$ -ij-xv several times daily, in keratin or gelatin coated pills. Sansom gives calcium sulphocarbonate for infantile diarrhea. On account of its ready solubility it is the best of chalk preparations. Ten parts contain 1.8 parts of calcium. Stephenson recommends phosphate of sodium in small doses for diarrhea infantum, and in chronic catarrh of the small intestines and dyspepsia of children, Mayr uses pasta guarana (guarana uva) as an astringent, in doses of gr. v-xx with sugar, three times daily. A widely used remedy in diarrhea infantum is cornu cervi raspatum as a decoction.

- R Cornu cervi rasp. 3 xiiij
Ext. glycyrrhizæ. 3 ijss
Cort. cinnam. cass. 3 ss
M.—Make into a tea.

Another remedy well recommended is cascarilla bark; take ℥iv; macerate for half an hour in ℥xx hot water, filter and add cinnamon syrup ℥v. Sig.—A teaspoonful every hour.

Wendt gives the following for chronic diarrhea infantum:

- Extr. calumbæ. 3 j
Decoct. salep. 3 ijss
Elæo sacch.* fœniculi 3 iv
M. Sig.—One teaspoonful hourly (*to be shaken.*)

For gastric and intestinal catarrh of children a safe prescription is:

- R Hydrarg. chlor. mite. gr. $\frac{1}{2}$
Pulv. gummos. gr. vijss
M.—Make into 10 powers. Sig.—One every three hours.

For the same with green-colored stools:

- R Hydrarg. chlor. mite. gr. $\frac{1}{4}$
Pulv. rad. rhei. gr. $\frac{3}{4}$
Conch. præp. gr. ivss
M.—Make into 8 powders. Sig.—One powder three or four times daily.

* [An intimate combination of ethereal oil and sugar, gtt j to 3ss. Used when the oil is to be added to a liquid; to disguise an unpleasant taste; adjuvant to powders; and lastly as a vehicle of the ethereal oil itself. Frequently used by the Germans.]

Lebert advises logwood, ℥i boiled in water ℥iv and strained. To this add ℥viijss of simple syrup. Sig.—A teaspoonful hourly.

For diarrhea of children with acid stomach is recommended:

- R Sodii bicarb. gr. xv
Mucilag. gummi arab. ℥ iv
Tinct. rhei. aquos. 3 ss
Syr. aurant. cort. 3 vijss
M. Sig.—A teaspoonful every one or two hours.

For weakness of digestion and asthenic diarrhea Wendt gives:

- R Rhizom. calami. 3 ss
In aqua ferv. q.s. and filter; add;
Gummi arab. 3 j
Sacchari. 3 ij
M. Sig.—A teaspoonful every two hours.

Ipecacuanha root is recommended by Guéneau de Mussy in diarrhea infantum.

The following formulæ are largely used in the early stages of the summer diarrhea of children:

- R Tinct. opii deodorat. ℥ xvi
Bismuth. subnitrat. 3 ij
Syrupi. 3 ij
Misturæ cretæ. 3 xiv
M. Sig.—Shake: One teaspoonful every two to four hours.

- Bismuth subnitrat. 3 ij
Pulv. ipecac. comp. gr. ix
M.—Make it into twelve powders. Sig.—One powder every three hours.

For cholera infantum the following is serviceable:

- R Tinct. opii deodorat. ℥ xvi
Spts. ammon. aromat. 3 j
Bismuth. subnitrat. 3 ij
Syrupi. 3 ss
Misturæ cretæ. 3 iss
M. Sig.—One teaspoonful every two or three hours.*

For the more chronic cases of these complaints muriatic acid and pepsin saccharat. may with advantage be substituted for the chalk.

Money advises the following:

- R Bismuth. subnitr. gr. iv
Sodæ bicarb. gr. iv
Pulv. tragac. co. gr. iij
Spt. chlorof. ℥ ij
Aq. carui. 3 ij t.d.s.

When improvement has set in, and to succeed the other agents, Goodhart recommends:

- R Liquor ferri. nitratis.
Acidi nitrici dil. āā. 3 ss
Syrupi zingiberis. 3 j
Aque. q.s. ad 3 ij M.
Sig.—One teaspoonful three times daily, for a child of two years.

* An infant of six months can take one-half the dose of the last three formulæ above given, and one of three months, one-third the dose.

Conby, of Paris, describes the symptomatology and etiology of this affection, stating that, in Paris, the mortality from this disease during the summer is 600 per month. He advises the use of dietetic measures, the subnitrate of bismuth and laudanum. In the severer cases the writer recommends the following prescriptions which we quote from the *Medical News*, June 25th, 1887:

Aque destillat.,.....3 12½
Syrup lydon.....3 5
Acid hydrochloric. dil.,.....℥ 8—M.

Sig. Teaspoonful every two hours.

Sacch. pulver.,.....3 2½
Naphthalin,.....gr. 15
Iodoform,.....gr. 3
Ol. bergamot,.....gtt. 2—M.

Ft. in chart. 20 in num.

Sig. One powder every hour, in milk.

Naphthalin,.....gr. 8
Spirit. vini gallici,.....3 2½
Syrup. altheæ,.....3 12½ M.

Sig. To be taken during twenty-four hours, in teaspoonful or coffee spoonful doses.

Wm. & L. J. Ripley
CORRESPONDENCE.

Quinine in Pneumonia.

EDS. MED. AND SURG. REPORTER:

Your invitation to contribute further to the value of quinine in pneumonia, was perhaps made without knowing that the paper briefly reported in the discussion of Dr. Ripley's paper, has since been published *in extenso* in the *New York Medical Journal*, (May 28, and June 4th.) To this paper I would now beg leave to refer. In addition I would observe: That it seems to me that Dr. Ripley's data were too few for the conclusions based on them, and the investigation started from a conception of quinine altogether too narrow. That the temperature of the patient should not be reduced within twelve hours after taking the drug, would show indeed that as a symptomatic antipyretic quinine was inferior to many others. It does not, however, by any means follow that quinine is valueless in pneumonia; for it is far from true that the principal indication in pneumonia is the reduction of temperature.

It is indeed difficult to explain why the views on the dangers of high temperatures which have grown up from the study of continued fevers, should have become applied to fever of brief duration like pneumonia. Whether the rise of temperature in this disease be simply symptomatic of the pulmonary inflammation, or whether that and the fever be coincident symptoms of an un-

derlying morbid agency, the importance of a fall of temperature lies in the proof thus (generally) afforded, of an arrest of the morbid process. The fever rarely lasts long enough in pneumonia to cause organic degenerations, when it becomes symptomatically dangerous by causing convulsions, or even by threatening functional paralysis of the heart, it cannot to-day be denied that we possess more prompt and potent agencies to combat it than quinine. The real value of quinine remains unchanged; to lessen pulmonary congestion, to increase the force of the heart by increasing both its diastolic and (indirectly) its systolic movement; to (probably) directly influence the nervous force both of the cardiac ganglia and the central nervous system.

In the paper referred to, I have tried to show where, for these purposes, moderate doses of quinine were preferable to large doses, and why we might anticipate danger from the latter. But I do not understand Dr. Corson's general denunciation of quinine as a dangerous agent.

It is very certain that in malarial districts, as Dr. Maxwell remarks, many cases of extensive pulmonary congestion are simply an expression of malarial poisoning, of the same nature as other visceral congestions, of the spleen, or liver, or stomach. I remember seeing a case in the wards of M. Michael Peter, in Paris, where an overwhelming pulmonary congestion was apparently dissipated by venesection, and the Professor utilized the case in a brilliant clinical lecture upon the occasional timeliness of this now almost obsolete method. But on the third day from the bleeding, all the symptoms and all the physical signs returned. The patient was then treated by quinine, as if for a tertian ague, and was rapidly cured.

The greatest difficulty in the administration of quinine to children, is certainly its tendency to produce vomiting, and this may not unfrequently necessitate its cessation. Still, the method of divided doses, (2½ grains at 6 p. m., the same at 7 p. m., again at 7 and 8 a. m.,) succeeds in large numbers of cases, every one knows that the administration of quinine in intermittent fever was for a long time opposed on the ground that it would increase the gastric irritation which usually existed then; that the rule was laid down to make every effort to allay this irritation in order to "prepare the system" for the quinine, only the frequent failure of such preparation, and consequent necessity of administering quinine while all the symptoms of gastric irritation persisted, finally

showed that these were not necessarily, nor even usually, aggravated by the drug.

The utility of quinine in chronic pneumonia, where consolidation (non tuberculous,) persists after defervescence, is a most interesting fact, and not apparently the best known. It seems to me to strangely confirm the view that quinine is useful, not for the fever of pneumonia, but to antagonize the congestion of tissue surrounding the hepatized portions of the lung.

M. PUTMAN JACOBI, M. D.

110 W. 34th St., New York City.

The Proper Mode of Preparing Ferric Salicylate, or Mistaro Ferro-Salicylata.

EDS. MED. AND SURG. REPORTER.

In the endeavor to mix the following formula: Sodii salicylatis, $\mathfrak{z}$ iv; glycerini, $\mathfrak{f}\mathfrak{z}$ ij; ol. gaultheriæ, $\mathfrak{m}$ xx, tr. ferri chloridi, $\mathfrak{f}\mathfrak{z}$ lv; acidi citrici, gr. x; liq. ammonii citrat., (B. P.) q.s., $\mathfrak{f}\mathfrak{z}$ iv; for the production of ferric salicylate, I found that not only was active effervescence produced, but an inky mixture resulted attended with a dark precipitate as soon as the tr. ferri chloridi was added; but after much rubbing together with the addition of the liq. ammonii citrat., the inky appearance of the solution disappeared, and it assumed a reddish-brown color. In order to avoid the inky appearance of the mixture, and the effervescence during the preparation of the formula, I devised the following, which obviated these objections:

R	Liq. ammonii citrat., (B. P.)	 $\mathfrak{f}\mathfrak{z}$ jss
	Acidi citrici, ...	gr. x
	Tr. ferri chloridi, ...	$\mathfrak{f}\mathfrak{z}$ iv
	Glycerin, ...	$\mathfrak{f}\mathfrak{z}$ ij
	Ol. gaultheriæ, ...	$\mathfrak{m}$ xx
	Sodii salicylatis, ...	$\mathfrak{z}$ iv

M.

The mixture should be made in a graduated glass measure of eight ounce capacity. Into it should be first put the ounce and a-half of liq. ammonii citrat., then add the ten grains of citric acid; and after the slight effervescence ceases, pour in the tr. ferri chloridi, and stir well with a spatula until all effervescence ceases; then put the two ounces of glycerine, by measure, in another glass, and add to it the twenty drops of ol. gaultheria, and mix intimately with a spatula; and when well mixed pour it into the first part of the mixture, and stir well together with the spatula; then finally add the $\mathfrak{z}$ iv of sodii salicylatis, and stir well until all the salicylate of soda is dissolved, and a beautiful wine-red solution will be the result, ready for use; measuring four fluid ounces.

Each fluid drachm contains seven and a-half grs. of sodii salicylatis, and seven and a-half drops of tr. ferri chloride. I have found it better to begin with a teaspoonful dose in a half wine-glass of water, three or four times a day, and gradually increase the dose to two teaspoonfuls four times a day. In the treatment of rheumatic affections of either an acute or chronic character, I usually add twenty drops of the tincture of colchicum seed to each drachm of the solution, and if the heart's action is weak and palpitating, I also add to each drachm, ten drops of tincture of digitalis. Persons suffering with anæmia always complain of palpitation of the heart, and the addition of the tincture of digitalis to the ferric salicylate mixture always increases its beneficial effects.

J. B. JOHNSON, M. D.

Washington City, D. C., June 20, 1887.

Treatment of Goitre.

EDITORS MED. AND SUR. REPORTER:

Sirs:—Please give your experience in the treatment of Goitre by the Hypodermic method, giving injection used, if any, and strength.

O. C. STRICKLER.

New Ulm, Minn., May 5, 1887.

[The treatment of goitre by injection into the tumor has many warm advocates, is practiced with safety in the great run of cases, but is always attended with risk. Cohen * says: "I have heard of fatal results following these injections, so shortly as to be attributable to the operation. In one instance the tumor had been injected several times with impunity, but the patient died in the carriage in which she was being transported as usual to her residence." For our own part, in view of the possibility of fatal accident in a disease not of itself fatal, we have not felt justified in resorting to the method.

Mere hypodermic injections—over the tumor—are usually of ergotine, and in most cases fruitless. Injections *into the substance* of the gland are chosen with reference to the nature of the goitre and the effect desired. Cystic goitres are usually evacuated by puncture with a trocar, and the cavity injected with alcohol, carbolic acid, tincture of iodine, or tincture of chloride of iron. The injection is retained in position for minutes, or even hours, by plugging the cannula, the idea being to excite adhesive inflammation. Carbolic acid may be injected without evacuation of the cyst—one to two or three drops of the undiluted acid. Fibrous goitres

* Diseases of Throat, etc., 2d Edition, N. Y., 1879, p. 711.

may be injected with the hope of exciting suppurative inflammation, with disappearance of the tumor by absorption, or by spontaneous or artificial discharge. In this case irritating substances are used, such as tincture of chloride of iron, five drops and upwards, or Fowler's solution up to ten drops, etc.

If the idea be to promote absorption, preparations of iodine are employed, such as tincture of iodine, five to thirty drops. Other solutions sometimes used with good effect are: Carbolic acid, 1-5 drops; saturated solution of ergotine, 5-30 drops; osmic acid, 1-10 drops of a one per-cent. solution, etc.

We should advise our correspondent to try inunctions, such, for example, as iodine in lanolin, 20-30 grs. to the ounce, before resorting to injections.—EDITORS OF THE REPORTER.]

Bichloride of Methylene.

EDS. MED. AND SURG. REPORTER :

Will you kindly inform me through the REPORTER if the Bichloride of Methylene has come into very extended or general use as an anesthetic, and what is its relative value compared with chloroform or ether? Does Spencer Wells still use it in preference to other anesthetics in Ovariectomy? Who makes a pure article? What is its cost? By answering the above you will greatly oblige a constant reader. W. N. SHERMAN.

Winslow, Arizona, May 5, '87.

[We have referred this letter to Dr. Lawrence Turnbull, who has kindly sent the reply that appears on another page. If Dr. Sherman will write to any of the manufacturing chemists who advertise in the "REPORTER," he will receive reliable information as to cost, etc. We have made it a rule to exclude all commercial matters from the reading-matter pages of the REPORTER, and although, as now, adherence to this principle makes us sometimes appear disobliging, we are sure the principle is right. Our subscribers pay for thirty-two pages of new ideas every week; to insinuate into those pages any masked advertisement, or so-called "reading-notice," or anything which could be construed as such is to defraud the subscriber and lower the dignity of the Journal.

—EDITORS OF THE REPORTER.]

—Two plugs of tobacco placed in a jug of whisky by a small boy caused fifteen cases of tyrotoxicon ice cream poisoning at a recent festival.—*Western Druggist*.

Homœopathy.

EDS. MED. AND SURG. REPORTER :

The question has been asked whether homœopathy is on the increase, and, if so, the cause. I can answer emphatically *yes*. Many are having a very lucrative practice, from the fact that they make a visit and furnish the medicine for one dollar, while the regulars charge for visit and prescription two dollars, and in addition the druggist will charge from 75 cents to \$1.50 very often, which makes it very expensive, besides the trouble of going after it; and, at night time, matters are delayed in rousing up the druggist, etc. Then, too, many are fearing mistakes. Then, again, many look back to former days, when doctors furnished their medicines; and they were excellent doctors. I know from personal observation that those who furnish their medicine are getting very fine practice, and I verily believe the time is not far distant when the regulars will be compelled to furnish their remedies, which could be done with much less labor than forty-five years ago, when I commenced the practice of medicine. I observe another fact, that many druggists are becoming wealthy in a few years. Many patients go to them for advice and medicine to avoid the doctor's fee, and they have the very best formulas on hand to resort to. I remember, five years ago, I gave Maj. King a prescription for cough mixture, at a time of general colds. It had the desired effect, and, becoming known in that locality, the druggist put up in one week over twenty bottles of "Maj. King's cough syrup." Now, if I had furnished the medicine, I should have had the benefit.

DR. P. P. WERNER.

Washington, D. C., June 18th, 1887.

Pleasant to Take.

EDS. MED. AND SUR. REPORTER :

I am very glad to observe that you "know a good thing when you see it," and that you are very honorable in giving credit for your *Excerpta*. The paragraph on a Method of Inducing Respiration in Newly-born Infants, was published originally as a *letter* in the REPORTER, vol. lvi., p. 527, and in the same journal amplified to the proportions of a *communication*, vol. lvi., p. 230. Of course, this coming home of the chickens to roost, is very pleasant to the writer, who likes to see his "bairns respected like the lave."

I am glad to observe that the REPORTER loses nothing of its vigor by the change of editors, notwithstanding the transposition was extremely sudden.

I shall watch the gladiatorship of Messrs. Corson and Maxwell with considerable interest, as my connection with cases of pneumonia as well as my use of quinia has been somewhat unique and suggestive—to myself, at least. I wish you great success in your journalistic career, and the principles upon which you make your foundation are such as I believe are sure to bring about this desirable result.

I am very truly and sincerely yours,
E. T. BLACKWELL.

Cedarville, N. J., June 14, 1887.

EDS. MED. AND SURG. REPORTER:

As the books of the REPORTER will show, I have been a subscriber for quite a number of years, and I do not now intend to deprive my *patients* of its benefit to myself, and through me to themselves. * * *

C. A. CHATHAM, M. D.

Dawson, Ga., June 23d, 1887.

EDS. MED. & SURG. REPORTER:

I think you are improving the REPORTER. Being an old friend of the journal, I am glad to see it.

Respectfully yours, R. G. ALLEN, M.D.
Washington, Ill., June 22, 1887.

NEWS AND MISCELLANY.

The Care of Milk.

The subject of tyrotoxon, the peculiar poisonous ptomaine developed in the incipient decomposition of milk and cheese, has become identified with the name of Prof. Vaughan, of Ann Arbor, Mich. The very suggestive and instructive studies of this observer lead us to believe that in many cases of summer diarrhoea in infants, the symptoms of irritation are caused by the development of the ptomaine in question. In the *Medical News* of June 18, 1887, Prof. Vaughan presents the following practical points in regard to the relation of milk deterioration to cholera infantum:

Preventive measures will consist for the most part in attention to diet, and especially to milk. I have drawn up the following rules concerning the care of milk:

1. The cow should be healthy, and the milk of any animal which seems indisposed should not be mixed with that from the perfectly healthy animals.

2. Cows must not be fed upon swill, or the refuse of breweries, or glucose factories, or any other fermented food.

3. Cows must not be allowed to drink stagnant water; but must have free access to pure, fresh water.

4. Cows must not be heated or worried before being milked.

5. The pasture must be free from noxious weeds, and the barn and yard must be kept clean.

6. The udders should be washed, if at all dirty, before the milking.

7. The milk must be at once thoroughly cooled. This is best done by placing the milk can in a tank of cold spring water or ice water, the water being of the same depth as the milk in the can. It would be well if the water in the tank could be kept flowing; indeed, this will be necessary, unless ice water is used. The tank should be thoroughly cleaned every day, to prevent bad odors. The can should remain uncovered during the cooling, and the milk should be gently stirred. The temperature should be reduced to 60° F. within an hour. The can should remain in the cold water until ready for delivery.

8. In the summer, when ready for delivery, the top should be placed on the can and a cloth wet in cold water should be spread over the can, or refrigerator cans may be used. At no season should the milk be frozen; but no buyer should receive milk which has a temperature higher than 65° F.

9. After the milk has been received by the consumer, it should be kept in a perfectly clean place free from dust, at a temperature not exceeding 60° F. Milk should not be allowed to stand uncovered, even for a short time, in sleeping or living rooms. In many of the better houses in the country and villages, and occasionally in the cities, the drain from the refrigerator leads into a cesspool or kitchen-drain; this is highly dangerous; there should be no connection between the refrigerator and any receptacle of filth.

10. The only vessels in which milk should be kept are tin, glass, or porcelain. After using the vessel it should be scalded, and then, if possible, exposed to the air.

—A committee of the Association of German physicians has sent a circular to the directors of all the gymnasia of Germany, asking them to dissuade students from adopting the medical profession. Accompanying the circular are statistics which show the proportion between the number of physicians licensed each year and the number who die or retire from the profession.

Hepatic Erysipelas.

The Paris correspondent of the "British Medical Journal" says: "In the 'France Médicale,' Dr. Louis Boucher recently described a case of hepatic erysipelas in a woman aged sixty-three. Eighteen years previously she had received a blow on the right side of the abdomen. Bilious fever, with severe jaundice, gastric disturbance, and obstinate constipation ensued. The menopause occurred without any complications. In 1879 the patient was attacked with erysipelas, after violent hepatic pains, which lasted two days. On January 3, 1887, she was suddenly seized with fever and tremors and a recurrence of the hepatic pain. The temperature was 39.2° C. (102.4° F.), the pulse 120. The urine was deep red; the tongue white. She complained of intense pain in the region of the liver, which was hot, as if it were the seat of inflammation. No alteration of shape could be detected. An opium-poultice was applied, and a sedative given at night. The following day the patient was very restless; her sleep had been interrupted by nightmare and starts; the fever was worse. Ten centigrammes of extract of digitaline were ordered every hour. Toward night the pains in the liver disappeared, but the throat was dry, there were pains in the ear, and the face became swollen. On January 6th, well-marked erysipelas showed itself, and spread from the lobe of the ear over the right side of the face; the temperature fell to 38° C. (100.4° F.). Recovery took place in a few days. . . ."

Distilled Water in Eye Lotions.

Physicians and pharmacists generally assume that distilled water is the best means of dissolving drugs, and in the great majority of instances this is undoubtedly the case. As a rule, the solvent should be absolutely pure and neutral in itself; but in some instances this very neutrality of the solvent may interfere with the intended action of the substance dissolved. A curious illustration of this exception to the rule was given some time ago by an eminent English oculist in a communication to a London journal. Our readers know that an aqueous solution of boracic acid is one of the most useful of eye lotions; but we remember that, as prescribed for the writer several years ago by one of the best oculists in this city, the order was for "ten grains in *distilled water*." Our English expert, however, says he has found that when the lotion is made of distilled water, its use is attended with some discomfort and smarting; and,

what is more singular, the irritation is even greater when there is no boracic acid in solution. "Anybody," he says "can verify for himself that a drop of distilled water in the eye seems to be a most unpleasant and foreign element."

The simple explanation of this is, that well or spring water contains salts in solution which make it slightly alkaline, thus rendering it somewhat more neutral to the conjunctiva, a tissue ordinarily bathed in the lachrymal secretion, which contains about one per cent. of solids, chiefly chloride of sodium, or common salt. The addition of two grains and a half of this salt to the ounce of distilled water renders any lotion for the eye more soothing and more beneficial. This, our friend says, he has verified by experience; and we commend the fact to the attention of oculists and others interested.—*Popular Science News*.

Illegitimacy in Europe.

An editorial in the *Medical Record*, June 18, 1887, states that Dr. H. Holland, of Westfield, Mass., has collected some statistics which show a most striking increase in the number of illegitimate births in Europe. In Austria over one-half the births are illegitimate. In Vienna, among 1000 births 509 are illegitimates; at Prague, 505. In Styria, Carinthia and Olmutz, the ratio is from 646 to 702 illegitimates out of 1000 births! A high rate of illegitimacy seems to prevail throughout Germany.

The proportion of illegitimates in Paris is 1 to 3, in all France 1 to 12, in Great Britain 1 to 15, in Spain 1 to 18.4, in the Netherlands 1 to 23, in Italy 1 to 27.8, and in Greece 1 to 78.6. The low rates are due to the population being more largely rural. During ten years Austria had nearly a million of illegitimate births.

A point of great medical interest is the fact that illegitimates are apt to be victims of disease. In many respects they are inferior to legitimates. They are often conceived during a debauch, or in moments of intoxication, and are likely to be brought up in neglect, poverty, and misery. According to Bouchut, the mortality among foundlings in Paris is fifty-five per cent. in the first year of life, and sixty-three per cent. in the second year of life. Such a rate is far greater than exists in many other cities; but it indicates the excessive amount of disease among this unfortunate class.

Dr. Holland quotes Legoyt as stating that the number of illegitimate births is increasing in Europe.

Scintillations by the Late Dr. Moxon.

A posthumous volume of Dr. Moxon's aphorisms has just been issued, from which we extract a few isolated gems:

"Knowledge is fuel, not fire."

"He [the physician] cannot classify diseases, because what he knows of them is not comparable knowledge. For while one disease is a pain in the leg, and another a growth in the stomach, and another a spider in the skin, the classification of them is worse than mixing incompatibles—it is mixing things indifferent. It is like trying to mix the solar spectrum and the key of C major with essence of peppermint."

"I pity the lecturer on medicine: he is under the greatest of all burdens—the burden of the uncommunicable; and you are happy when he is one of those great men who can nearly say what cannot be said."

"Without the doses three times a day, the service would not go on; they unite the attention of doctor, patient, nurse, and friend in a periodic series of efforts, something not unlike those little yells a group of sailors make in turn when they are hauling hard on a cable, without which it appears the cable would never come along, although there is no apparent force in the noises they make. A doctor without physic is like a priest without a creed, or a poet without a rhyme."

"Knowledge is not power. Power arises by training in the use of knowledge. Consider the difference between training and teaching. The teacher carries over the things he knows, and fixes them in the learner's memory; the trainer takes what is in the memory, and converts it into an organ for the pupil's own use."

Colonial and International Congress on Inebriety.

This Congress will be held in London, Eng., on Wednesday, July 6th, 1887. The following papers are announced:

Norman Kerr, M. D., F. L. S., President, Opening Address—"Inebriety, a Disease requiring medical, moral, and legislative treatment." Mons. le Chevalier Max Proskowetz de Proskow Marstorff, President of the Austran Inebriety Society, "Inebriety in Austria." N. S. Davis, M. D., President International Medical Congress, "Inebriety, a Disease." Professor Binz, Bonn, "The German Law on Inebriety." Dr. Moeller, Brussels, "Inebriety in Belgium, from a Medical and Legal point of view." Clark Bell, Esq., Ex-president Medico-Legal So-

cietiy of New York, "Jurisprudence of Inebriety." Joseph Parrish, M. D., President American Inebriety Society, "American Inebriety." T. D. Crothers, M. D., Editor *Quarterly Journal of Inebriety* "Rise and Progress of Remedial Treatment of Inebriety." E. C. Mann, M. D., Brooklyn, U. S. A., "Pathology of Inebriety." L. D. Mason, M. D., Consulting Physician, Fort Hamilton Home for Inebriates, "The Relation of Disease to Inebriety." Rev. Dr. De Colleville, Brighton, "Continental Legislation for Inebriates." Rev. J. W. Horsley, M. A., "A Prison Chaplain's Observations on Inebriety." Alfred Carpenter, M. D., J. P., "The Meeting-place of Vice and Disease." Surgeon Major Pringle, M. D., "Homicidal and Suicidal Inebriety." President, "Colonial Legislation for Inebriates."

All the Visitors to the Congress and others interested in the inebriate are invited to a Reception to Dr. T. D. Crothers, Hon. Sec. of the American Association for the Cure of Inebriates and Editor of the *Quarterly Journal of Inebriety*, by the President and Council of the Society for the Study of Inebriety, in the Rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, London, W., on Tuesday Afternoon, 5th July, 1887, at four o'clock p.m. Tea and Coffee.

Homœopathy as it is.

The *Medical Times*, a homœopathic journal of New York, says: "We do not believe there is a single member of the faculties of the so-called homœopathic college, in New York and Philadelphia who does not almost daily administer remedies which in no sense can be called homœopathic. In name they are sectarian, fighting with all their force for a name which binds them to exclusive practice, and yet in the sick-room unsectarian, broad and liberal, bringing to their aid facts and suggestions culled from a large reading of the literature and experience of all schools. Dr. T. F. Allen, at one time one of the most enthusiastic apostles of so-called high-dilution homœopathy, now admits that it is unreliable and delusive, and says that homœopathy should be taught in all medical schools, but it should constitute only a part of the course of study. We do not hold that homœopathy is the exclusive and only law of healing."

—At Valparaiso, Chili, up to May 21st, there had been 899 cases of cholera and 628 deaths. In Quillota there had been 1959 cases and 1002 deaths.

Food Adulterations.

Much attention has been attracted of late to the presence of dangerous ingredients in certain articles used by confectioners and bakers, and especially to lead chromate, which is used as a coloring agent for cakes. Cream-puffs have been found to contain appreciable quantities of the salt and now it has been detected also in cinnamon cake.

Dr. Henry Leffman has recently analyzed a piece of a cinnamon cake which had been furnished him by Medical Inspector Taylor, of the Philadelphia Board of Health, and reported that an examination of the sample showed very decided indications of lead.

Dr. Leffman added that there appeared to be a sufficient amount of lead in the sample inspected to constitute a case of chronic poisoning if similar cake was constantly eaten.

A Vindication.

Among the proceedings of the Kentucky State Medical Society, at its recent meeting, at Paducah, we note that the following resolutions were unanimously adopted:

Resolved. That the recent published attack upon the personal and professional reputation of Dr. Dudley S. Reynolds is unfounded and unjust.

Resolved. That the Kentucky State Medical Society in regular session assembled, bear testimony to the high professional and social standing of Dr. Reynolds, and repel the aspersions against a physician who for fifteen years has ranked among its foremost members.

We congratulate our colleague upon this action of his State Society and upon the good will and appreciation of which it is an evidence.

Picture of Charcot's Clinic.

In the *Scientific American* supplement, No. 598, June 18, 1887, there is a very interesting copy of a painting by M. André Brouillet, which was exhibited in the season of 1887, and which represents a clinic of Prof. Charcot, in the Hospital Salpêtrière. The professor is represented as lecturing upon a subject affected with hysteria. In his presence there is a large number of eminent men whose names are familiar ones in medical science, and whose faces it is interesting to see. The picture is one which attracted much attention in Paris, and will prove interesting everywhere.

Coriaria Thymifolia.

According to *Der Pharmaceut*, *Coriaria thymifolia*, growing in New Grenada, can appropriately be called "Ink Plant." The juice, at first red, turns beautifully black in contact with the air. This juice, called *chami* by the natives, can be used for writing just as it comes from the plant. It does not corrode steel pens.

Prize.

The Alumni Association of the College of Physicians and Surgeons of New York offer a prize of five hundred dollars, open for competition to the Alumni of the school, for the best essay upon any medical subject which may be submitted to the committee.

Reception to Dr. R. J. Levis.

The medical profession of Philadelphia gave a reception at the Hotel Bellevue on Tuesday evening, June 21st, to Dr. R. J. Levis, on the occasion of his retirement from active professional work.

Items.

—Diogenes would find it much easier to-day to find an honest doctor than to find one who has never given gaseous enemata.

—Dr. Schüller, a physiologist, intends to establish soon in Munich an "academy for the art of hygienic cooking."

—Dr. L. Turnbull will leave in July for Jamestown, R. I., and will remain until October 1st.

—Artificial pepper is prepared and sold in Hungary. It consists of wheat flour impregnated with an alcoholic tincture of pepper, and dried.

—A young lady giving her experience in a dentist's chair, said it was hardly as agreeable as a box at the opera, but better than being run over by the cars.

—Dr. C. B. Nancrede, has accepted an invitation to deliver the Course of Lectures on Surgery at Dartmouth College, New Hampshire, in the absence of Dr. P. S. Connor, in Europe. The course begins July 13th.

—"And what would you prescribe for the baby?" asked an anxious father of an absent-minded physician. "Oh! the usual thing," returned he. "Perfect quiet; no worry, exercise, amusement; no coffee; no spirits, and smoking only in moderation." }
—Exchange.

—Dr. Emery, of Brooklyn, reports the poisoning of thirty-two boys at an orphan asylum, from chewing the inner bark of the locust tree, which had been stripped from fence posts. This, we believe, is the first instance on record of poisoning from this cause. Locust bark should be investigated chemically.

OBITUARY.

DR. EDGAR FENN PECK.

Dr. Edgar Fenn Peck, who died June 21st, in Brooklyn, in his eighty-first year, was half a century ago one of the most active and useful citizens of New York. Dr. Peck was born in Dutchess county, N. Y., September 20th, 1806. He was a lineal descendant of Joseph Peck, who came over with Davenport's colony to New Haven in 1638. Dr. Peck removed to New York in 1831.

DR. WOOLSEY JOHNSON.

Dr. Woolsey Johnson, Health Commissioner of New York, died June 21st of Bright's disease, at the New York Hospital, where he had been for several weeks. Dr. Johnson was about fifty years old. In 1881 Mayor Cooper appointed him Health Commissioner for a term of six years, which ended May, 1887. He was a member of the New York County Medical Society and of the Academy of Medicine. He was attending physician at the New York Hospital, and surgeon for the Eye and Ear Infirmary.

DR. EZRA MICHENER.

Dr. Michener, a prominent physician of Chester Co., Pa., died at his home in Toughkenamon, June 24th, in his ninety-third year. He was a noted scientific writer and student of natural history.

DR. R. FOWLER.

At Eudora, Miss., on June 18th, 1887, Dr. R. Fowler, aged fifty years. His death occurred as a result of paralysis.

Official List of Changes of Stations and Duties of Officers.

Medical Corps of the Navy, for the week ending June 25, 1887:

Inspector, C. J. Cleborne, ordered for examination preliminary to promotion as Medical Director.

P. Asst. Surgeon, G. P. Lumsden, ordered to receiving-ship Franklin, Norfolk, Va.

Medical Director, P. J. Horwitz, permission to leave the United States for six months.

Asst. Surgeon, H. N. Harris, commissioned Asst. Surgeon in the Navy, June 13, 1887.

Medical Inspector, J. C. Spear, detached from Naval Laboratory and granted three months' leave.

Medical Director, Delevan Bloodgood, detached from Naval Hospital, Norfolk, Va., and ordered to the Naval Laboratory.

Medical Inspector, Michael Bradley, ordered to Naval Hospital, Norfolk, Va.

P. A. Surgeon, H. G. Beyer, remain on present duty until September 1, 1887.

P. A. Surgeon, C. G. Herndon, remain on present duty until June 17, 1888.

Stations and Duties of Officers serving in the Medical Department, U. S. Army, from June 19, 1887, to June 25, 1887:

Col. Chas. Sutherland, Surgeon, granted one month's leave of absence, with permission to apply for an extension of one month. S. O. 126, Div. of the Atlantic, June 23, 1887.

Lt. Col. A. K. Smith, Surgeon, will be relieved from duty at West Point, N. Y., on September 30, 1887, instead of August, 1887. S. O. 144, A. G. O., June 23, 1887.

Major C. H. Alden, Surgeon, leave of absence extended to include September 29, 1887. S. O. 144, A. G. O., June 23, 1887.

Major J. H. Bartholf, Surgeon, granted leave of absence for two months, to take effect about July 5, 1887. S. O. 141, A. G. O., June 20, 1887.

Capt. Charles Richard, Asst. Surgeon, sick leave extended two months on surgeon's certificate of disability. S. O. 139, A. G. O., June 17, 1887.

Capt. Jno. J. Cochran, Asst. Surgeon, granted leave of absence for one month. S. O. 143, A. G. O., June 22, 1887.

First Lieut. Wm. N. Suter, Asst. Surgeon, designated as medical officer for the Rifle Camp at Creedmoor, N. Y., July 5, 1887. S. O. 124, Div. Atlantic, June 21, 1887.

United States Marine Hospital Service for the week ended June 25, 1887:

Guitéras, John, Passed Asst. Surgeon, detailed for temporary duty at Key West, Fla., June 23, 1887.

Wasdin, Eugene, Passed Asst. Surgeon, relieved from duty at Marine Hospital, New York, N. Y.; ordered to Marine Hospital, Chicago, Ill., June 23, 1887.

Norman, Seaton, Asst. Surgeon, to proceed to Charleston, S. C., for temporary duty, June 23, 1887.

Heath, F. C., Asst. Surgeon, relieved from duty at Chicago, Ill., June 23, 1887.

THE MEDICAL AND SURGICAL REPORTER

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VOL. LVII.—No. 2.

ORIGINAL DEPARTMENT.

LECTURE.

THE EXTERNAL TREATMENT OF PULMONARY CONSUMPTION.

A LECTURE DELIVERED AT THE PHILADELPHIA
POLYCLINIC, BY THOS. J. MAYS, M.D.,
Professor (Adjunct) of Diseases of the Chest in the Phila-
delphia Polyclinic.

Much has lately been said in regard to the treatment of pulmonary consumption by gaseous enemata, by inhalation of medicated vapors, and by compressed and rarefied air; and, however valuable all these methods may be, it must be confessed that their principal value lies in their power to disinfect the catarrhal products in the bronchial tubes, and in such cavities as may be in communication with these tubes; and that they have but very little, if any, decided influence on the solidified portion of the lung—the objective point of all treatment in the disease. It is true that they frequently dry up the secretions, and improve the respiratory function around the seat of infiltration, but this, the citadel of the disease, they leave practically untouched. The failure of these methods to act favorably is due to the fact that neither the blood vessels nor the bronchi—the channels through which the medicaments are conveyed—have, in most instances, any communication with the central seat of infiltration, being occluded by pressure of the catarrhal accumulation incidental to the disease.

We have here, then, in the general majority of instances in this disease, a condition which is a deposit of inflammatory

products in the lung, differing essentially in no wise from a similar deposit in any other part of the body; and it is very natural to suppose that that which does good in the one condition will also be useful in the other. You know as well as I can tell you that the application of moist heat and of passive motion are of inestimable value in producing reabsorption of chronic inflammatory deposits in joints and in other parts of the body—usually the result of injury; and in keeping with this idea, I have for a number of years been in the habit of applying hot flaxseed meal poultices, as well as friction, to the chest in such affections, and I believe with the most gratifying results. According to my view these external applications have the power of increasing the circulatory, the lymphatic, and the cellular activity of the circumference of the infiltrated lung tissue, and, by their operation on the surroundings of the diseased centre, they gradually reduce and remove the consolidation.

First, as to the manner of making and of applying a poultice. The flaxseed meal is boiled and spread three-quarters of an inch thick between two pieces of flannel cut in the shape of a jacket, which is well fitted to the top, front and back of apex, as well as to the anterior and posterior aspects of the affected lung. It is then adjusted to the chest, and the outside well covered with oiled silk or oiled muslin. It must be changed every two or three hours, or sooner if it becomes cool. If it is made properly, it will remain warm for three hours. This process is to be continued from morning until night, when the poultice is taken off, and the chest is well wrapped with woolen

flannel for the night, in order to avoid a sudden disturbance of bodily temperature during the sleeping hours. The next morning the same programme is begun, and it is continued in the same way for at least three weeks, or as much longer as is necessary. It is much more expedient to poultice during the day only, and allow the patient to rest during the night. After the patient has been poulticed for five or eight days a change in the physical signs begins to manifest itself. Where previously there was heard nothing but a roughened or bronchial breathing, subcrepitation, probably crepitation, and mucous râles show themselves, leading one to suspect that the disease is advancing instead of improving. Subsequent experience teaches, however, that these superadded signs are due to the process of resolution which is taking place. The patient experiences greater freedom in breathing, his cough becomes easier, and his expectoration is looser, and at the end of the prescribed time there is usually an improvement in his general condition.

In addition to the application of moist heat, I very frequently employ local or general massage once or twice a day. This has undoubtedly the power of assisting the former method in removing the intra-alveolar material.

Now the case before you to-day, like many others which you have seen in this institution before, has been principally treated by the external method. You will recollect that his history when he first came under observation in March 3d, 1887, was as follows: His age is 31, married, and a weaver by trade. He said he had pleurisy eight months ago, since which time he is suffering from cough, expectoration, much hoarseness, constant dyspnoea, had no hæmoptysis, but his sputum is occasionally blood-streaked. He is losing flesh, has night-sweats, poor appetite and coated tongue.

Physical signs.—Right side: Dullness in apex, extending to second rib in front, and to spine of scapula behind, crepitant and sibilant râles associated with bronchial respiration in anterior aspect of apex over area of dullness, while from here down to base, mucous râles. Left side: Mucous râles distributed over anterior surface of lung. From this date to the following 7th of April, he was treated with the sulphuretted hydrogen enemata twice a day. At the end of this time he felt no better, his appetite was poor, and the physical signs were the same as at the first examination. On this day the poultice and hypophosphites were substituted for the gaseous injections, and after a due course

of poulticing he improved in every respect. His appetite is good, the dyspnoea much less, and he gained in weight. Physical examination to-day, four weeks after beginning of external treatment, shows that the dullness is nearly gone, and the chest râles are very few. This case, while not entirely well, is still interesting from several points of view. It shows how much can be done with well regulated and persistent treatment. If the case is well managed during this preliminary period, and advantage is taken of the improved condition of the appetite, which almost invariably follows, and if these efforts of nature are still further supplemented by appropriate internal treatment, such as giving cod liver oil, the hypophosphites, good nutritious food, compressed and rarefied air, the gaseous enemata, etc., pulmonary consumption becomes as amenable to treatment as any other disease. In the course of two or three months this patient will undoubtedly recover his health as fully as this second case did which I shall bring before you to-day.

The patient aged 35, is the wife of a laboring man, and came under observation December 5th, 1884. She then had a severe and constant cough, yellow, blood-streaked expectoration, which began the previous August. She also had hæmoptysis, poor appetite, night sweats, and was losing flesh. Besides she had a bad family history, her father having died of phthisis. She was treated with tonics, among which were the hypophosphites, iron, quinine, cod liver oil, without any improvement until the middle of the following January, when the flaxseed poultice was applied to her chest, at which time she showed the following physical signs: Dullness and increased vocal fremitus and resonance over right apex, no crepitation, but bronchial respiration over same region posteriorly and mucous râles anteriorly. After being poulticed for one week she breathed more free, and coughed and expectorated less. The record shows that at this time there were (what is frequently experienced during the early period of poulticing) heard over the posterior area of dullness, some moist râles. On February 4th the examination showed that dullness persisted, but that all the moist râles had vanished, except a sharp click during expiration, which was heard behind over affected area. The following April she had recovered so far as to be able to resume her household duties. Since then she gave birth to a fine boy, and as she stands before you to-day, you will find on examining her chest that there is not a single landmark remaining of her former

disease, except probably a slightly roughened respiration.

This external plan of treating pulmonary consumption and other chronic inflammatory diseases of the chest I have had under trial for nearly half a score of years, and it is not only of great practical importance on account of its efficiency, but also on account of the economy which can be practised in regard to giving medicine by the stomach. The digestive organs always deserve great consideration in the treatment of chest diseases, and the less they are utilized for administering medicines, and the more for the purpose of feeding the patient, the greater will the benefits be which accrue to the latter.

COMMUNICATIONS.

SOME OLD-TIME PRESCRIPTIONS.

BY HARRISON ALLEN, M. D.,

Emeritus Professor of Physiology in the University of Pennsylvania.

A short time ago a practitioner of some fifteen years' experience told me that he supposed that he treated very few diseases in the same way as he did when he began his practice. He thought his results were no better now than then. Under attempts to grow and improve on our method in practice, it is an open question if we always change for the better. We certainly have writers of eminence who declare that the number of drugs actually needed in the practice of medicine is relatively few. Prof. Samuel D. Gross was in the habit of saying, "Give me quinine, opium, calomel and jalap, and you can throw all the rest of the *Materia Medica* out of the window." I infer what was meant by such an expression was simply that a good workman can handle a few well-selected tools to good advantage and to the exclusion of the rest of his kit.

While we have added to our list from time to time many important remedies, we should take care not to ignore the claims of those which have been tried and not found wanting in the hands of men as able and as experienced as those of our own generation. One can readily imagine such a splendid observer as was Robert T. Graves, were he now to return to his former field of renown in Dublin, practicing precisely the same methods he did nearly fifty years ago; and perhaps, after all, not to be found wanting in results as good as any of his later-day compeers. In addition to the valuable narcotics which have

been introduced since Grave's time, are we to forget the very important recommendation of this writer of uniting antimony and opium for the relief of insomnia where opium alone has failed? This instance is mentioned since it is an example of the happy effect of combining two remedies, each of which aids the other in securing a result which is not attainable by the use of either drug administered separately. Pursuing the same line of reflection, we can claim an advantage in retaining some of the old forms of the combination of drugs, for the reason that it is not at all likely that our efforts to make new combinations of remedies of the same grade is likely to be as useful.

A number of formulæ have become famous by reason of their convenience, safety and efficacy. Let any one endeavor to improve upon Huxham's compound tincture of cinchona, upon compound spirits of lavender, or upon paragoric, and he will find that very many unsatisfactory attempts will be made before he can even approximate in value these universally accepted combinations. While we deprecate any disposition to practice by formulæ, a number of old and tried recipes may be set aside as possessing unchallenged merit.

I propose to call attention to several of such happy combinations which are known to be especially useful. The first I may mention in this connection is a formula recommended by Thomas King Chambers in the Fourth edition of his "Lectures, chiefly Clinical," London, 1865, page 343. I am not sure that this book contains the first written notice of the prescription, but I find no allusion to it in the first edition of this work.

R	Tincturæ ferri sequichloridi	3ij
	Strychniæ hydrochloratis	gr. ½
	Tincturæ digitalis	3j
	Misturæ camphor.	3x

Fiat mistura. Sig. Two tablespoonfuls, twice daily.

It is not alleged that the formula is original with Dr. Chambers. He simply states that he administered an ounce of the mixture twice a day in a case of anæmia in which the eye balls were prominent. The subject of the lecture in which the statement occurs is that of "Prominence of the Eye Balls." Dr. Chambers dwells upon the significance of the form of anæmia seen in young women in whom there is excitement of heart's action, retarded development of the sexual functions, and engorgement of the thyroid gland. The lecture is a most admirable one. It contains a fine description of this form of disease. The remedy acts most happily.

There appears to be no need of changing it; the iron is adapted to the anæmic condition; the strychnia is a tonic to the small blood vessels and to the central nervous system, the digitalis is a heart tonic and the camphor is an anti-spasmodic. The remedy does not interfere with digestion. With watchfulness and care, its use can be persisted in indefinitely. It is not necessary that all the symptoms included in the above category should be present in order that this remedy may prove efficacious. The recognition of a retarded state of development of the ovaries and associated organs, absence of the secondary sexual characters, anæmia, and a thyroid engorgement, is sufficient.

A second formula, perhaps not as elegant as the foregoing, is the following:

R.	Hydrarg. bichlor.....	gr. iv
	Solve in spirit rectif.....	ij
	Decot. Cinchonæ.....	3 ij
	Mel Rosæ.....	
	Tinct. Myrrhæ.....	āā3ij
M.	et. ft. gargarisma.	

This prescription appears in the Institute of Surgery of Sir Charles Bell. As it appears above, it is copied from Dunglison's American Medical Library, 1840, page 352. The formula is reproduced exactly as it is printed, with the exception that for the words hydrarg. oxymurat., hydrarg. bichlor. is substituted. Our authority recommends the combination for ulcerated forms of syphilitic sore throat. I think it would be difficult to improve upon this formula for a mercurial wash in such a condition. In prescribing it the patient should be directed to use a small quantity at a time, and to note its effects; if it prove to be too severe he should add an equal quantity of water to each dose, which might be limited to a tablespoonful. If this prove to be irritating, it may be again diluted until at last it can be easily borne. The patient should be encouraged to use the remedy as far as practicable in the form above given. If he is compelled to begin with the dilutions he can be induced after he is in a measure accustomed to the effects, gradually to return to the original strength of the remedy. This formula was for many years, and probably is yet, a favorite formula in the Philadelphia Hospital. I became familiar with it while serving as resident physician in that institution in 1861. It is surprising how rapidly the symptoms of an ordinary venereal sore-throat subside under its use when the internal administration of anti-syphilitic remedies is at the same time attended to. I have several times substituted other remedies for it (since it is not an ele-

gant preparation), but I have never found anything which can take its place. I also recommend cordially Sir Benjamin Brodie's method of administering bi-chloride of mercury in congenital syphilis, viz.: the exhibition of the drug in the presence of Huxham's tincture.

Striking effects can be procured in rebellious cases of syphilis by ordering Zittmann's decoction. A drawback to its general use is the expense attending its preparation, which appears to be considerable. Doubtless many practitioners of experience recall the name of Zittmann as connected in a shadowy way with the task-work of their student-life. It is well to remember that his preparation is an illustration of the empirical rule that a remedy that will not be absorbed in one form will be readily taken up in another.

It is seen that both Bell and Brodie employ preparations of bark as vehicles for corrosive sublimate. Graves in his Clinical Lectures, (New Sydenham Soc., Edition II, 2) recommends using a decoction of bark to exhibit tincture of capsicum in a stimulating gargle for the chronic hoarseness of growing boys and girls.

In employing an astringent for a gargle we can receive valuable hints in recalling the way in which our seniors introduced (instead of pure tannic acid) a native substance known to contain the acid. As an example of this form may be named the recipe which is known in Philadelphia as Goddard's gargle. In some formulæ books it appears as Gargarismus Granati Compositus. My inquiries respecting the time when this prescription first became popular have not been successful. It is known that Dr. Paul B. Goddard first prescribed it, and that it has been known from his time, viz., from about 1850, under his name. It was the favorite of more than one of Goddard's contemporaries. It was frequently prescribed by the late Dr. Francis Gurney Smith.

R	Aluminis.....	3ij
	Cort. Granati.....	3ss
	Petal Rosæ Rub.....	3j
	Mellis.....	3j
M.	Aquæ Bull.....	3vj

The mixture can be used without dilution, or with an equal quantity of water. It appears to present all the features required by an astringent wash to the throat. If increased strength is demanded it is better to direct an agent to be employed topically by the attending physician.

Another preparation, the uses of which can be made to subserve a great number of indications, is Fowler's solution of arsenic.

Small doses of this preparation, say two or three drops twice a day for a period varying from one to six months, produce most gratifying results in those states of impaired health which appear to be due to an inheritance of a phase of malnutrition, and which is so evasive that it is difficult to give it a distinctive name. Local diseases engrafted on such a condition will often resist remedies until arsenic in the form of liquor potassæ arsenitis is employed. Pharyngitis sicca, atrophic nasal catarrh, anæmia accompanying tertiary syphilis, are sometimes greatly improved, indeed to a degree far greater than it has been in my hands possible with any other agents, by these small doses of Fowler's solution.

THE PUPIL IN HEALTH AND DISEASE.

BY W. CHEATHAM, M. D.,

Lecturer on Diseases of Eye, Ear, Throat, and Nose
in the University of Louisville.*

The size of the pupil in health depends upon the intensity of the light, chiefly, the pupil dilating and contracting as long as there is perception of light.

Contraction to light is a reflex motion, the optic nerve being the afferent nerve; and the third nerve the afferent nerve, innervating the sphincter pupillæ. The anatomical investigations of Meynert have shown that between the corpora quadrigemina, and the centre for the third nerve, in the floor of the fourth ventricle, run communicating fibres, which probably enable this reflex to take place. Owing to the semi-decussation of the fibres of the optic chiasm, the stimulant of light, when applied to the eye alone, passes up each tractus with equal power to the corpora quadrigemina of each side by Meynert's fibres to the centre for the third nerve, and then down the pupillary branches to each eye, causing thereby a contraction of the pupil in the non-illuminated eye (consensual contraction), as in its fellow: so, in testing the play of the pupil of a single eye, cover the fellow eye well. It is probable, however, as Lesser points out, that, in addition to this method of bringing about consensual contractions of the pupil, there is a communication direct or indirect between the centres for the third nerve of each side capable of affecting it. In no other way can the fact be explained that consensual contractions of the pupil is

maintained in cases of homologous hemianopsia. If, for instance, there be a lesion of the right tractus opticus giving rise to left hemianopsia, the centre of the left third nerve alone can be primarily stimulated. But as both pupils act, a communication between the centres of the third nerves must exist. Merkel believes "there is a direct anastomosis between these centres."

In addition to the stimulus of light, the pupil-contracting centre is excited by or simultaneously with the effort of accommodation for near vision. This contraction, however, says Swanzy, is much more intimately connected with convergence of the visual lines than with the effort of accommodation. E. H. Weber asserts, "that the pupils do not contract if accommodation be effected without convergence, but that in convergence without accommodation contraction is observed." A patient I had in the office, March 28th, 1887, appears to upset some of these theories. L. B., age 10, had diphtheria January last; three weeks after recovery he discovered he could not read; vision for the distance was perfect, pupils normal in size, and responded readily to light and darkness. On having him look from my operating room to the front door, a distance of about ninety feet, the hall being rather dark, his pupils were widely dilated. On converging and looking at my finger, held ten inches from the eyes, the pupils did not change in size. The little fellow was suffering from paralysis of accommodation. Convergence was perfect; so was the action of the pupils when exposed to light and shade; but the pupils did not contract on convergence, a condition nearly opposite to what is known as the Argyll-Robertson pupil. Aubert, Priestly Smith, Hensen, and Völckers think there is probably in the posterior part of the floor of the third ventricle a common centre for the three actions—convergence, accommodation, and pupil contraction, these centres coming in close succession.

The existence of such a centre has been placed beyond a doubt by Ealis' case of paralysis of convergence and accommodation, and of the associated pupillary contraction.

Dilatation of the pupil is the result of the contraction of the dilatore pupillæ, innervated by the tonic action of the cervical sympathetic.

The dilating fibres originating in the front part of the floor of the aqueduct of Sylvius, pass to a region in the lower cervical and upper dorsal portions of the cord, called the ciliospinal centre; and from thence pass out with the two first dorsal nerves, and by way

* Read before the Kentucky State Medical Society, at Paducah, June 16th, 1887, and specially reported by Dr. W. Y. Howard.

of the rami communicates to the sympathetic in the neck: and thence to the cavernous plexus, Gasserian ganglion, ophthalmic division of the fifth nerve, nasal branch of this division, ganglionic branch of this nerve, ciliary ganglion, there joined by more branches from the cavernous plexus, and from thence by the short ciliary nerves reach the eye. The dilating fibres are of a two-fold nature: muscular and vaso-motor; experiments indicate this, and that the centre for each kind of fibre is different. While light is the only stimulus capable of bringing about a reflex contraction of the pupil, the pupil-dilation centre reacts to other stimuli, such as galvanism applied to the leg, the tickling of a sensitive place in the region of the fifth nerve on the face, shouting loudly in the ear when under the influence of chloroform. The centre is probably in the medulla oblongata; but, as it takes place when the cervical sympathetic is divided, it is evident that all the dilating fibres do not run to the eye by way of the cervical sympathetic. The pupil of the cat dilates in anger, and those of a child when frightened. The pupils of delicate, nervous, excitable people are often much and habitually dilated.

With deep inspiration and expiration the pupil dilates, the result of retention of carbonic acid gas in the blood. It also dilates at the beginning of each labor pain, showing the close association of the two centres. The fifth nerve is supposed by some to have a similar influence on the pupil as the sympathetic; the confusion arises from the fact that the fifth nerve, when divided within the cranium, divides also the sympathetic.

With the action of mydriatics, atropia, duboisin, hyoscyamin, and daturin, eserin, etc., all of us are familiar. When the pupil suddenly dilates under chloroform-narcosis danger, is near.

Now, as to the pupil in disease, myosis. or a contracted pupil, may be caused by a diseased process irritating the pupil, contracting the centre or fibres (irritating myosis), or by one causing paralysis of the pupil-dilating centre or fibres (paralytic myosis), or by combination of both; either cause would produce a medium myosis. A combination of the two would give a maximum myosis. Irritation myosis, according to Lesser, is not usually increased by the stimulus of light, nor on convergence, nor does it diminish in shade. Mydriatics dilate such a pupil widely; myotics contract it ad maximum. In paralytic myosis the pupil reacts well to light and convergence, but does not dilate on application of sensory stimuli or with

co-ordinate motions. Mydriatics dilate such a pupil only partially, while myotics contract it ad maximum.

In maximum myosis every reaction is defective, strong mydriatics alone producing medium dilatation. Irritation myosis is found in the early stages at least of all inflammatory affections of the brain and its meninges, in simple tubercular, and cerebro spinal meningitis. When in these diseases the medium myosis gives place to mydriasis, the change is a serious prognostic sign, indicating the stage of depression, with paralysis of the third nerve. In cerebral apoplexy, according to Berthold, the pupil is at first contracted, which makes this a point of differential diagnosis between apoplexy and embolism, in which the pupil is not changed. In the early stages of intracranial tumors, situated at the origin of the third nerve or in its course, at the beginning of a hysterical or an epileptic attack; in tobacco amblyopia, probably from stimulation of the pupil-contracting centre by nicotin; in persons following certain trades, watch-makers, jewellers, etc.; as a reflex action in ciliary neurosis, consequently in many diseased conditions of those parts of the eye supplied by the fifth nerve. Paralytic neurosis occurs in spinal lesions above the dorsal vertebrae, such as injuries and inflammations, and especially the chronic form. The contracting pupil occurring in gray degeneration of the posterior columns of the spinal cord has long been known as spinal myosis. In the simple form of this myosis the pupil has but a medium contraction, and reacts to both light and convergence. This condition is found in the early stages alone, when the disease has attacked the cilio-spinal centre, or higher up, as far as the medulla oblongata; later on, when Meynert's fibres become engaged, we have the Argyll-Robertson pupil. The very minute pupil often seen in tabes dorsalis is often due to secondary contractions of the sphincter pupillae. Argyll-Robertson first pointed out that in tabes dorsalis, the pupil although contracted, and responding to light but slightly or not at all, contracts on convergence of the visual axes. He explained this phenomena as being due to paralysis of the cilio-spinal nerves, which he therefore regarded as the nerves supplying the sphincter iridis.

Rachlmann points out that the myosis and the motor phenomenon are not directly connected, for it sometimes happens that pupils which do not react to light and do not contract on convergence, are not habitually contracted, and may be even somewhat dilated. The two symptoms are no doubt

often present together in tabes. The myosis is a sign, and an important one, of disease of the posterior columns; while the defective reaction to light, with retained contraction on convergence, indicates some disease at some distance from the spinal cord, namely, in Meynert's fibres; and this is probably the correct explanation of the Argyll-Robertson symptom. Rachlmann and Drown regard myosis as one of the cohort symptoms of tabes, while Vincent does not.

Paralytic myosis is found in general paralysis of the insane. In acute mania the pupil is usually much dilated, and when the mydriasis is changed from myosis, approaching general paralysis may be prognosticated. Myosis following an irritation-mydriasis is also found in myelitis of the cervical portion of the cord.

In bulbar paralysis, if paralytic myosis occurs, the disease is probably complicated with progressive muscular atrophy, or with sclerosis of the brain and spinal cord. Myosis may also be due to paralysis of the cervical sympathetic, the result of pressure of an aneurism, or enlarged lymphatic gland. In apoplexy of the pons varolii myosis is present.

Uthoff found reflex immobility of the pupil, combined with preservation of reaction on convergence in 136 among 166 cases, under the following circumstances: In tables of 92 cases, 67 per cent. of all cases, the pupils were of unequal width in one-fourth of all cases; unilateral paralysis of accommodation in only five cases.

In dementia paralytica in 12 cases.

“ syphilis in 11 cases.

“ other cerebral affections in 8 cases.

“ multiple sclerosis in 2 cases.

“ railway spine in 2 cases.

“ injury of the head in 1 case.

“ congenital feeble-mindedness in 1 case.

“ abuse of tobacco in 1 case.

“ hystero-epilepsy in 1 case.

“ hemianæsthesia dextra in 1 case.

No cause assignable in 3 cases.

Reflex immobility of the pupil, without reaction on convergence was found in 30 cases, as follows:

In syphilis in 8 cases.

“ tabes in 3 cases.

“ progressive paralysis in 3 cases.

“ injury in 2 cases.

“ cold in 1 case.

“ beginning tuberculosis of the brain in 1 case.

In tumor cerebri in 1 case.

No cause assignable in 12 cases.

Mydriasis may be caused by a diseased

process, giving rise to irritation of the pupil, dilating centre fibres, or by paralysis of the pupil contracting centre, or fibres. The former is characterized by a moderately dilated pupil, contracting somewhat to light and in convergence, but not dilating on sensory stimuli, easily dilated ad maximum by mydriatics, but with difficulty contracted ad maximum by myotics. The latter is called paralytic mydriasis, and in all there is a moderately dilated pupil reacting to sensory stimuli. The reaction to light and on convergence varies according to the seat of the lesion. If the latter lie between the iris and pupil-contracting centre the direct and consensual reaction to light is wanting, as also the associated motion on convergence of the visual lines. But if the lesion lie between the retina and the pupil-contracting centre, the direct contraction to light is *wanting*, but the consensual contraction and that on convergence is retained. In either case the pupil can be dilated ad maximum by mydriatics, but not contracted more than medium by myotics. Irritation of the pupil-dilating centre and paralysis of the pupil-contracting centre existing simultaneously give rise to maximum mydriasis.” Irritation mydriasis occurs in hyperæmia of the cervical portion of the spinal cord, spinal meningitis and the early stages of the new growths in the cervical portion of the cord, cases of intracranial tumors and other diseases causing high intracranial pressure, according to Rachlmann, although according to Lesser, these may also rise to paralytic mydriasis, in spinal irritation of anæmic people, often severe illness. As a premonitory sign of tabes dorsalis, in cases of intestinal worms, or other forms of intestinal irritation, in acute mania, melancholia, or progressive paralysis of the insane, we often note the unilateral form with myosis in the other eye. Unilateral mydriasis occurring in short intervals, now in one eye now in the other is, according to Von Graefe, a premonitory sign of mental derangements. Paralytic mydriasis may be due to paralysis of the pupil-contracting centre, or occur as a result of the stimulus not being conducted from the retina to the centre. It may be found under the former circumstances, sometimes in progressive paralysis, when at first there was myosis. In various diseased processes at the base of the brain, affecting the centres of the third nerve. In a later stage of thrombosis of the cavernous sinus in orbital processes which cause pressure on the ciliary nerves, in glaucoma in cases of intra-ocular tumors which have attained a certain size.

A FEW FACTS ABOUT INJURIES OF BASE-BALL PLAYERS.

BY A. H. P. LEUF, M. D., OF PHILADELPHIA.

Late Pathologist to St. Mary's General Hospital and
Surgeon of the Southern Hospital and
Dispensary, Brooklyn.

As a systematic discussion of the injuries of base-ball players would consume too much time and space for a single paper, I shall, in this one, only call attention briefly to some of the peculiarities of this class of injuries, as well as to what a player must bear as an ordinary every-day matter.

The Ball.

In the first place, a regulation base-ball measures nine inches in circumference and weighs five ounces. It is composed of woolen yarn firmly wound around a one ounce solid rubber sphere. The whole ball is covered with two pieces of horse-hide, and is then wrapped in tissue paper and tin foil, and sealed up in a stamped box. The price is \$1.25 and \$1.50 each. Two or more are used in every game, lasting about two hours. The ball seems almost as hard as wood.

Momentum of the Ball.

The ball is thrown most of the time with great force. The pitcher, who is constantly sending it towards the batsman, to be struck at, causes it to go along with the greatest possible speed. Under such circumstances, it frequently traverses fifty feet in one second. The man who catches the ball wears heavy gloves; the one upon the left hand often having thick sole leather finger-tips. A pitched ball also has a well marked gyration in either direction upon a horizontal, vertical, or oblique axis. This makes the catcher's work very hard. He is likely to be injured, especially when the batsman in hitting the ball, causes it to continue onward behind him with increased momentum and slightly deflected from its course the moment it is struck by the bat. When the catcher is up behind the bat, he runs a great risk of injury from these deflected balls or "foul tips," as they are called.

The other players who throw the ball from base to base, or "home" to prevent a run being scored, throw with all their might to get it to the desired place before the runner. A good thrower can throw a ball 300 feet, though it has been thrown over 400 feet. Balls batted up into the air are called "fly balls," and, if batted very high, have a great momentum when they fall into the fielder's hands.

The impact of the ball upon the player's hands usually is something unimaginable till seen or experienced. A novice would have a crippled hand for many days if he was foolhardy enough to attempt catching a swiftly thrown ball, so terrific is the speed and impact.

Protection of Players.

The catcher, who stands behind the bat, would be in the most dangerous position if not protected. To guard against accidents, so far as it is possible, he is provided with the heavy gloves already mentioned. They are padded in the palm, and open at the back so as not to be too warm. The right hand glove has no fingers so that the ball may be grasped and thrown with swiftness and accuracy. His additional protection consists in a heavy mask made of the best steel wire of about the size of telegraph wire. This is held against the face by dog leather straps resting against the forehead and chin, and an elastic band which passes around the head. I have a number of times seen these heavy masks beaten out of shape while on a player, by being struck by a foul tip. But yesterday I saw one knocked off the catcher's face fully twelve feet over his head into the air. If the catcher is a wise and sensible man—and most of them are now-a-days—he wears an inflated rubber chest and belly pad, secured to the body by a neck and waist strap.

The hardest blows, kicks, or swiftest thrown balls may be allowed to strike this pad, while on a player, with impunity, and that, too, right over the solar plexus. It does not cause any inconvenience.

Catchers' gloves are almost always worn by the first-baseman, to whom many balls are thrown as swiftly as a player can send them, so as to put out the batsman who has hit the ball and is running to first base. The other players as a rule have no protection other than their wits and bare hands. If one has a sore or tender hand, he may wear a glove. The pitcher, all things considered, is in most danger, as he stands immediately in front of and within fifty feet of the batsman. A sharp hit "line ball" may strike him anywhere before he can tell where it has gone. Only yesterday I saw a pitcher just have time to throw up his hands and save his face from being badly hurt. No one, I believe, saw the ball, but heard the crack of the bat striking it and immediately afterwards the smack as it came against the pitcher's hands. Thus while the catcher naturally occupies a position of great danger, the pitcher's is actually more so, because he is without any guard whatever.

The Way to Catch and the Way Not to Catch.

Scientific catching is easily understood, but often difficult to learn. It is necessary that the hands should recede with the advancing ball, thus lessening the force of the impact and preventing bruising. This cannot, however, be avoided in catching very swiftly moving balls, though it can be modified. Again, it is very important to have the edges of the hand facing the coming ball, instead of pointing the tips of the fingers towards it. All one's attention should be directed towards gauging the ball as it arrives, whether it be from above, on a line, or bounding or rolling upon the ground, and the hands should never be held in position to receive the ball till it is actually time to do so. Care must always be taken to shade the eyes from the sun, and the fear of being injured must never interfere with good judgment.

The wrong way to catch is to push the hands against the advancing ball, or to hold them stiffly. Holding the hands with the fingers directed toward the ball is bad, as it often causes severe injuries. By holding the hands ready for the ball before it is necessary, one is more apt to get them in an awkward position in case the ball should take an unexpected course, for instance, as caused by a gust of wind, by curving or by deflection in bounding or rolling upon an uneven ground. Many injuries have been sustained because of the sudden flashing of sun into the eyes, causing sudden loss of sight of the ball, or at least of perspective or distance. A man should never attempt to field a ball he is afraid of, as he is very apt to be hurt if he does.

The Injuries of Ball Players.

Those which arise from pitching, I have touched upon at length in another paper which will appear about the same time as this, or a little later. I shall therefore speak of the others. Those most commonly sustained are subluxations of fingers; complete dislocations of the same, either simple or compound; clean cut or contused wounds; bruises of any part of the body from thrown balls; abrasions from sliding while on a "dead run;" "stone bruises;" and fractures and dislocations of the large and small bones of the extremities.

Injuries to the fingers and hands are almost invariably due to a habit of catching the wrong way, or to carelessness. I saw one man who had a double dislocation of the right index finger. The distal phalanx was turned backwards, while the middle phalanx was turned toward the middle finger. A

fellow-player took hold of the proffered crooked finger and promptly pulled it straight, and the game went on with the injured man at his post as though nothing had happened, and with only 10 or 15 seconds interruption. He continued playing nearly every day and his finger, while at first swollen and somewhat tender if hit hard, recovered itself completely.

Another man, while attempting to catch a high fly ball on a run, caught the sun in his eye, lost sight of the ball for a moment, and had it fall between his upraised hands upon his right eyebrow. It made a clean cut that bled profusely and required four horse-hair stitches. There was nothing antiseptic about the sewing and dressing of the wound, and yet the stitches were removed on the fifth day and union was perfect. The patient was a physician, and, without any surgical dressing whatever, went about his professional work as usual the day after the injury.

Still another player had the web between the little and ring fingers of his right hand torn to the depth of three-quarters of an inch by a line-hit ball. It was stuck together with sticking plaster after the bleeding had ceased; he continued playing, and, at the end of the week, it had healed with a minimum scar.

Similar instances could be cited by the score, but it is not necessary. They nearly all give rise to little trouble and leave no bad after effects.

Subluxations of finger joints are common. They cause periosteal thickening, and even inflammation and hypertrophy of bone if not properly treated. All such thickenings, though not beautiful, make the joint stronger. They are useful but not ornamental.

I have a finger on my right hand which presents one of these thickenings. It was derived from five successive injuries received at the same place within one week while I was serving an apprenticeship to the game. It was treated *secundum artem*. The result was bad. Every one of the other nine fingers have been injured since, and some as badly as the specimen mentioned, but to-day they are perfectly normal. They were not treated according to the "best surgical methods," but according to base-ball custom. This consisted in continuing to play, and, whenever opportunity offered, either in the street, in the office, on cars, or upon the field, in firmly grasping the finger at about the middle and rubbing towards its tip. If continued a little while, the swelling, stiffness and soreness diminishes and after some weeks it is entirely gone.

The bruises of the body due to being hit, with pitched, batted, or thrown balls, are extremely painful at the moment and the pain usually lasts about half or one minute. Then it rapidly diminishes, until little discomfort is felt. Slight tenderness may remain for a day or two, rarely more; and discolorations, if present, continue the usual time.

When one is hit upon the back with a swiftly pitched ball, it is felt more as if it struck the inner side of the anterior wall of the chest, and the player's two hands are often quickly brought up against the front of the chest opposite the point in the back hit by the ball. This shows that the ribs transmit the force of the ball. The pain, as a rule, is of very short duration, but severe while it lasts, sometimes felling a player to the ground.

A pitched ball once struck the top of my head with sufficient force to bound off directly upwards a distance of fully 60 feet. It dropped within less than 10 feet of where I stood. There was no pain in the sensation, I simply felt it, that was all. Five minutes later, the place which had been struck could no longer be identified by pressure and percussion. There was no tenderness. This goes to show that what are apparently very serious accidents, really become laughable incidents of the game.

The proportion between the apparent risks of ball players and the actual number of serious injuries sustained, is marvelously small. Last year an umpire was instantly killed by being hit upon the chest with a foul tip. This year, a similar tip struck the pugilist Sullivan between the eyes and he was not even dazed, but pronounced it only equal to the blow of an inferior member of his own kind.

Compound dislocations are occasionally sustained; in fact, they are reported from some section of the country almost every week, but the proportions of such casualties is very small. The few I have seen did remarkably well by being simply pulled in place by other players and bandaged moderately tight. Playing in each instance was continued the very next day, or after a few day's rest at most. Primary union is the rule.

That ball-players have a special immunity, I of course do not claim; but it is evident to me that their injuries are peculiar, and the peculiarity is largely due to the training they get in becoming accustomed to resisting violence which has again and again been proven dangerous to the uninitiated.

To catch a "hot line ball" as soon as one

gets on the field, without any practice since the day before, and with sweaty hands, causes enough pain to set one's teeth on edge, and to make one anathematize base-ball and all its belongings. Let the hands be dry, though, and gradually accustom themselves to the swiftly coming ball, and there will be no pain. In some people the hands remain rather hard and firm, while in others they swell to as much as three times their usual thickness. The fingers also swell. This soft cushion is a wonderful protection against pain. Professional ball-players often have hands as soft as a woman's, especially some catchers and first basemen. In all of these the hands swell during play. This swelling comes on within from a few minutes to half an hour and increases till it reaches its maximum. I have seen it so great that the fingers could not be sufficiently closed to hold the ball. In this respect the hands of ball-players certainly differ from all others. They must in time undergo some radical, functional, and perhaps some structural changes. The physiological processes are more active. Repair after injury must therefore be more rapid and the tendency toward recovery so much the greater.

The Treatment of Base-Ball Injuries.

This is simple. There is one remedy and it is the panacea of the player's physical woes if he be not too lazy to avail himself of it—*hot water*. Nothing else compares with it. Its effects in the relief of pain are almost instantaneous. It is easily applied and inexpensive. To be effective, the water must be as hot as can be borne, and it must be kept so for an hour at a time if possible. The most marked swelling of the hands and severe pain can thus be reduced within twenty minutes. Otherwise it would require hours and be accompanied by some suffering. I have repeatedly observed that nothing will do so much harm to a player as to have him abstain altogether from playing because he has some trivial injury or sore muscles. No other treatment should be attempted for subluxation and simple dislocations without at first liberally using hot water. After this, it is best to surround the injured member with adhesive plaster and to place over all a moderately firm finger-bandage. The player may then continue playing if he choose. In cases of much effusion and tenderness of several weeks' standing, it is well to use moderate galvanism. If it is doing good, the patient will feel much the same sense of relief that he experiences with the use of hot water. The stroking of the finger, as already mentioned, is never to be neglected.

Lack of space forbids a more extended notice of these injuries. It is my intention to give more detailed particulars at a later day. But the fact remains that the injuries of ball-players heal more quickly and do less damage than *a priori* reasoning would cause one to suppose; and I believe that this is explained on the ground that the nutrition of the players' hand is much more active than in other people's, and hence tends more to recovery, as we find in children, in whom the nutritive changes are also very active.

240 South Eighth street.

HOSPITAL NOTE.

MEDICAL DISPENSARY OF THE UNIVERSITY OF PENNSYLVANIA.

Reported by M. Howard Fussell, M. D.

Gastric Pain.

The following cases have been selected as types of a class of cases, numerous as they are annoying to the practitioner. The treatment suggested, however, has been quite universally successful, and, though by no means original, deserves recording:

Wm. G., carpenter, aged 41 years. Habits good; always been accustomed to eat much indigestible food. For one and a-half years been suffering from severe epigastric pains; worse after eating; relieved by lying on the back; no vomiting; some flatulence; tongue flabby and coated. On examination there was found much tenderness in the epigastrium. He was put on a pill of $\frac{1}{4}$ gr. silver nitrate and $\frac{1}{2}$ gr. pulv. opii. His bowels were regulated by cascara sagrada. Almost immediately his pain began to subside, tenderness became less marked, and at the end of two weeks he considered himself cured. He received no other drugs except for a short time a mixture of tr. gentian and nitro-muriatic acid. At the present writing he remains well, with still some dyspepsia, but the annoying pain entirely relieved.

Robt. P., merchant, aged 71, married. Good habits. Had always been in the habit of eating cakes and cheese between meals, while attending to his store. For a number of years has had much flatulence after eating, but considered himself well until a year previous to his appearance at Prof. Osler's clinic. Suddenly, in the night, one year before, he was seized with a severe attack of epigastric pain, relieved by morphia; in two or three weeks had a similar attack; neither of these accompanied by vomiting. These at-

tacks were repeated four or five times, when their character suddenly changed. The pain became less marked, but was still present; but now he was attacked by distressing nausea and vertigo. The vertigo was so violent that he would fall. Some of the attacks were accompanied by purging. In the past year he has lost fifty pounds in weight. On examination by Prof. Osler his abdomen was flat, no evident tumor but an unnatural tenseness. A spot of tenderness was found just below the ensiform cartilage. This case was at first regarded as possible gastric cancer; but subsequent developments showed its true nature to be a gastric catarrh with gastralgic attacks. He was put on a powder of bismuth subnit, 10 gr.; soda bicarb., 5 gr.; morph. sulph., $\frac{1}{2}$ gr. In two weeks he had another attack, but the intervals lengthened, and he is now, a year and a-half after the first visit, apparently entirely well.

The treatment of these two cases is that which is followed as a rule in such cases in my room of the dispensary. It is usually successful. The silver and opium are used in the class of cases without marked flatulence, while the above powder is used where flatulence is a marked symptom.

REPORTS OF SOCIETIES.

THE PENNSYLVANIA STATE MEDICAL SOCIETY.

THIRTY-EIGHTH ANNUAL SESSION, BEDFORD SPRINGS, JUNE 29 TO JULY 1, 1887.

Friday, June 29.

The meeting was called to order by Dr. R. Davis, of Wilkesbarre, and prayer was offered by the Rev. E. N. Kremer, after which Dr. S. H. GUMP, of Bedford, made an interesting ADDRESS OF WELCOME. After the transaction of business, Dr. J. B. MURDOCK, of Pittsburg, delivered the *Address on Surgery*, taking for his subject: 'amputations through the foot; advocating the employment of Chopart's operation, and supporting the general principle that amputations should be made as far from the trunk as possible. The address contained the history of a case a man who had both of his feet frozen, and on whom Dr. Murdoch performed Chopart's operation for the consequent death of the ends of the feet. Both feet were operated upon at the same time. The result was unusually good, as the patient, after this double mutilation was able to go about with only one cane, walking erect, and being able to do a certain amount of walking without a cane.

DR. CHARLES S. TURNBULL, of Philadelphia, read the *Address on Ophthalmology*. This address contained many points of interest for the general practitioner, and it will be published, together with the diagrams with which it was illustrated, in an early issue of the REPORTER.

DR. CHARLES W. DULLES, of Philadelphia, then read his *Report on Hydrophobia* for 1886, reviewing the history of the subject during the year past since last the Society met. Especial attention was paid to the developments and changes in Pasteur's method of preventive inoculation.

DR. JOHN V. SHOEMAKER, of Philadelphia, exhibited, and described the uses of, some "*Medicated plasters for diseases of the skin.*"

DR. HOWARD A. KELLY, of Philadelphia, exhibited a remarkable specimen: a testicle removed from the right labium majus of a woman about 40 years old, who had been married for years. This was a case of transverse hermaphroditism.

In the evening a handsome banquet was given to the visiting members of the profession, and a large number of invited guests, in the dining room of the Bedford Springs Hotel.

Second Day, June 30.

DR. FRANK WOODBURY, of Philadelphia, read the *Address on Practice of Medicine*, advocating a form of exercise for combatting a tendency to phthisis.

DR. TRAILL GREEN, of Easton, then read a paper on *Palatable Therapeutics*, in which he drew upon his extensive experience for many interesting and instructive facts.

DR. GEORGE STUBBS, of Philadelphia, read a paper on *Iodoform in Surgery*.

The next paper on the programme was one by Dr. S. Solis-Cohen, on *Modern Methods in the Treatment of Pulmonary Consumption*.

In this paper Dr. Cohen spoke favorably of the results which may be obtained by Bergeon's method, but avoided exaggerated commendation.

DR. JOHN H. PACKARD, of Philadelphia, then described a case of *Right Inguinal Colotomy*, performed for chronic obstruction of the bowels, after an operation on the left loin had failed to disclose the location of the colon. The inguinal colotomy accomplished its objects in relieving the patient.

DR. THOMAS J. MAYS read a paper on the *Salient Points in the Treatment of Pulmo-*

nary Consumption. In this paper much stress was laid upon the advisability of early treatment, especially hygienic, in the treatment of phthisis, and some very remarkable results, in the practice of the author were cited.

An interesting discussion followed, which was participated in by Drs. J. H. Musser, Vogler, Traill Green, James Tyson, S. Solis-Cohen, and others. This discussion indicated the general opinion that consumption is a disease largely dependent upon a weak system and one liable to give way under strain. The way to prolong life is to begin at the earliest moment in life to fortify the subject of a tendency to phthisis against its outbreak. To this end good food and plenty of it, good air and exercise, and comparatively little medication are the most useful measures to be recommended.

When phthisis is fully established the patient can be much relieved; and the physician is bound to use every means to restrain the processes of fever, and sweating and profuse expectoration, which are available. Among these measures antipyretics have a certain value, and even Bergeon's method is of service.

The discussion also brought out the general opinion that phthisis pulmonalis is sometimes cured, and that it sometimes proceeds to a spontaneous cure.

DR. EDWARD JACKSON, of Philadelphia, read a paper entitled "*When and how to use Mydratics in the Eye.*"

In the evening the PRESIDENT, DR. R. DAVIS, of Wilkes-Barre, delivered the *Annual Address*.

In this address a conservative but hopeful appreciation of the value of medication was given, and useful suggestions offered as to what can be expected, and ought to be expected, from the use of drugs.

Third Day, July 1.

The programme for the third day included the *Address on Mental Disorders*, by DR. J. Z. GERHARD, of Harrisburg; a paper on *Expectorants in Pulmonary Diseases*, by DR. J. C. LANGE, of Pittsburg, and others.

The reading of a number of papers set down for the day was prevented by the departure of many of the delegates whose duties compelled their return before the session was finally concluded.

The following is the list of officers selected for the coming year:

President—Dr. R. J. Levis, Philadelphia.

First Vice-President—Dr. J. T. Ullom, Greene Co.

Second Vice-President—J. L. Seybert, Centre Co.

Third Vice-President—W. T. Hughes, Bedford Co.

Fourth Vice-President—A. M. Cooper, Bucks Co.

Permanent Secretary—Dr. W. B. Atkinson, Philadelphia.

Recording Secretary—Dr. Charles W. Dulles, Philadelphia.

Corresponding Secretary—Dr. J. H. Musser, Philadelphia.

Treasurer—Dr. O. H. Allis, Phila.

Committee on Publication.

Dr. W. H. Parish, Phila., *Chairman.*

G. W. Guthrie, Wilkesbarre.

L. H. Gump, Bedford.

Edward Jackson, Philadelphia.

Judicial Council—Dr. Traill Green, Easton.

“ Bishop, Harrisburg.

“ A. M. Miller, “

Place of next Meeting—Philadelphia.

Time of next Meeting—First Monday in June, 1888.

Chairman of Committee of Arrangements—Dr. John H. Packard.

Before adjourning, the Society voted an appropriation of one thousand dollars to the Ninth International Medical Congress.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

THE FORTY-FIRST MEETING OF THE ASSOCIATION WAS HELD IN DETROIT, MICH., ON JUNE 14TH, 15TH AND 16TH.

First Day—June 14th.

After the customary address of welcome, and a reply by the President, Dr. Henry A. Buttolph, of New Jersey, the scientific proceedings were opened.

DR. FOSTER PRATT, of Kalamazoo, on behalf of the Boards of Trustees of Michigan Asylums for the insane, read a paper on “The Asylum Methods of Michigan.” He went into an extended analysis of the nativity of the insane of the State, and showed that by far the larger percentage of insane, deaf, dumb and blind in Michigan are of foreign birth or descent.

The Nominating Committee reported the following names:

For President—Eugene Grisson, of North Carolina.

For Vice President—John B. Chapin, of Pennsylvania.

For Secretary and Treasurer—John Curwen, of Warren, Pa.

All the nominees were unanimously elected.

In the afternoon the retiring president, DR. H. A. BUTTOLPH, read his address, the topic being, “Insanity or Mental Derangement, with remarks on its nature, causes, classification, pathology and symptomatic forms.”

DR. DANIEL CLARKE, of Toronto read “A Psycho-Medical History of Louis Riel,” which was of great interest. Riel's mental instability was clearly shown, and his visionary schemes of becoming the head of some great religious movement dwelt upon.

The speaker detailed his own experiences with Riel in 1885, and said that Riel, while manifestly insane on certain subjects, rebelled against the idea that he was insane: he had rather die as a deliverer than live as a lunatic. Dr. Clarke considered that up to the time of the first rebellion Riel was intermittently insane, but after that time he was continually demented.

Second Day—June 15th.

DR. W. B. FLETCHER read a paper on “Trephining in Insanity Caused by Injury to Skull.” He cited a number of cases in which insanity had been induced by injury to the skull, and had been cured by trephining. Traumatic insanity does not always occur at the time of the injury, and is very frequently preceded by epileptic fits.

DR. CROSS exhibited a portion of a skull, showing that in that case the external depression was not opposite the protrusion on the inner table of the skull.

DR. EVARTS, of Cincinnati, reviewed the paper briefly, and took the ground that there should be no hesitation in resorting to trephining; for if the patient dies he is no loss, while if the operation should be successful another human being is saved to the world.

DR. DRAPER, of Vermont, said he hoped Dr. Evarts did not mean to say that an insane person's life was not worth saving.

DR. EVARTS answered that he meant that the life of a person hopelessly insane was not worth saving.

DR. ROBERTS, of North Carolina, raised the question as to whether it was desirable to trephine in cases of long standing.

DR. FLETCHER said that the best results he had attained had been in two cases of very long standing.

DR. CAMPBELL, of Tennessee, cited a case of perfect dementia of three years' standing, which was cured by trephining.

DR. C. K. CLARKE, of Kingston, Ontario, read a paper on "Goitre and Insanity." At Rockwood Asylum, Kingston, he found a large number of goitrous patients and one goitrous attendant. He found that the goitrous patients were of long residence, and that the 288 patients who were the victims of the disease had come from all parts of the Dominion, and that the size of the goitre was in proportion to the length of residence. In the Hamilton Asylum the same goitrous conditions exist, and it is possible that local influences may have much to do with them, though it is evident that the insane are much more liable to the disease than healthy sane persons.

DR. FLETCHER, of Indianapolis, said there were in his asylum nine well-developed cases of goitre, all of them in people of foreign birth and two of them sisters.

Afternoon Session.

At 3.20 the association reassembled, and DR. W. B. GOLDSMITH, of Providence, R. I., read a paper on "Communicated Insanity," taking the ground that it is not likely or even scarcely possible for insanity to be communicated. The literature of the subject is very limited, and confined principally to French journals. The epidemics of insanity, especially in the middle ages, can be more properly called simultaneous insanity than communicated insanity. It may be communicated under exceptional cases, but it is rare, and more common among women than men.

DR. H. M. HURD, of Pontiac, gave an instance of three families in Genesee county connected with each other, who all became crazy on the subject of witchcraft.

DR. GILMAN gave a case in his experience where a woman, whose husband had become insane, appeared to share his delusion; but as soon as he was taken away she became perfectly sane, showing that her mind was only a reflex of his.

DR. BUTLER, of Hartford, Conn., was inclined to doubt the possibility of communicating insanity, though he could see good reason for one mind to be the reflex of another without any morbid change. He could also see why, under the same conditions, insanity might develop in two or more persons.

The discussion was somewhat extended, and a number of cases of simultaneous or "communicated insanity" were cited.

DR. B. D. EASTMAN, of Kansas, next read a paper on "Mesmerism vs. Fascination," and instanced a case in which a very suc-

cessful mesmerist was accused of committing a crime upon the person of a lady whom he had subjected to his mesmeric influence, and who repeatedly visited him at his room at the hotel, not because she wanted to, but because his influence had forced her to do so. The doctor on the trial testified that the girl was not drawn to the hotel by mesmeric influence, but by personal fascination. The charge of crime was not sustained.

Third Day—June 16th.

The day was devoted to relaxation, and Fortress Monroe was selected as the place for the next meeting.

Fourth Day—June 17th.

DR. EDW. COWLES, of Somerville, Mass., read a paper on "Nursing Reform for the Insane." He had established two training schools for nurses, and had made the subject one of exhaustive study. In 1873 the trial was made for the first time in American hospitals of trained nurses, as an experiment, but now they are found in almost every hospital. The two training schools in Boston have graduated 300 nurses, of whom 242 are now actively engaged.

The next matter which came before the association was the discussion of the question, "Are Dipsomania, Kleptomania, Pyromania, etc., valid forms of mental disease? Do uncontrollable impulses to use stimulants, to steal, to burn, etc., develop independently of other evidences of insanity?"

DR. O. EVARTS, of Cincinnati, took the ground that these manias are valid forms of insanity. He had great experience with alleged dipsomaniacs. They are victims of uncontrollable desires. They are insane, but there are no instances of uncontrollable desire for stimulants preceding personal experimentation with intoxicants. The speaker had never seen such a person who did not have other mental weaknesses. There are two classes of inebriates. The one class includes a large class of habitual drunkards, and the other what are known as periodical drunkards. It is among this latter class that many claimed dipsomaniacs are found, but the speaker said he could not see any reason for the claim. He had had little experience with kleptomaniacs, but he did not believe them insane. He thought they were imperfectly developed morally, and that they do not steal, but simply reach for what they see, not because they want it, but from an uncontrollable disposition to acquire property. They sometimes are insane, but there are other evidences of this mental disease than the mere act of appropriating the property

of others. As to pyromaniacs, he had never seen one, but he had seen mad men and women who would burn anything they could, and who would set fire to their own clothes, but they were in no instance pyromaniacs, having an insane desire to burn, and sane on all other subjects.

At the afternoon session, a discussion on "The Best Method of Providing for the Chronic Insane" was opened by DR. P. M. WISE, of the asylum at Willard, N. Y. He objected to the arbitrary classification of the insane into two classes, owing to the uncertainty of determining when a state of insanity becomes chronic or incurable. He favored the mixed asylum as the best system. He quoted the family system as practiced in Massachusetts, which he did not approve

and the difficulties of which he pointed out, especially the danger of the insane being abused and made drudges of by the families with whom they might be placed.

DR. FOSTER PRATT said that the experience at Kalamazoo was that patients who were well enough to be removed from the asylum were placed in cottages so remote that they could not see the asylum, and that they did the best. Fifty per cent. of the patients at Kalamazoo are chronic, and of these (400 in all) 250 can be relied upon almost every day for some labor. These will work in tailoring, shoemaking, farming and other industries, and will save to the institution \$2,500 a year in cash. He also showed how great savings were made by the colony system.

EDITORIAL DEPARTMENT.

PERISCOPE.

Martineau's New Remedy for Diabetes.

Martineau's new anti-diabetic remedy, which is now being called for by physicians and druggists, is an artificial lithiated arsenical water. Martineau claims extraordinary results from this water, recording 67 cures out of 70 cases, *i.e.*, 96 per cent. The mode of preparing and of prescribing this remedy is as follows: A syphon bottle holding about a litre, (one quart), is taken; into this is put a powder consisting of 20 centigrammes, or about three grains of carbonate of lithia. A tablespoonful is then added of the following solution:

Take of distilled water 500 grammes (1 pint 5 drachms).

Arsenate of soda 20 centigrammes, (about 3 grains).

M. Dissolve.

The syphon bottle is then charged with carbonic acid water from a soda fountain, and is ready for use. The patient makes this water his principal beverage, taking the whole quantity in about equally divided doses with his meals. The bottle must be freshly charged every morning. Martineau allows the patient to take with the water a little wine. The diet is not modified, except that a certain amount of reserve is enjoined in the use of starchy foods, fruits, and sugar.

Martineau claims to have learned this mode of treatment from Professor Rouget twelve years ago. When the diabetes is treated by lithia alone, or by arsenic alone, the result is not the same. Many of the natural mineral waters, as Vichy, Royat, Bourbole, Pourges, St. Nectaire and even Canterets,

have a favorable action on diabetes; this is due, Martineau thinks, to the fact that they all contain lithia, and some of them, notably Vichy and Bourbole, contain arsenic.

Any physician in country practice, where easy access can be had to a soda water generator can prepare for his diabetic patient Martineau's remedy. He has only to fill an ordinary quart bottle in which he shall have previously put a three-grain carbonate of lithia powder and a tablespoonful of the above-mentioned solution, with gaseous water from the soda fountain, and order the whole quantity to be taken during the day after meals.

As for the curative value of this prescription, there is justification for considerable scepticism. Dujardin-Beaumetz, at the meeting of the Société de Thérapeutique where Martineau's paper was read, expressed grave doubt as to whether the 67 cases, cited by Martineau, were typical cases of diabetes, and was tempted to believe that Martineau had fallen upon a series of cases of *alimentary diabetes*, like those treated by Cantani, at Naples, where abuse of pastry, sweets and starches had given rise to a temporary glycosuria that was not true diabetes.

Syphilitis Hæmorrhagica Neonatorum.

Franz Mraček has studied the hæmorrhagic phenomena in 132 syphilitic children born dead, or dying within forty hours after birth. Of the latter there were eighteen. The most noticeable changes were found in the medium-sized and smaller veins, which showed thickened walls and diminished or closed lumen; hence, infiltration of the neighboring tissues and venous

and capillary engorgement. The intermediate branches of the arteries showed a thickening of the *adventitia*, sometimes also of the *media*, with occasional occlusion of the lumen. Similar effects were found in the *vasa vasorum*, and in some instances there was beginning endarteritis of the carotids, crurals and iliacs, and thrombi of venous branches. The hæmorrhages were always previous to birth and caused by the increased blood pressure of delivery and the beginning of the individual circulation. In some cases of protracted and difficult delivery there were more than seven hæmorrhages.

R. Fischel has gone more deeply into the anatomical changes of the vascular walls in the hæmorrhages of hereditary syphilis. He examined the same in ten cases of children suffering from this cause, seven of whom were afflicted with the so-called *syphilis hæmorrhagica*. In every case there was thickening of the *muscularis* and *adventitia* of the arteries. The endothelium layer was preserved, and likewise the folding of the *intima*. These peculiarities of the vessels were in further comparative researches proved to exist in the non-syphilitic new-born, and the conclusion is reached that it is not, therefore, the cause of the hemophilia.—*Centralblatt f. d. med. Wissensch.*, May 21, 1887.

The Hypodermic Injection of Carbolic Oxide of Mercury in Syphilis.

Dr. Carl Schadek, of Kiew, adopting Professor Gamberini's recommendation, reports the results of the use of the above drug in the manner indicated, in ten cases. He practices the deep intra-muscular injection instead of the subcutaneous, burying the needle deeply under the aponeurosis of the glutei muscles, thus obviating the abscesses or indurations of its superficial use. This is the formula used for a 20 per cent. emulsion:

B Hydargyri carbolici oxydati.....gr. lxxv
Mucilag. gum arabici.....gr. lx
Aque destil..... $\frac{3}{4}$ v

The author injects a Lewin syringe full of this solution in one gluteus, or half this amount in each, repeating the dose not oftener than every second day. The pain is but little noticed by the patient and the whole operation is quickly over. The absence of abscesses, or other local troubles, the tendency to salivation subsequently noticed, and the appearance of mercury in the urine prove the ready absorption of the drug by the circulation.

The results in all cases were in a high degree satisfactory. Syphilitic symptoms of every kind were reduced in intensity, and in one case even gummatous abscesses were

healed by twelve injections, lighter cases by ten. In acute cases, 16 to 18 injections were required to cause the disappearance of all symptoms upon the skin or mucous membrane.

In 12 other cases of syphilis in women the symptoms of secondary syphilis disappeared with about ten injections.

The conclusion is reached that the preparation of mercury above mentioned has advantages over others because of its speedier absorption, less tendency to set up local troubles, and its more pronounced effect in quickly reducing all syphilitic symptoms.—*Allgem. med. Cent. Zeit.*, May 11, 1887.

Physiological and Therapeutic Action of Sparteine.

The results of Gluzinski's researches as to the action of sparteine upon cold and warm-blooded animals are as follows: 1. It exercises an intensive influence upon the circulatory system, and in a greater degree upon cold-blooded animals than upon the mammalia. 2. This effect is produced chiefly in the slowing of the cardiac activity, and to a less extent in raising the arterial blood-pressure. 3. By successive increase of the dose, three stages may be differentiated in the effects produced, whose explanation is found to consist in the relation of the vagus and muscular nerves. 4. Sparteine seems to have almost no effect upon the peripheral motor nerves. 5. Its action upon the spinal cord is shown by a preliminary heightening followed by a lowering of the reflexes. 6. Death is from asphyxia, caused both by its action upon the cord and the muscles of respiration.

Therapeutically the following points became manifest: 1. Sparteine exercises a positive influence in uncompensated cardiac disease. 2. This is soon shown (one hour) after exhibition in the improved quality of the pulse, and especially in the subjective feelings of the patient. 3. The promptness of its action is the most important distinction of the drug, since, as regard intensity, digitalis takes precedence. 4. Irregularity of rhythm was not corrected in the cases observed.

The dose is one and one-half grains of the powder.

The following are the indications for its use: 1. In view of its quick action its use is particularly recommendable when there is several subjective symptoms in consequence of insufficiency of cardiac muscle and when the slow action of digitalis necessitates too much delay. 2. When digitalis is from any cause contraindicated. 3. In angina pectoris, on

account of the promptness of its action, though the author has no experience with it in these cases. *Allgem. Med. Cent. Zeit.*, May 21, 1887.

Aneurism Cured by Position.

Dr. T. G. Richardson, of New Orleans, at the last meeting of the American Surgical Association, reported the case of a shoemaker, fifty-five years of age, who was admitted into the hospital for a painful swelling of the left thigh. The tumor, an aneurism of the femoral artery, was about the size of a goose-egg, irregularly flattened. None of the characteristic signs of aneurism were wanting. It was supposed to possess thin walls. The man looked anæmic and delicate. He had had syphilis about nine years before. The cause of the disease was supposed to be the irritation caused by hammering leather on an iron placed on his thigh. The tumor appeared to be inflamed by the manipulation. To overcome this, Dr. Richardson suspended the limb flexed at right angles at the hip and knee. He found on the first day an improvement in the condition of the tumor, and a few days later, that coagulation had occurred. A week later he was discharged, cured, and a few months after only a small nodule could be felt at the site of the tumor.

As this is probably the first case of femoral aneurism cured by this method, he desired to call attention to the fact that no pressure was exerted on the tumor, but that the only treatment was flexion, and suspension of the limb, especially the latter. He thought that gravity had a great deal to do with effecting the cure.

Salivary Calculus.

Polak reports the case of a tumor developing in the jaw of an otherwise sound man, 31 years old, subsequent to the extraction of a carious tooth. It extended from the border of the lower jaw to the thyroid cartilage and has a fistulous opening at the anterior border of the sternocleido-mastoid through which pus escaped. Various applications had no effect. An injection of iodine solution escaped into the mouth through the caruncula sublingualis. Since it appeared to be a tumor of the sublingual gland, a part was excised, and eleven days later a further excision was made, but there was no improvement. In sounding the opening twelve days after this, a rough, hard body was felt in the bottom that seemed to be the necrosed jaw bone. Upon the next day, when a resection of the jaw was attempted, a salivary calculus weighing 23 grains was found. It had been raised during

the night from the bottom of the abscess to the surface. The healing of the parts at once proceeded without interruption.—*Centralbl. f. d. med. Wissensch.*, May 21, 1887.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

—In the reprint of a paper read before the Baltimore Gynæcological and Obstetrical Society, May 10, 1887, Dr. Thomas A. Ashby, of Baltimore, discusses the treatment of amenorrhœa with permanganate of potash, and presents the records of these cases in point. He thinks it probable that the drug acts both as a general tonic and as a direct emmenagogue, although not as an ecboic.

—In a very able reprint Dr. T. Griswold Comstock, of St. Louis, Mo., strongly advocates the stimulant treatment of scarlet fever. In his remarks on the necessity for fresh air, etc., the following bit of sound sense occurs: "*There is much more danger from 'catching cold' during convalescence than when the fever is at its height.*"

BOOK NOTICES.

Dose and Price Tables of all the Drugs and Preparations of the U. S. Pharmacopœia of 1880, etc. By C. L. LOCHMAN, Translator of the first and second edition of the German Pharmacopœia, etc. Second Edition, 9 x 4½ in.; pp. xvi, 201. Philadelphia: Dunlap & Clarke, 1887. In paper covers, \$1.25; in flexible muslin, \$1.50.

This book is intended chiefly for the use of druggists, but is also of value to physicians who dispense their own medicines, and forms a convenient book of reference as to the nature and properties of all the drugs and preparations in the U. S. Pharmacopœia of 1880. The dose of each drug is stated. We would suggest that it would add much to the value of the book if with each poisonous preparation the antidote were mentioned.

Earth as a Topical Application in Surgery, etc. By ADDINELL HEWSON, M. D. Second Edition, 8vo, pp. xx, 309. Philadelphia: The Medical Register Company, 1887.

This book contains a full presentation of the well-known views of Dr. Hewson in regard to the use of earth as a surgical dressing. These views are generally thought to be somewhat extreme, and in our opinion they scarcely demand the extensive and discursive treatment which they receive in the volume before us.

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N. A. RANDOLPH, M. D., } EDITORS.
 CHARLES W. DULLES, M. D., }

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The edition for this week is 6,000 copies.

TREATMENT OF TUMORS OF THE BLADDER.

The attention being devoted to the surgical treatment of tumors of the bladder, as evidenced by the programmes of the Association of Genito-Urinary Surgeons and of the American Surgical Association for this year, warrants a brief statement of the present opinion in regard to this subject.

The diagnosis of a tumor of the bladder having been made by means of the rational signs, and by examination of the urine, and of the bladder, through the rectum and the abdominal wall, an operation is justifiable in all cases except those in which the general condition of the patient is such that no surgical operation ought to be undertaken, or in which it is evident that the new growth is so extensive as to make its removal impracticable. Even in the latter case, so much relief is sometimes afforded by an exploratory operation, that it is justifiable whenever there is any reason to hope that it may do good.

The method of operating is a matter of importance. Sir Henry Thompson still contends for the utility of making the incision through the perineum, while the opinion of other surgeons, principally French and German, is in favor of the suprapubic method. There can be no doubt that the latter meth-

od secures a better route to the bladder; both for the purpose of inspection and for the purpose of removal of whatever may be found. It is also a comparatively easy method, when the operation is performed with deliberation and with due care to keep well down toward the symphysis pubis and to look out for the peritoneum. There is almost no danger of cutting the peritoneum, if care be exercised in making the incisions, and if the wound be kept clean, so that the operator can see what he is doing.

On the other hand, an incision through the perineum affords an excellent channel for drainage after the operation, and sometimes seems to effect relief of distressing symptoms, even when investigation shows that the new growth cannot be removed.

For this reason certain students of this subject have advised that, in all cases in which an operation is called for, an exploratory incision should be made through the perineum and the bladder carefully examined. If now it be found that the new growth can be removed through the perineal incision, this should be done. If removal in this way be impossible, an incision should be made through the hypogastrium and the removal completed, or carried as far as it can be. In such a case the perineal wound serves for drainage, and also tends to diminish the spasmodic contractions to which the new growth may have given rise. The suprapubic wound may be closed with sutures.

This plan of combining perineal with suprapubic cystotomy is rational and deserving of extensive trial; and we recommend it to the consideration of our readers, with the hope that they will give us the result of their experiences.

THE EFFECTS OF ETHER ON LIVING NERVES.

Messrs. Vaillard and Pitres are studying neuritis caused by injections of ether in the neighborhood of the nervous trunks of the limbs. These injections have often been followed by stubborn paralysis, and even by trophic disturbance. Experiments made upon Guinea pigs show that the anaesthesia and paralysis, which immediately follow the injection, spread rapidly and persist for many weeks or months without either diminution or augmentation. The injection, therefore, determines phenomena identical with those produced by severing the sciatic nerve, of which we can convince ourselves by a microscopic examination. This shows that the nerve is normal *above* the point where the injection has taken effect. At its point (immediate neighborhood) the lesions vary accord-

ing to the amount of the substance injected. Some hours after the injection the myelin mingles with the axis cylinder, which is then hardly distinguishable, as are also the nuclei of the inter annular segments. After the fifteenth day the myelin becomes pulvulent and the nerve sheath is regenerated by special evolution. Below the injection the nerve branches undergo Wallerian degeneration after the sixth day, as in nerve section. To sum up, ether determines necrosis of the fibres which it reaches, and acts upon them as a chemical poison. Perhaps by the side of these grave disadvantages we may acknowledge for these injections a favorable action in infrequent cases, as when the elongation of the nerves seems indicated.

This study shows several things of practical importance—first, that the frequently recommended perineural injections of ether may give rise to more grave results than has been supposed; and, second, that in some of the relatively rare cases in which nerve-stretching is indicated, the same result may be attained by the injection of ether.

MORPHINISM.

According to Lewinstein, the abuse of morphine leads to a state of chronic poisoning resembling alcoholism. He relates several cases of morphinism observed in his private and hospital practice, and gives, among others, the history of a man and his wife. The husband, aged thirty years, was a victim to the morphine habit, and for five years had taken 15 grains of acetate of morphia a day; he was suffering from insomnia, nervousness, exaggerated reflex excitability, hyperæsthesia, neuralgic pains, muscular contractures, and dryness of the tongue; perspiration was excessively profuse. There was at the same time incapacity for any kind of work.

The wife had reached, little by little, the daily dose of 12 grains of morphine, and was also a confirmed morphinomaniac. Menstruation had been arrested for four years; she was leaden-hued; had hyperæsthesia, trembling, and utter loss of appetite. In both cases memory and judgment remained intact.

Lewinstein suddenly suppressed the use of morphine in the case of the man, and gradually in the case of the woman. After alternations of amelioration and relapse, the patients got the better of their vice and recovered. Unfortunately, things do not always turn out so well; about three-fourths of the patients relapse into their bad habit.

Petit has shown that morphinism impairs all the functions, and entails a decadence of

the organism. Morphine takers are liable to abscesses of an intractable character; those who introduce the alkaloid by subcutaneous injection are prone to suffer such abscesses at the site of the needle punctures. Appetite and digestion fail, the bowels become obstinately torpid, menstruation ceases early in females, innervation languishes, and a peculiar state of mental decrepitude characterized by enfeeblement of the moral sentiments, the intellect, and the will, results; to this aggregate of mental symptoms has been given the name of *morphino-mania*, while *morphinism* is the generic name which includes all the physical results of chronic poisoning by morphine.

WAS IT SLANDER?

News comes from Norristown, Pa., that a physician who applied for election to the Montgomery County Medical Society and was rejected, has instituted suit for slander against one of the members of the Society who charged him with unprofessional conduct. From the telegraphed report of the matter, we presume that the charge was made at a private meeting of the Society. The Board of Censors at the proper time reported adversely on his application for election to membership, and the candidate was rejected.

This suit opens a question of the utmost importance to all medical men, and we hope and believe it will be settled in such a way as to establish the fact that statements made in good faith to a Board of Censors, or to a County Society, as to the fitness of candidates for membership are of the nature of privileged communications, and do not subject the maker of them to any suit at law. Of course, this could not excuse charges of a truly slanderous nature, made wilfully and with malice. But it would be a very unfortunate thing if the members of a Society could not freely disclose, to their fellow members or to the Censors, appointed to investigate the fitness of candidates for membership, what they may know or honestly believe as to the professional standing of a candidate.

We shall look with interest for the issue of this particular case, and report it promptly to our readers.

—The *Medical Review* says that a Chinese doctor has arrived in St. Louis, and offers to break his own arm if another surgeon will do the same, and then prove the superiority of his treatment over that of the other.

NOTES AND COMMENTS.

THE MODERN TREATMENT OF COMMON DISEASES.

Chlorosis.

Calcaria chlbrhydrophosphorica is recommended by Mercadier in chlorosis, as being superior to the simple phosphate of lime. Ewald praises the citrate of iron and quinine in anæmia, chlorosis, etc., but he thinks more highly of chinoidin, and follows Hague's formula:—

- R Chinoidini puri.....3 ijss
 Acid. tartar.....
 Ferr. sesquichlor.....āā 3 j
 Glycerini.....gtt. xx
 Rad. althææ.....Θ iv
 Rad. gent., q. s. ut ft. pil. No. 200.
 S.—Three or four pills four times daily.

Mauthner gives the extractum sanguinis, thought by others to be of doubtful efficacy. Gillespie speaks enthusiastically of ferrum bromatum. Of arsenic it is unnecessary to speak, being universally recommended; though it may not nowadays be altogether absurd to recall the Prussian ministerial ordinance that made it illegal to give more than $\frac{1}{120}$ of Fowler's solution at one time! Hannon recommends sulphate of manganese for chlorosis, and in combination with iron the manganum chloratum. Leras thinks natrium pyrophosphoricum ferratum the best and most digestible of the iron preparations. It may be given according to either of the following formulæ:—

- R Sodii pyrophosphorici ferrat.
 Sem. cacas ab ol. liberat.
 Sacchari albi. āā xxxvij
 Mucil. aq. gummi arab., q. s.
 to make pil. No. 50.
 S.—3 pills half an hour before each meal.
 R Sodii pyrophosphorici ferrati. gr. xxij
 Aquæ destill. 3 xij, 3 vij
 Syr. simpl. 3 ij, Θ v
 M. S.—A wineglassful morning and evening.

Vinum ferratum is also praised, a wineglassful twice daily; likewise succus centaure, and succus trifol. fibr. Oesterlein gives the following as an emmenagogue in chlorosis:—

- R Myrrh.....
 Aloes.....
 Ferri. pulv.....āā 3 j
 Extr. valerian., q. s. ut ft. pil. No. 100.
 S.—5 pills three times daily.

Teissier gives the following for chlorosis:

- R Ferri pulv.....
 Cort. cinnamon.....āā gr. iss-ijj
 Sacch. alb.....gr. ix
 S.—One powder of above before each meal.

Oesterleins' formula is:—

- R Ferri pulv.....3 j
 Pulv. cort. cinnamon cass.....3 ss
 Ext. card. bened. q. s.
 Ft. pil. No. 60.
 S.—3-4 three times daily.

Blaud's pill as modified by Niemeyer, is as follows:—

- R Ferri sulph.....
 Potass. carb. pur.....āā 3 iij-3/4
 Tragacanth q. s. ut ft. pil. No. 100.
 S.—Three pills three times daily; later, 4-5 pills.

Lebert gives:—

- R Ferri sulph.....
 Sodii bicarb.....
 Extr. gent.....āā 3 j
 M. Ft. pil. No. 60.
 S.—3-4 pills daily.

Kämpf's "red-cheek pill" is the following:—

- R Ferri sulph.....3 j
 Extr. myrrh.....
 Galbani.....āā 3 iij
 Extr. aurant. cort. q. s.
 Ft. pil. 120.
 S.—6 pills or more every three hours.

For chlorosis with constipation, H. E. Richter gives:—

- R Ferr. lact.....3 ss
 Ext. aloes.....
 Rad. rhei pulv.....āā 3 ij
 M. Ft. pil. No. 100.
 S.—3 pills morning and evening.

A pleasant manner of giving the much praised lactate of iron is:—

- R Ferr. lact.....
 Elæosacch* calami.....
 Sacch. alb.....āā Θ ij
 M. Divide into ten powders. S.—One powder morning and evening.

Osler gives the preference to the Blaud-Niemeyer pill previously quoted, and Bartholow gets the best results from the combination of iron and arsenic. Hammond, believing in the nervous origin of chlorosis holds that arsenic is the true remedy. Weir Mitchell advocates rest, forced feeding, massage and faradization.

The pilulæ ferri iodidi of the British pharmacopeia are composed of:—

- R Ferri pulv.....3 ss
 Iodi.....3 j
 Sacch. pulv.....gr. j
 Rad. liquir. pulv.....Θ vss
 Aquæ destil.....gr. xxxvij
 M. Ft. pil. No. 100.
 S.—1-2 pills several times daily.

* A favorite vehicle among the Germans. It is an intimate mixture of ethereal oil and sugar, gtt. i to 3 ss. Used when it is desired to add a liquid to the oil; to neutralize an unpleasant taste; as an adjuvant to powders; or as a vehicle of the ethereal oil itself.

Vaccination.

In an admirable article on vaccination, in the *Archives of Pediatrics*, June, 1887, Dr. William T. Plant, of Syracuse, N. Y., says: The material for vaccinating is now taken from both the heifer and the child; hence we speak of bovine and human virus. Until recently the latter was in almost exclusive use. From 1800, when the practice was introduced into this country, until 1870 bovine lymph was seldom procurable, because epidemics of cowpox were of infrequent occurrence. But about the latter date its production on a large scale by vaccinating calves and heifers began to be followed as a business. Establishments for the propagation of kinexox are now quite numerous, and within a few years the use of human lymph has greatly lessened.

But there are some drawbacks to this new fashion. Bovine lymph, as now supplied, is less reliable than the other. Failures with it are so frequent, that probably many communities are less secure against smallpox than they believe themselves to be. Possibly one reason may be that the virus supplied is not quite fresh. But a principal cause, I am sure, is in a certain lack of affinity between lymph from the cow and the human system.

Bovine lymph is also less regular in its operation. Though usually mild enough, it occasionally works with unexpected and undesired energy, causing much suffering and leaving unsightly scars.

An asserted advantage of animal virus over human is immunity from the liability of conveying other diseases than vaccinia. This is a moving consideration with the laity, who believe that all sorts of eruptions and blood-disorders are chargeable to human lymph.

It is true that vaccination is sometimes followed by an erythematous, an erysipelatos, or an eczematous eruption. But, these, when not accidental, are caused by the local and constitutional irritation following the operation, and are oftenest seen after the use of bovine lymph, because it is more irritant than the other. I cannot find reliable warrant for the opinion that chronic enlargement of glands, or scrofula, or consumption, or any of the ordinary skin-eruptions have ever been transmitted from child to child through vaccination. But there is no doubt that syphilis may be conveyed with vaccinia. It has been thought that in such instances there was an admixture of blood with the lymph, and that care to exclude this would obviate danger. Such was until lately my

own view. But one of the experiments of Dr. Cory, chief vaccinator attached to the National Vaccine Establishment in England, makes me waver. This gentleman repeatedly vaccinated himself from children who were actively syphilitic, using, with greatest care, only the clear lymph. On July 6, 1881, he vaccinated himself in three places with clear lymph from a three months' old child who had an eruption and sores that were evidently syphilitic. In three weeks syphilitic papules appeared at the seat of two of the punctures. These were followed by sore throat, roseola and other indubitable evidences of constitutional syphilis.¹ From this it would seem that clear limpid lymph *may* be a medium of carrying that disease from one person to another. But, conceding this, it is to be remarked that this child was selected for this experiment because it had syphilis in an aggravated form, and that no medical man would ever think of taking lymph from such a source. There is no reason in all this for the rejection of all human lymph, but rather for careful scrutiny of the antecedents and present state of every child before allowing others to be vaccinated from it.

DEGENERATION OF LYMPH.

It has been claimed that lymph gradually parts with its protective virtue by passing successively through the human system, and that if we would give the completest possible insurance against smallpox we must use the bovine product altogether, or return to the cow at short intervals. We pause another moment to examine this claim. In 1816, Jenner wrote that the vesicles he was then producing were in every respect as perfect as in the first year of vaccination, though, to the best of his knowledge, the matter from which they were derived was taken from the cow about sixteen years before. In accord with that have been the observations of many eminent physicians since. Professor Hebra asserts that in the principal vaccine establishment at Vienna lymph has been carried down without interruption from the first vaccination at the beginning of the century, and that it now "takes" as well and is as protective as at first.² Dr. Charles V. Chapin, writing from the office of the Superintendent of Health, Providence, Rhode Island, December, 1885, says they were at that time using stock that had been maintained by continuous transmission from child to child since 1856 without being once renewed from the cow; that nearly forty-seven thousand persons had

¹ Boston Med. and Surg. Journal, vol. iii, page 188.

² Manual of Skin-Diseases.

been vaccinated from it; and that it had shown itself not inferior to the bovine product in protective power, besides being more certain to take and less liable to produce troublesome sores. My belief is that lymph may degenerate, not by the mere fact of transmission through the human body, however many times the transmission may be made, but through lack of care to choose stock from healthy and vigorous subjects. Let a farmer gather seed-corn from stunted ears growing on poor soil, and he will soon be raising degenerated crops. This expresses a general fact of vegetable and animal propagation to which vaccination is no exception.

FORMS OF LYMPH.

The lymph used in vaccinating, whether human or bovine, is either fluid or dry. As a fluid it is conveyed by the lancet directly from the vesicle to another person, as in "arm to arm" vaccination. When numbers are to be operated on at once, as in schools and factories, this is the surest and best way. Fluid lymph may also be taken up from the vesicles in capillary glass tubes, which, after closure of the ends, are put aside for future need.

The use of dried lymph is, in this country at least, much more common. At the proper time the vesicle is punctured and the exuding lymph collected on ivory or quill-points, and permitted to dry, or the vesicle may be left to mature. Its lymph then dries down into a dark brown crust, that falls from the arm about three weeks after vaccination. The bovine crust is notoriously unreliable, and is not very much used.

Victor Horsley on Temperance.

Professor Victor Horsley, F. R. S., F. R. C. S., speaking on the subject of temperance at the annual meeting of the Church of England Temperance Society, said that although he was unable to pose as an Nestor, and review the history of the temperance question from the medical point of view, yet he asked to be allowed for a moment to assume that part, and give a kind of *apologia* for the past position of the medical profession. Medical science, unfortunately, from the very nature of her general knowledge, was necessarily still in the chains of empiricism. It was thus bound, in common humanity, to receive the statements of any one, based upon fair evidence, and to try and test the results which such an one might claim to have obtained from his own experience. It was in this way that the medical profession became

enamored of alcohol as a drug, more especially in the treatment of acute disease and fevers. The example and experience of the late Dr. Todd appeared to have great weight. Unfortunately, to his writings was due the universal employment of alcohol by the medical profession. Things had greatly changed. Physiological science had advanced immensely. They were now gradually freeing themselves from the slavery to which they were before subject, and that they knew that the position of alcohol, from the medical point of view, had to be considered in the two opposite conditions of a food and of a drug. Researches of men like Parkes, who headed the movement, had given the medical profession the true scientific value of alcohol, and the value they knew to be very nearly zero. He should substantiate from clinical experiences what he was about to say. With regard to alcohol as food, he reminded his hearers of a certain symposium that was written in the *Contemporary Review* in 1879; in the most brilliant of papers contributed by the medical profession, that by Sir James Paget, their most revered teacher in surgery reference was made to the popular belief that, as the drinking of alcohol existed as a general custom, it was a good thing. Dr. Parkes, twenty-five years ago, pointed out that, because one thing was a custom, it was no evidence of the truth. Cannibalism was a custom in some parts of the world, and was it therefore good? There was one scientific point ascertained beyond all doubt with regard to alcohol in its first influence upon the human system and animal body, and that was that, in proportion to the dose, it checked the tissue-changes of the body. Alcohol did, in greater or lesser degree, check the activity of these processes. This could be produced with even a small dose; carried to a greater extreme, its effect was not that of a regulator, but it proved an extra blocker of the machinery. "It seems," said the speaker, "a kind of chronic suicide that they were always to put the brake on—to put the brake on the development of their natural energies. What they wished to do without infringing the laws of nature was to get the greatest amount of energy out of their bodies. Why hinder it?" Professor Horsley alluded to the series of experiments on the influence of alcohol upon plant life carried out by Dr. Ridge, of Enfield, who found that one-sixteenth per cent. of a solution of alcohol checked the growth of water-cress, and that a tenth solution of alcohol killed its seeds. The position of the medical profession with regard to alcohol as a food was becoming

more and more defined. Professor Horsley next drew attention to the researches of Dr. Hare as to the use of alcohol as a medicine, and to the fact noticed by him—the large decrease in the use of alcohol at the London hospitals, and the largely increased use of milk and other forms of nutrition. They had a large amount of evidence to show that the medical profession estimated at its full value alcohol as a drug. Referring to the London Temperance Hospital, where, since, 1873, the experiment as to whether alcohol was useful had been tried to the uttermost, the evidence was perfectly wonderful to those who, like himself, used alcohol occasionally as a drug. It is true that they required even yet more statistics and more figures in the profession, and must wait before receiving the statistics as those upon which they would absolutely rely in the treatment of patients; but the result so far gained was so wonderful and so overwhelmingly contradictory to many preconceived notions, that he had no doubt as to what the verdict would be in the half jubilee of the Temperance Hospital. In this hospital, which had admitted 4,153 persons as in-patients, and 23,000 as out-patients, alcohol had only been administered as a drug in four cases. Dr. Edmunds, the senior physician, writing in 1884, stated that among fifty-three typhoid fever cases there had been five deaths, and at the examination it was found that no administration of alcohol could have possibly saved them. The cases of recovery had done remarkably well, and on the whole there was a mortality of rather less than 1 in 10. This mortality was smaller than the mortality in any other hospital in London at that period, and there had not been given to one of these a particle of alcohol either as diet or medicine, and yet a large number ought to have died according to the old view of the treatment of the disease. Figures spoke for themselves, but it seemed to him the use of alcohol as a food and its excessive abuse were dependent upon what must be regarded as possible from the view of causes which led to its abuse. The abuse of alcohol was produced from three groups of causes: from mental and moral failure of strength; secondly, from the general prevalence of unsanitary conditions; and, lastly, from the unjust and wicked facilities for getting the poison.—*British Medical Journal*.

News comes from Chicago by way of the daily papers, of a recent operation in which both the sciatic nerve and the crural nerve were stretched at the same time, in the case of a man who was suffering from tetanus.

CORRESPONDENCE.

Homœopathy.

ED. MED. AND SURG. REPORTER :

In your issue of June 4, you ask to have your readers reply to the statement, "Homœopathy has increased and is increasing in the United States," by answering three interrogatories.

It would require too long an article to answer intelligently, therefore, a more or less general statement will have to suffice. That I ought to be able to reply, permit me to state, that I began practice at the dawn of a genuine homœopathic practice in this country, and before the rural districts had one of its fellows. All who lived in that day well recollect that *six weeks* only were required to fit a person to set out as an antagonist of death in that kind of practice. No anatomical nor physiological knowledge was deemed necessary to "treat symptoms." With Hahnemann's Organon under the arm, the man was fully equipped. Turning to the symptoms of which the patient complained, he there found the remedy. The cause, or organ involved, mattered not. Judges, boys from the farms, and clerks from the stores were among those to be seen with the inevitable Organon. But I must not dilate, but come to question 1 :

I believe the number of persons practicing *under the name*, (italics mine) of "homœopathy" is increasing. To question 2 : I reply, the number of persons under the treatment of *what are called* homœopathic practitioners is increasing, for the very good reason that the *hybrid practioners of homœopathy* are increasing. In answer to question 3 : "How the state of affairs is to be explained," let me say that the explanation is very simple, viz.: that purely homœopathic practitioners (and I know of only one) have been rapidly disappearing for fifteen years.

When homœopathy began to wane from its position of inefficiency, the young men began to attend what are scurrilously called Allopathic colleges, as at that time there were none that taught the homœopathic dogma. They obtained, in many instances by falsifying about their future intentions, a medical education, and then at once set out with their infinitesimal doses. When the little pellets would not do, the regular practice (so far as they knew it) was pursued.

At once the people began to say, "We don't believe much in homœopathy, and my doctor practices both ways." Even intelligent people believe you can serve two mas-

ters, so far as the treatment of disease is concerned, if you cannot in spiritual matters. As proof of this, not long since I was asked to see a gentleman who was under the care of one who boasted of his success in the practice of homœopathy. Knowing full well a consultation was impossible, yet thinking that I might visit the case, the doctor left a line with the patient, stating that he had "given digitalis, aconite, with occasional doses of quinine," in an *unsealed envelope*: yet that patient's faith in *homœopathy* was unshaken. "Oh! Shame where is thy blush."

Yet I find I am doing just what I intended not to do. Evidently there is no "soul of wit" in this communication, if it consists in brevity.

D. COLVIN.

Clyde, N. Y., June 25, 1887.

Base Ball for Physicians.

EDS. MED. AND SURG. REPORTER:

Sirs:—While in conversation with some medical friends a few days ago, some expressed themselves as not yet having lost their interest in our National game of base ball, and wished there was a way in which physicians could take active part in the exercise of the game without detracting from professional dignity. I would propose to all who would avail themselves of the rejuvenating influences of the game to send their names with preferred fielding positions to my address. If a sufficient number are heard from, we could in this city emulate the example of the physicians of Brooklyn who were represented by the "Galen" base ball club of that city. The Galens played any club composed of other physicians, lawyers, ministers or business men, and with invariable success.

Very sincerely yours,

A. H. P. LEUF.

240 S. Eighth Street, Philadelphia, Pa.,
July 1, 1887.

Treatment of Tedious Labor.

EDS. MED. AND SURG. REPORTER:

It has always been my custom to study the character, condition, and, so to speak, the individuality of each case of labor to which I am called to attend. Physicians are in the habit of making an examination by the vagina in order to ascertain the progress of labor, without paying any attention to the individual state of either the physical or nervous condition of the patient, and wait the labor's own time for a termination.

This I never do; but examine carefully the patient's physical condition. If I find

her feverish, and with a dry skin, and quick pulse, and rigid mouth of the womb, I usually prescribe a solution of tartar emetic, in one-eighth of a grain doses every hour, until the feverish state is relieved; and when I have relieved these symptoms I generally have the gratification of seeing the case progress to a speedy and healthy termination. If I find no feverish condition, but observe the patient to be nervous, anxious and troubled, with frequent and annoying pains, attended by a tedious progress of the case, I give the patient every three or four hours a pill, composed of one-fourth of a grain of sulphate of morphia and three grains of sulphate of quinine. After patients, in this nervous, anxious condition, have taken two or three of these pills, they become calmer and stronger; and no physician, but he who will try this plan, can know how rapidly and encouragingly labor will assist and relieve itself of its painful and perilous offices under this treatment. In this way I frequently shorten the duration of tedious labor five or six hours, and thereby often obviate the use of forceps.

J. B. JOHNSON, M. D.

Washington City, D. C., June 14, 1887.

Scarlet Fever.

EDS. MED. AND SURG. REPORTER:

I take this opportunity to ask you, or any of your numerous readers among the profession, regarding their experience in the treatment of scarlet fever, as to the indications for giving stimulants, particularly whiskey, which I have found preferable over all others. In the experience of the writer, the mild form of scarlet fever needs very little medicinal treatment, but in the form of malignant scarlet fever stimulents are necessary from the first onset of the attack. I take the liberty to send you enclosed reprint, in which I have advocated the cautious application of refrigeration, (the wet sheet), and, also whiskey, as giving better therapeutical results than any other plan of treatment. My experience has been most favorable in the use of these remedies in the most serious cases of this most formidable disease, and I particularly request the opinions of those of who are experienced in this most important matter. In nearly every recent medical journal, we have accounts of antipyretics mentioned, such as Antipyrin, and later, Antifebrin, but we hear very little said of that antipyretic described by an English physician, more than 160 years ago. I refer to Dr. Hancock, rector of St. Margaret's Lothbury, England,

who published a pamphlet entitled, "*Febri-fugum magnum*, or common water the best cure for all fevers." As regards the "antipyretic" effect of cold water especially in scarlet fever, I think we can elicit an almost unanimous opinion as to its efficacy in the disease in question, but regarding alcohol as therapeutically possessing the properties, whereby it may be given to produce the fall of temperature in fevers, there may be a diversity of opinion among our colleagues.

As one of the old subscribers of your most excellent REPORTER. I desire to hear the voice of the profession regarding the matter.

T. GRISWOLD COMSTOCK, M. D.
June 7th, 1887.

The Grocers' Prize.

In response to several inquiries we give below a reproduction of the official announcement of the famous prize. It would be a source of rejoicing to the thousands who read the REPORTER if one of their number should be successful in solving the problem, and still more gratifying to the Editors of the REPORTER if this notice should be the cause of such a success,—and there is no reason why it should not:

THE WORSHIPFUL COMPANY OF GROCERS,
LONDON.

ORIGINAL RESEARCH IN SANITARY SCIENCE.

QUADRENNIAL DISCOVERY PRIZE OF £1,000. 1887—1890.

In accordance with the terms of the Company's scheme, the Court announce that the problem proposed as the matter of competition for the first Discovery Prize (1883-1886) viz.:—

"To discover a method by which the Vaccine Contagium may be cultivated apart from the animal body, in some medium or media not otherwise zymotic:—the method to be such that the Contagium may by means of it be multiplied to an indefinite extent in successive generations, and that the product after any number of such generations shall (so far as can within the time be tested) prove itself of identical potency with standard Vaccine Lymph," has not been solved by any of the Candidates. The prize has, therefore, been withheld, and the same problem is, subject to the conditions of the Scheme, again proposed for investigation.

The Prize is open to universal competition, British and Foreign.

Competitors for the Prize must submit their respective Treatises on or before the 31st of December, 1890, and the award will be made as soon afterwards as the circumstances of the Competition shall permit, not later than the month of May, 1891.

In relation to the Discovery Prize, as in relation to other parts of the Company's Scheme in aid of Sanitary Science, the Court acts with the advice of scientific assessors.

All communications on the subject are to be addressed to the Clerk of the Grocers' Company, Grocers' Hall, London, E. C.

GROCERS' HALL, June, 1887.

Predicting the Sex of the Unborn.

EDS. MED. AND SURG. REPORTER:

SIRS: In your last issue a point is raised in relation to predicting sex of unborn child, and I hope there is a mistake in reporting the matter to you, or that you have erred in printing the article, otherwise my observations on the subject will flatly contradict those of the author. I never heard the subject mentioned by medical men, but had noticed for the last few years that, with one exception, every male child that I have delivered, or assisted at its delivery, has been most prominent upon *right* side of mother, while every female has been upon *left*. Now I can conceive of no scientific explanation of this circumstance, and do not know as any can be given; but, with the exception of the one failure mentioned above, I have predicted correctly every time. If no mistake has been made in Dr. S.'s report of cases, it will tend toward the conclusion that there can be no physiological explanation of the subject.

It is not as important in either case as it would be if it gave information regarding time of impregnation in its relationship to the catamenia. I have commenced to keep a record of all cases, where any reliable information can be procured, of the time of conception.

It would seem to me of vast importance to the parent could there be anything definite determined about this matter.

DR. H. L. MANCHESTER.

Pawlet, Vt., July 1st, 1887.

Longevity in the United States.

The St. Louis *Globe-Democrat* devotes several columns to facts about aged persons. These facts attest the wonderful vitality to which some Americans attain. A Gasconade county, Mo., woman, for example, ninety-eight years old, can walk two miles at a time. Another Missourian, at the age of ninety-one shoots game and wears no glasses. A physician of Chillicothe, in the same State, is eighty-nine and reads the finest print without artificial help. The City Treasurer of East St. Louis is ninety and has never known a sick day. Pierre, Wis., has an authenticated instance of a man reaching the age of one hundred and two. And so runs on the story of extreme age and yet of much activity and hopefulness developed in various parts of the country.

NEWS AND MISCELLANY.

Report of the Seybert Commission on Spiritualism.

The Seybert Commission, appointed by the University of Pennsylvania to investigate "all systems of morals, religion or philosophy which assume to represent the truth, particularly modern Spiritualism," recently made a preliminary report, which is about to be published for the University. A copy of the general report, with extracts from the detailed minutes of the secretary of the Commission and reports of *séances*, was made public on June 5.

Mr. Henry Seybert died in 1884, leaving a sum of money to found a chair of Philosophy in the University of Pennsylvania, upon condition that a commission be appointed to investigate Spiritualism. The Commission was originally constituted by the selection of Dr. William Pepper, Dr. Joseph Leidy, Dr. George A. Koenig, Professor Robert Ellis Thompson, Professor George S. Fullerton and Horace Howard Furness, LL.D. To these were afterwards added Mr. Coleman Sellers, Dr. James W. White, Dr. Calvin B. Knerr and Dr. S. Weir Mitchell.

Mr. Thomas R. Hazard, a personal friend of Mr. Seybert, and a Spiritualist, aided the Commission in obtaining *séances* for the investigation of what is known as independent slate-writing. *Séances* were held with a score of the most prominent "mediums" including Mr. Henry Slade, on conditions imposed by the mediums, and experiments were also made with slates prepared and sealed by the Commission. With the latter there was no success, except that in one case the piece of pencil was removed from between the slates and microscopic examination showed that it had been abstracted after prying the slates apart slightly, without disturbance of the seals. There was no writing on the slate, but there were powdered remains of the soap stone left on the wooden frame at the place where it had been extracted. The Commission detected one of the mediums unscrewing the slates beneath the table and writing on them, and another in substituting prepared slates for those supposed to be presented for the spirits to write upon.

In one case detection was secured by the aid of a hand mirror, which, being held under the table, reflected the hand of the "medium" at work on the slate. In another case a member of the Commission, by upsetting some slates within reach of the medium, disclosed that they had been prepared to be substituted for those in use.

The Commission says: "In dismissing this subject of independent slate writing we repeat, what we think Spiritualists will generally grant, that this phenomenon can be performed by legerdemain. The burden of proof that it is not so performed rests with the mediums. This proof the mediums will neither offer themselves, nor permit others to obtain. Investigators, therefore, are forced to bring to bear their own powers of close observation, sharpened and educated by experience. Be it remembered that what we have here stated applies solely to the process whereby the communication is written on the slate. With the substance of the communication, whether pertinent answers to questions or dreary platitudes, we are not now dealing. Whether these answers be ascribed to spirits or to what is termed clairvoyance, they would be none the less true or false if delivered orally by the medium; all that we are sure of is that the writing down of these communications, be their substance what it may, is performed in a manner so closely resembling fraud as to be indistinguishable from it. It would be a mere matter of opinion that all independent slate writing is fraudulent; what is not a matter of opinion is the conviction, which we have unanimously reached as a commission, of its non-spiritual character in every instance that has come before us."

The Commission adds that a professional juggler performed before them without detection much more wonderful feats of slate writing than any done by the mediums, and afterwards explained the details of the trick to one member of the Commission. The report gives some account of experiments with mediums who produced rappings, spirit hands, etc., explaining how the tricks are, or may be done, and ends as follows:

"In conclusion we beg to express our regret that thus far we have not been cheered in our investigations by the discovery of a single novel fact. But undeterred by this discouragement, we trust, with your permission, to continue them with what thoroughness our future opportunities may allow, and with minds as sincerely and honestly open, as heretofore, to conviction."

—Schwalbe believes malarial fever to be due to a poison and not to an organism. He claims that, by making animals absorb repeated doses of sulphide of carbon, or oxy-sulphide of carbon dissolved in poppy oil, he can induce the alterations in the blood and organs which are present in patients dead of malarial fever.

Milk of Swill-fed Cows.

In *Science*, June 10th, 1887, there is an interesting series of letters in regard to the wholesomeness or unwholesomeness of milk obtained from cows which have been fed on what is known as "distillery swill."

Some sanitarians believe that milk from animals so fed is not only of poor quality, but actually detrimental to health, and even poisonous to young children. Others regard such milk as inferior in quality, but not harmful. The matter is a vital one to the thousands of children in our large cities who depend upon milk as their sole sustenance, and *Science* has deemed it of sufficient public interest to endeavor to obtain facts which bear on the question, and opinions of those whose experience and observation enable them to express intelligent opinions on the subject. With this end in view, the following questions were sent out to the health-officers of all the principal cities, and to the most prominent sanitarians of the United States and Canada:

1. What opportunities have you had for observing the effect of feeding distillery swill to milch-cows?

2. Please state any facts within your knowledge which will help to determine its effect on the milk.

3. What references can you give to any recorded facts in published or unpublished reports bearing on this subject?

4. What analysis can you give of milk obtained from cows so fed?

5. What is your opinion as to the wholesomeness of distillery swill as food for cows?

6. Are there any laws or ordinances in your city and state which bear on the question? If so, please send copies thereof, or, if this is not convenient, a reference to them.

To this letter many answers have been received. Some of these are from those who state that they have never had any experience with the use of distillery swill or its effects on the milk, while others give the results of the feeding of brewery grains, evidently confounding them with distillery waste,—a subject of great interest, but which is not within the scope of the present inquiry. Still other responses are from those who have had opportunities of investigating the subject and have availed themselves of them, and whose testimony is therefore of great value. In addition to this, letters have been received from physicians and others, who, while having had no practical experience with the article of food in question, are still competent to speak on the subject from their general knowledge.

One of the most moderate, and probably

most valuable, letters so far published is from Prof. William H. Brewer, of Yale College.

Prof. Brewer says: I have a decided *opinion* that swill-milk is unwholesome; but this opinion is founded on general facts rather than on specific proof.

The following are among the facts inducing this belief:

1. That the health of cows affects the wholesomeness of their milk is proven beyond any doubt; and the health of cows fed largely or wholly on distillery swill is poor, as is abundantly shown by their general condition and by their high mortality.

2. It is well enough known that the food of cows affects their milk, and that their chief food largely determines its character. No one claims that distillery swill is the normal food of cows, or is wholesome food when fed in relatively large quantities.

3. Swill-milk undergoing spontaneous decomposition behaves differently from normal milk; it is usually acid when drawn, while normal milk is alkaline; it behaves differently in the processes for the manufacture of butter and cheese (and therefore probably also under the digestive processes),—so differently that creameries and cheese-factories refuse it. This is universal so far as I know anything about them.

4. Milk readily absorbs infections, and numerous epidemics of disease have been traced to this source. It also absorbs odors, and swill-milk stables are proverbially foul and stinking. These facts make me believe that swill-milk is unwholesome. I have never found any facts pointing in the opposite direction. Some are negative; others point in this direction.

The Purification of Water.

It has long been known that water may be clarified by the formation in it of a precipitate which, as it falls, will carry down mechanically the lighter, and of course the more dangerous portion of the suspended matters, which otherwise are very slow in separating. In Clark's well-known process for softening water a sufficient quantity of lime to combine with the free carbonic acid is mixed with the water. The precipitate of carbonate of lime—if we may still use the familiar old name for the calcium carbonate of modern chemists—carries down with it all suspended matters, including bacteria, and the water remains not only softer but very much purer. Carbonate of soda is an even more powerful precipitant, as it removes permanent as well as temporary hardness. In either case the deposition, is however, some-

what slow, and to avoid the use of depositing tanks a filter press was used in the Porter-Clark process, which was shown in action at the Health Exhibition. An American contemporary, the *Boston Medical and Surgical Journal*, reports that Prof. Dobroslavine, of St. Petersburg, advises as a good precipitating agent a solution of perchloride of iron followed by a solution of carbonate of soda. Simple and devoid of inherent novelty as the suggestion is, it is very sensible. Translated into English weights and measures, the quantities used are about three grains of perchloride of iron four grains of soda crystals per gallon of water. The precipitate is said to settle in about forty-five minutes and to leave the water perfectly clear. The quantity of carbonate of soda is not sufficient for the complete decomposition of the iron salt, but would convert it into a heavy, insoluble, basic chloride, but which would doubtless settle easily. So simple an experiment is well worth trying. It is noteworthy that by slightly increasing the quantity of carbonate of soda the water could be softened. We have often wondered that the softening of water for domestic uses is not more frequently practised in private houses. The addition of a very small quantity of carbonate of soda to the water in a cistern will remove even excessive hardness in a few hours at an almost inappreciable cost. If the cisterns are used in pairs the white deposit from one may from time to time be removed by flushing with water while the other is in use. The troublesome furring of boilers and hot-water apparatus might in this way be avoided. —*The Lancet*.

A Tribute to Physicians.

The physician of the period received this tribute from Gov. Ames (Mass.) recently, in an address before the Medical Society of Massachusetts: "It must be said that, as much as some of us, individually, dislike the doses which you prescribe, we cannot do without you. You are all powerful with us when we are most in need of the sympathy of our fellow men, and you use that power with such skill and discretion that the physician is often the best, and he is almost always the wisest friend of the family. Time was when the dominion of the sick room was divided between the doctor, the clergy and the lawyer; but now no one disputes with you for preëminence in that place, unless it be the nurse, that modern adjunct to your profession for which we cannot be too grateful to you. In whatever way one turns, one sees something which ought to evoke his

gratitude to you. In public improvements which tend to raise the standard of the general health none are more active; in securing better lighting, improved ventilation and thorough drainage for our homes and places of business none take a greater interest. Indeed, you have become, and to our advantage, preventers of, rather than curers of, disease, and that life is lengthened, with all its opportunities, all its blessings, is largely due to your efforts."

Insanity Fighting Insanity.

An interesting instance of fighting insanity by insanity, the *Scientific American* says, has recently been noticed among the Blackwell's Island patients. Two lunatics had been received who were disposed to commit suicide. In addition each possessed a special delusion, one to the effect that he was a cow, the other that his head was an iron ball, and was to be rolled along the floor. They carried these beliefs into action, one striking his head against the padded walls of his cell, the other rolling his head, and of course his body with it, along the floor. The two patients were placed together, and each was privately informed of the other's weakness, and warned to watch his companion to prevent him from taking his own life. Thus each had a charge in the other. Their vigilance was unceasing. Each supposed himself perfectly sane, and this belief was accompanied by considerable scorn for the other's weakness of intellect and accompanying delusions. Gradually under the influence of this treatment the patients were observed to improve. To have their attention centered on definite duty and on objects external to themselves proved a tonic for their diseased minds, and gradually a complete cure was effected, and they received their discharge from the asylum.

French Wines and Liquors.

United States Consul Gifford, at Bordeaux, warns the American public to beware of French liquors, more especially brandy, because *no pure French brandy* is sent hither. After commenting upon the methods employed in making brandy for export, he goes on to say that the labels on the bottles do not represent the quality of the liquor they contain. The dates 1863, 1870, 1875, etc., do not, he says, mean that the enclosed liquor is brandy put up in those years. It means that the liquor has been made to resemble as closely as possible that which was really made in those years. In other words, the brandy sent hither from France is spurious, a concoction put up in the laboratory, in

which the taste of good brandy is counterfeited by various chemicals.

It is worthy of comment that, while the laws against selling spurious wines and liquors in France are rigid in the extreme, little or no attempt is made to prevent the chemical preparation and adulteration of these liquids for exportation.—*Scientific American*.

Steatite as a Dentifrice.

Several years since, Mr. Paul Vigier, of Paris, discovered that the addition of powdered soap-stone to water in steam boilers prevented the deposit of lime-salts. Applying this observation, he has devised a tooth-powder in which the powdered talc is expected to prevent the deposit of tartar. The formula is:

Powdered talc.....	3	xv
Dried alum (or cream of tartar).....	3	i¼
Powdered cochineal.....	3	iiss
Essence of peppermint.....	gtt.	xx

The *Gaz. Hebdomadaire*, *Lancet* and other journals publish this formula without comment, but it seems important to add that there is hardly a substance so harmless to the teeth, next to mineral acids, as alum; and the fact that powdered soapstone is in very general use by mechanics as an ingredient of substances intended to prevent friction in machinery, does not promise much for its use as a polisher of tooth enamel. Besides these objections, what is to be said for the use of $2\frac{1}{4}$ drachms of cochineal?—*American Druggist*.

Powder Marks from Pistol Wounds.

Expert testimony was recently given as to whether a pistol discharged close to the body of a person would or would not leave powder marks. Positive opinions were expressed on both sides, and yet the question depends almost wholly on the kind of pistol and the kind of powder used and the amount of the charge. There is no rule on the subject, but in some weapons a thorough combustion of powder of a definite quantity and quality is secured, and in others the combustion is very imperfect, and on these conditions depends the effect of the discharge upon near surfaces. The experts, who ignored these conditions and testified about weapons and powder that had nothing to do with the case, simply told partial truths in the usual "expert" fashion. They testified with great confidence about matters which it is clear enough one or more of them knew very little about.

Vivisection.

A Parliamentary paper was published recently containing a report from inspectors showing the number of experiments performed on living animals during the year 1886 (under licenses granted by the act), distinguishing painless from painful experiment. The total number of persons holding licenses is 64 (48 in England, and 16 in Scotland), and of these 54 have performed such operations in 21 separate buildings, of which eight are in London, eight in the provinces, and five in Scotland. In all there were 81 experiments, in 19 of which anæsthetics were necessary.

The True Scientific Spirit.

Let those who think they know, without ever having looked to see, review their supposed knowledge and cast their thoughts over again; and if, in the particulars, they find they have mistaken words and fancies for realities, and accepted the dicta of pretenders instead of the evidence of observed facts, let them correct the record, and acknowledge the truth as it is in nature. Moreover, let them remember that he who propagates a delusion, and he who connives at one when already existing, both alike tamper with the truth, and that we must neither lead nor leave men to mistake falsehood for truth. Not to undeceive is to deceive.—DR. T. WHARTON JONES.

The Two Destroyers.

Once on a time a pious Moslem, saying
His morning worship in their style of praying,
Just as the early sun had lit the skies,
Beheld a phantom through the mist arise—
A phantom hideous as the dream of death.
"What art thou?" said the saint, with timid breath.
"I am the Plague."

"And wither tends thy race?"
"To slay ten thousand men in yonder place."
"Go not, I pray thee, if such prayer may be."
"In vain I am besought. 'Tis destiny!"
"Go, then, if Allah urge thy path of gloom,
Let the ten thousand know their sudden doom;
But in the prophets name I do implore,
When thou hast slain ten thousand, slay no more!"
"To hear is to obey!"

The vision passed,
And o'er a multitude its shadow cast.
After the plague was over, at the place
And hour in which it first unveiled its face,
Again the horrid phantom marched—and now
Outspoke the holy man, "Whence comest thou?"
"From yonder place."

"How many hast thou slain?"
"Victims of mine, ten thousand srew the plain!"
"Thou liest! There are twenty thousand dead!"
"Tis true," with feverish lips the phantom said.
"Full twenty thousand have death's power confest.
I smote ten thousand, fear struck down the rest."

—William D. Morange.

Diagnosis of Simulated Joint Trouble.

"I remember a funny experience I had during the war," said a leading physician; "I was up at Camp Dennison examining the conscripts, and many heart-rending pleas for exemption I had refused. One day a farmer, a German, a peaceable-minded fellow, who thought lots more of his turnips and cabbage than he did of military glory, was brought in to me. 'Doctor,' he said, 'I am not fit to go to the war, I am all crippled up with the rheumatism.' 'Where?' said I. 'In my right arm; I can only raise it yooost so high,' raising his hand about two inches from his body with great apparent effort. 'Well, you have got it pretty bad,' said I; 'you certainly can't go to war in that condition; how high could you raise your arm before you got rheumatism?' 'Oh, so high,' said he, raising his arm high above his head. That was just what I expected, and giving him a push I sent him along out to be sent to the war."

Why Beer is Bitter.

The bitter principle of hop has been investigated by Dr. Dreser (Arch. Path. and Pharm.), who confirms its character, previously established by Bungener, to be a crystalline acid insoluble in water, but rendered somewhat soluble by oxydation. The alcoholic solution of the unaltered acid is a powerful poison, 0.25 mg. being fatal to frogs, while 25 mgs. produced death when administered to a large guinea pig. It produces paralysis of the nervous system and the heart, but in mammals an intense acceleration of the respiration. In its changed form, a condition in which it is undoubtedly found in beer, however, it possesses no toxic effect, and may, therefore, as an ingredient in this dietetic agent, be regarded as harmless.

The Iodine Reaction for Starch.

Mylius has proved that *pure* iodine and *pure* starch do not produce a blue combination, but a colorless one; the blue color, however, at once comes into appearance if a trace of hydriodic acid be added. Usually the iodine of commerce contains traces of HI, hence the blue reaction is always obtained. If, however, the iodine is washed well with water, whereby the HI is removed, the blue color is not observed. Mylius analyzed the blue starch combination in a pure state and found it to correspond to the formula $(C_{24}H_{40}O_{20}I)_4 \cdot HI$; the molecular formula for starch would therefore be $= C_6H_{10}O_5)_4$, a result that corresponds with that obtained by Tollens in another way.

Such is Fame.

Literary eminence does not affect much lodgment in the minds of people of a certain grade. The other day, the *Listener* is told, a gentleman came into a barber shop just as Dr. Oliver Wendell Holmes was going out, and occupied the chair that the autocrat had vacated.

"Do you know who that was that just went out?" said the barber.

The visitor was curious to see what account of Dr. Holmes the barber would give, and shook his head.

"Why," said the barber, "that's old Dr. Holmes."

"And who is Dr. Holmes?"

"Oh, he's been a doctor here a great many years. I believe he ain't practisin' any more; but he's thought a great deal of!"

Mutual Confidence.

Judge (to the accused)—Seppel, if you admit that you owe your doctor 20 marks, and you have the money, why don't you pay him?

Seppel—I am perfectly willing to pay the doctor, but first he should give me a receipt for the money, for he is not a reliable man. If I give him the money before he gives the receipt, then he won't sign the receipt, and afterward he will want the money again.

Judge—Doctor, why won't you sign the receipt?

Doctor—I will tell your honor. Seppel is not a reliable man. If I give him a receipt he won't pay me at all, and if then I prosecute him he will show the receipted bill in court.—*Fliegende Blätter*.

Antiquity of Mercury.

Quicksilver, known to the Plinies and Dioscorides, was first authentically used by Avicenna and by Paracelsus. The first mention, however, of calomel we find in the seventeenth century, when it was known under various synonyms, such as aquila alba (the white eagle), leo mitigatus, drago mitigatus, panchymagogum, or mineral manna. It has held its own ever since, and is one of the first on the list of the present armamentarium.

Hygiene in Early Youth.

A three-year-old Philadelphian had heard her parents discuss hygiene until her infant mind was soaked with the subject. One day her dear old grandmother said—meaning to give Bessie a piece of cake—"Bessie, what do you always have after

your bath?" The child regarded her grandmother for a moment with inquiring eyes, and then replied: "Reaction."—*Christian Intelligencer.*

A Story of Science.

BY ONE WHO KNOWS NOTHING ABOUT IT.

A philosopher sat in his easy chair,
Looking as grave as Milton;
He wore a solemn and mystic air
As he Canada balsam spilt on
A strip of glass, a slide to prepare
For a mite taken out of his Stilton.
He took his microscope out of its case,
And settled the focus rightly:
The light thrown back from the mirror's face
Came glimmering upward brightly.
He put the slide with the mite in place,
And fixed on the cover tightly.
He turned the instrument up and down,
Till getting a proper sight, he
Exclaimed, as he gazed with a puzzled frown,
"Good gracious!" and "Highly—tightly!
The sight is enough to alarm the town—
A mite is a monster mighty!"
From 'tother end of the tube, the mite
Regarded our scientific.—
To its naked eye, as you'll guess, the sight
Of a man was most terrific,
But reversing the microscope, made him quite
The opposite of magnific.
"One sees the truth through this tube so tall,"
Said the mite as it squinted through it,
"Man is not so wondrously big after all,
If the mite-world only knew it."

MORAL.

Mem.—Whether a thing is large or small
Depends on the way you view it!

Dentistry in Germany.

There are at present 1,435 people engaged in dentistry in the German Empire. Of this number, 505 are "approved" in Germany, 33 of whom are American graduates. Of the 94 practitioners who are graduates of American colleges, only 17 are females; 21 are "approved" in other countries, but not in America. There are 815 persons practicing mechanical dentistry without any other occupation. In the province of Hesse-Nassau there are 83 practitioners of dentistry, of whom 29 are "approved" in Germany, 4 being American graduates, and 14 from American schools exclusively, 3 of whom are females. Two of these are "approved" in other countries (not America), and 38 mechanical dentists without other occupation. In 77 cities with over 10,000 inhabitants, there is not a dentist, surgical or mechanical, and in 86 cities there are no surgeons, though there are in these places practitioners of mechanical dentistry.—*Jour. f. Zahnheilkunde.*

Items.

—Dr. Negri, in the *Annali Di Ostetrica*, states that when the fetus is dead, if the examiner, while palpating the superior pole of the uterus, gives a series of little blows with the tips of the fingers, a cracking sound resembling the crepitus of fractures will be noticed.

—"Pears to me," said old Uncle Pete, as he leaned his hoe against the corn-crib and abstracted a pebble from his shoe; "pears to me like dar was some kin' o' mis-decomposishum in all dis talk about babies cuttin' teef. De way I'se cum to look at it, hit's de teef cuttin' de baby. Leas'wise, dat's de way hit looks in de case ob cullud chilren."—*Archives of Pediatrics.*

—Hippocrates employed a variety of medicines which, even at present times, are continually employed and held in high favor. Besides iron rust and hellebore, he was possessed of the knowledge of elaterium, colocynth, scammony, cantharides, asafetida, papaver somniferum, mandragora, and antimony. As prophylactics he made use of wine, vinegar, and kindred articles, and employed them for lotions and enemata, and for the same purpose they are still in use.

—The garbage crematory at Wheeling, W. Va., is said to be completed, and to have stood the tests which have been applied, to the satisfaction of the authorities. Pittsburgh, Penn., is also endeavoring to solve the difficult problem of the disposal of garbage, and has advertised for bids to construct furnaces. We regret to learn that the Milwaukee, Wis., authorities have decided to remove the garbage of that city to the country, and there bury it in the ground. Such a method of disposal is, at the best, unsanitary, and can be but a temporary relief.

—The Belgian Government, in consequence of requests made in the Chamber of Deputies, lately deputed three Belgian physicians residing in Paris—Drs. Grandjeau, DeBrun, and Peeters—to investigate and report on M. Pasteur's method of preventive treatment of hydrophobia, and to decide upon the advisability of founding a Pasteur Institute in Belgium. The report of these gentlemen, as the Chamber has just been informed, is decidedly adverse to such a step. It was decided by the reporters that Pasteur's method is not as yet sufficiently established, and one of them, Dr. De Bruyn, doubted whether there was any efficacy at all in the treatment. In this last view, Van der Corput, "Belgium's chief specialist," coincides.

—THE RIBERI PRIZE.—The Turin Academy of Medicine has selected for the Riberi prize of 20,000f. the following subject:—"Researches on the nature and prophylaxis of one or more of the infectious diseases affecting man." Manuscripts in Latin, French or Italian will be received until December 31, 1891. Printed essays will also be admitted to compete.

OBITUARIES.

MARK HOPKINS, M.D., LL.D.

It may not be generally known that the Rev. Dr. Hopkins, President of Williams College, who died last month, was a doctor of medicine. But such is the case. Mark Hopkins graduated in medicine, in New York, in 1829, and made an attempt to enter into practice by forming a partnership with Dr. Silas West, of Binghamton, N. Y. At that time Dr. West could not accede to the wish of Dr. Hopkins, and three months later the young physician was called to the Professorship of Rhetoric and Moral Philosophy in Williams College. This event diverted him from the practice of his profession and led him into the career which has been so honorable to himself and so useful to Williams College and to the world. Probably no college president has ever enjoyed more of the love and respect of his students than did President Hopkins, whose example and teachings were of the noblest sort. And, although he was but a short time in the ranks of the active members of the medical profession, it is a pleasure to believe that some share of his success may have been due to the ideas received during the period of his medical studies and medical work.

DR. BENJAMIN HANCOCK DEACON.

Dr. Benjamin Hancock Deacon, of Frankford, Philadelphia, died at his residence on May 20, 1886, from general paresis. Born in 1810, in Burlington County, near Burlington, N. J., he graduated at the Jefferson Medical College, in 1845, and soon after engaged in practice in Delaware County, Pa. Four years later (1849) he removed to Frankford, and with the exception of the year 1873, when he made a trip to Europe, was in constant practice until 1883, when he declined to visit patients outside, and prescribed for but few patients at his office. However, after the summer of 1884, he generally declined to write prescriptions, and devoted his time largely to reading and his private affairs.

Dr. Deacon was a member of the Society of Friends, a director in the Second Nation Bank, a director in the Board of Friend's Asylum, and for several years visiting physician to the same. In conversation a year before his death, he spoke of his early struggles, and said he was in Frankford more than three years before he had acquired a respectable business, but we have learned from physicians younger than he that later on he had a large and lucrative consulting practice.

This epitome of nearly forty years' practice of medicine fails to fully record the history of a life well spent, nor does it express the grateful feelings of a large and appreciative circle of patrons.

Official List of Changes of Stations and Duties of Officers.

Changes in the Medical Corps of the Navy, for the week ending July 2, 1887:

P. A. Surgeon, C. W. Deane, ordered to the Naval Rendezvous, San Francisco, Cal.

Asst. Surgeon, H. N. F. Harris, ordered to the Naval Hospital, Mare Island, Cal.

Med. Director, A. G. Gorgas, remain on present duty until Dec. 31, 1887.

Med. Inspector, C. J. Cleborne, remain on present duty until Dec. 31, 1887.

Surgeon, Benj. F. Mackey, remain on present duty until Dec. 31, 1887.

Med. Director, J. Mills Browne, will remain on present duty as member of Retiring Board until June 30, 1888.

Med. Director, Richard C. Dean, will remain on present duty as member of Retiring Board until June 30, 1888.

Official list of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from June 26, 1887, to July 2, 1887:

Major J. C. McKee, Surgeon, granted three days' leave. S. O. 149, A. G. O., June 29, 1887.

Capt. George T. Beall, Medical Storekeeper, granted four months' leave of absence. S. O. 150, A. G. O., June 30, 1887.

Capt. A. V. Cherbonnier, Medical Storekeeper, directed to take charge of office and perform duties of Acting Assistant Medical Purveyor in St. Louis, Mo., during absence on leave of Capt. Geo. T. Beall, Medical Storekeeper, now performing those duties. S. O. 150, A. G. O., June 30, 1887.

Armstrong, S. T., Passed Assistant Surgeon, relieved from duty at Marine Hospital, Memphis, Tenn.; ordered to Marine Hospital, New York, N. Y., June 27, 1887.

Beckham, C. T., Passed Assistant Surgeon, relieved from duty at Marine Hospital, Wilmington, N. C.; ordered to Marine Hospital, Memphis, Tenn., June 27, 1886.

Glenan, A. H., Passed Assistant Surgeon, ordered to Revenue Cutter "Crawford" for temporary duty, June 30, 1887.

Brooks, S. R., Assistant Surgeon, ordered to examination for promotion, June 27, 1887; relieved from duty at Evansville, Ind.; ordered to Marine Hospital, Wilmington, N. C., June 27, 1887.

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ORIGINAL DEPARTMENT.

LECTURE. OBSTETRICS.¹

BY SAMUEL WOLFE, M. D., OF SKIPPACK, PA.

MR. PRESIDENT AND GENTLEMEN:

In a letter which appeared in the March number of the *American Journal of Obstetrics*, Prof. Saenger describes a number of distinct forms of salpingitis, each with a definite cause, thus differing from those who hold pyo-salpinx to be always due to gonorrhœal infection. Among other forms he describes a salpingitis septica, corresponding to varieties of puerperal disease, which are ascribed to sepsis. According to his view, not only after labor at full term, but also after abortion or premature labor, a woman is liable to contract this form of the disease, as a concomitant of that form of acute septicemia from which she may happen to suffer. He says: "Salpingitis septica, co-existing with severe puerperal septicemia or 'lymphatic peritonitis,' has never as yet, it is true, given the surgeon an opportunity to remove the principal focus of the disease by extirpation of the tubes. It is possible, however, that under certain circumstances such a procedure might be indicated." After relating two cases in which the tubes had burst from over-distention of pus, and which ended in death, one on the fourth and the other on the twenty-first day after confinement, he adds: "Cases of this kind will be diagnosed more frequently and more readily as soon as

our attention has been called to them, and we may then expect to hear of their treatment by operation."

This letter appeared, as above stated, in March, 1887. On the 14th of February, Dr. D. Longaker, of Philadelphia, had removed the right tube in a case delivered nine days previously, in the twenty-ninth week of gestation. As this case has not to my knowledge been fully reported, I insert here the following notes obtained from Dr. Longaker:

"The patient was twenty-three years old, and single. She was a robust woman, of large frame, and had always enjoyed good health. She had never had dysmenorrhœa. Early in January, 1887, she had a profuse discharge, like that of acute gonorrhœa. She was well advanced in the sixth month of pregnancy. On February 5th, a twenty-eight weeks' male fetus was born. The woman did fairly well for four days, when she complained of pain and tenderness in left inguinal and hypogastric region. Her tongue was dry; her pulse, 96; her temperature, 102° in the evening. Seven days after delivery she was attacked with intense pain in the left inguinal region. A few hours after the onset of the severe symptoms, her temperature was 96.5°; her pulse, 96; her respiration 24; her knees drawn up. A diagnosis of peritonitis was at once made. Dr. Joseph Price saw the patient a few hours later, and we agreed upon the advisability of laparotomy. Owing to an apparent improvement in her condition, I allowed myself to be persuaded to postpone this for about forty-eight hours. At this time it was evident to all that she would die unless relief came speedily. She readily assented to the operation. On open-

¹An Address delivered before the Medical Society of the State of Pennsylvania, June 30, 1887.

ing the abdominal cavity, general peritonitis was evident. The uterus was fairly involuted. As the intestines were raised from the region of the left cornu uteri, a large amount of stinking pus was discharged—possibly a pint. The left Fallopian tube, the size of a thumb, was removed. The uterus was fixed in the pelvis by peri-uterine inflammation. The right tube was not disturbed. Irrigation with hot water, arrested the hemorrhage. The wound was closed with Chinese silk, and a drainage tube inserted, and the patient reacted promptly and did well for twelve hours, when vomiting set in, and continued until her death, thirty-six hours after the operation.”

On the 5th of March, Dr. J. M. Baldy, of Philadelphia, operated on a similar case, (see next week's *REPORTER*) the patient making a good recovery. This was first case of the kind in which life was saved, and also the first case reported, and therefore entitles Dr. Baldy to priority.

Some difference of opinion exists in regard to the origin of these cases, some holding that the tubal disease is always the result of the gonorrhoeal virus having found its way at some time to the tubes, producing chronic disease there, and under the influence of the puerperal state, being transformed to an acute and violent disorder. Others again believe the puerperal condition may alone be, under the influence of sepsis, chargeable with its origin.

Dr. Baldy believes that it may arise as an acute disorder, in one confinement, may subside into a chronic form (or be even latent), and in a subsequent lying-in again revive and go on to a fatal result, if not promptly recognized and treated by operation.

Thus, in our own State, and within the past year, a great practical advance has been made in the treatment of what is usually called puerperal fever.

A class of cases is provided for which would probably disappoint the most methodical and thorough application of the antiseptic system. If an old salpingitis, due to a former labor, to an old gonorrhœa, or to any other cause, exists, the most rigid observance of antiseptics will hardly exempt from troublesome sequences to parturition. It is true that many believe conception to be impossible, or at most extremely rare, where a tube is diseased; but this view is strongly opposed by others.

However this may be, it seems likely that an era has been inaugurated, in which the indications will be plain, in the small percentage of puerperal diseases which seem not

amenable to the thorough antiseptics of the present day; and to Pennsylvania will belong the honor.

On antiseptic midwifery much has been written, and the details are well worked out. The works of Garrigues² and Richardson³ leave but little to desire, on the part of those who incline to carry out, either in hospitals or private practice, a complete system. Their ground is well supported by logical argument and scientific facts, and with the aid of Dr. Hirst's monograph on “The Death-rate of Lying-in Hospitals in the United States,”⁴ these works make a strong presentation of the subject.

It is, indeed, at present, more a question of antiseptics than of asepsis. The existence of sepsis is hardly denied by any authority, although Saenger accuses Tait of standing in this position. He says:⁵ “He (Tait) does not believe in sepsis at all, does not believe in infection, denies the principles on which modern surgery and obstetrics is based. He has been taught nothing by the researches of Semmelweis and Lister, Pasteur and Koch.” This being written in the warmth of a reply to an attack by Tait on Saenger, may not be a fair statement of Tait's views, for, as Marcy says: “The most scrupulous Listerian disciple cannot outvie Mr. Tait in enforced cleanliness. His sponges are an especial care and just pride, while no operator more carefully removes the very material, too often left in the pelvic basin, which will serve as food for bacterial development.”⁶

Sepsis being admitted, asepsis must be secured, and the problem lies in the method. Whether by a system which aims at a certain destruction of all manner of germs, by chemicals known to be capable of exercising such an effect, or by physical or hygienic methods which will insure their exclusion, is probably more a question of taste than of belief.

When the choice of germicides is to be made, so far as experiment has demonstrated their virtues and practice acquainted us with results, we would hardly find it necessary to consider more than two drugs, the bi-chloride and the bin-iodide of mercury. The former has an extensive history as a germicide, while the latter has been brought to the notice of the profession by Dr. E. P.

² *Antiseptic Midwifery*.

³ *Boston Med. and Surg. Journal*, Jan. 27th, 1887.

⁴ *The Medical News*, March 5th, 1887.

⁵ *Amer. Obstet. Journal*, March, 1887.

⁶ *Med. Register*, Feb. 12th, 1887.

Bernardy,⁷ of Philadelphia.

The claims for it, over sublimate, are, greater germicide properties in weaker solutions, and lesser irritation and danger of poisoning. Recent experiments by Dr. P. K. Bolshepol'sky,⁸ of St. Petersburg, fully confirm the observations of Dr. Bernardy.

Other substances have been brought forward, each having some advantage or some special application urged for it, amongst which are boracic acid, alcohol⁹ by Dr. Paramore, of London; carbolic acid, thymol and iodoform¹⁰ by C. Braun, of Vienna.

As to the extent to which antiseptic precautions shall be practiced, there are those who think it unjustifiable, and some even criminally negligent, to treat any case, at any period, either during labor or the lying-in period, without the adoption of a full line of these tactics. Others again, and among these are many whose opinions are entitled to great respect, believe that the practice in hospitals and private may largely differ, the precautions necessary in the former being to a large extent not only unnecessary and superfluous, but even liable to work injury in the latter. Distinctions between city and country practice are also made.

There are many shades of opinion as to what constitutes a complete system of antiseptis. Bearing on these points, I will read a few references which, though drawn partly from the field of abdominal or general surgery, and in other instances relating only to intra-uterine injections, or some special part of the antiseptic plan, yet have their application here.

Dr. Graily Hewitt says:¹¹ "The practice of midwifery in private and in a lying-in hospital cannot be looked upon as identical, so far as the frequent use of antiseptic injections is concerned. . . . If it went about that the internal injection of a dangerous antiseptic, such as corrosive sublimate, was essential to the safety of the lying in patient, it would be the cause of infinite mischief. No doubt in a lying-in hospital extreme precaution is justifiable, but in private practice less dangerous materials can be employed, and frequent use of injections cannot be held to be necessary."

Dr. Champneys says:¹² "Private practice and hospital practice differ in one respect;

in both the patient requires protection from the accoucheur and nurse; but the latter also requires protection from other patients. We must balance the risk of sepsis against the risk of mercurialism, and I unhesitatingly embrace the latter."

Dr. John Phillips says¹³:—"The question of intra-uterine injections is sub-judice. As regards vaginal injections of sublimate, they might be safe, if there are no lacerations, not otherwise."

Dr. Sutton says:—¹⁴ "If Listerism has taught us anything, it is cleanliness in surgery." "It is clearly proven that a specific dressing to every wound is unnecessary, and also that specific dressings fail in the object intended." "He (the surgeon) must always keep before him, the fact that no system of antiseptics, will cover dirty and slovenly surgery."

Dr. Hiram Corson says¹⁵:—"It (puerperal fever) is a disease exceedingly rare in the country. If it is caused by the germs which are so guarded against in cities, and especially in hospitals, they are inactive, if they exist at all, in the country; and therefore, the directions so urged by Dr. Elliott and Carl Braun, and others, are not needed with us."

Dr. Joseph Price says¹⁶:—"Distance dirt and all will be well."

Dr. Hirst,¹⁷ in the Maternity Hospital, in Philadelphia, and in his private practice, carries out a plan by which 210 women have been delivered, without a death, which consists of the usual disinfection of hands, &c., with sublimate solution, a blanket previously soaked in a 1 to 2000 solution, and dried, on which the woman lies, and a regular system of ablutions of the external genitals with a 1 to 2000 solution. In the hospital a routine 1 to 4000 injection is given from a fountain syringe, immediately after the close of the third stage of labor.

Dr. Longaker,¹⁸ while believing in great precautions, thinks injections should be restricted to cases in which some obstetric operation, such as version, forceps, craniotomy, had been performed, and then the iodoform pencil should follow the injection, which should have been intra-uterine. He says injections "are unnecessary in normal cases, and may do harm." He regards the occlusion dressing of Garrigues as indispensable

⁷ *Med. Times* (Phila.), June 4th, 1885, and April 17th, 1886.

⁸ *Vratch No. 11*, 1887, p. 220.

⁹ *Amer. Journal of Obstet.*, Feb., 1887, p. 223.

¹⁰ *Amer. Journal of Obstet.*, Feb., 1887, p. 212.

¹¹ *Amer. Obstet. Journal*, Feb., 1887, p. 212.

¹² *Amer. Obstet. Journal*, Feb., 1887, p. 212.

¹³ *Amer. Obstet. Jour.*, Feb. 1887, p. 211.

¹⁴ *Gynecological Transactions*, Vol. viii.

¹⁵ *N. Y. Med. Jour.*, May 15th, 22d, and 29th, 1886.

¹⁶ Letter to the Author.

¹⁷ Letter to the Author.

¹⁸ Letter to the Author.

in hospital, but in private practice finds he "gets along as well without it."

The annual reports of the Philadelphia Dispensary, for the years 1883, 1884, 1885, and 1886, show a total of 810 confinement cases attended from that institution, all at their homes. These homes, it is not necessary to state, were, for the most part, in the most unsanitary condition in every respect. If I have been rightly informed, and I have taken pains to be, no antiseptic precautions were taken in any of these cases, and yet there was not a single death amongst them. From private sources, I learn, that the cases which have occurred during the present year, up to May, at least, have also been without mortality. The grand total, therefore, comes near reaching that of Tarnier (1000 cases), and the result—"without a death"—is more remarkable, since the attendants were largely young men, with but little experience.

I have no desire to underrate the intelligence and progressive spirit of country practitioners. I would rather believe them to be, after the exclusion of the great teachers and leaders of medical thought, the peers of their town *confrères*. But from what I know of them and of country practice, I am doubtful whether the earnest plea of Garrigues to them, to adopt the antiseptic system, or any other argument that can be made, will prevail with the great majority of the present incumbents. It may be as Marcy says, that the men who are now receiving their education, and who are having the principles of the antiseptic method thoroughly ingrained upon them, will successfully introduce it. There are many reasons, pertaining both to the practitioner and his patrons, which make it unlikely that there will be the radical change which would occur under the new system. Though they may not be regarded as sufficient by those who advocate the latter; they will have accomplished their purpose, when they are sufficient to those contented to practice under the old order. They are in fact more weighty than those who have never practiced in the country can comprehend, and I am of the opinion that many hundreds of positions might be found in Pennsylvania alone, which if filled for one year by ardent exponents of the antiseptic system, would convince them, that their predecessors were entitled to some little justification in letting the traditional one in one hundred die of sepsis.

They but seldom are engaged in advance to attend patients in confinement, and have therefore no opportunity to arrange the preliminaries. They are often called just in

time to support the head as it is passing the external outlet, and making solutions, and soaking the hands for five minutes at this juncture, before touching the patient, would not be likely to be thought very fitting. And yet it is risky to the reputation of a country practitioner not to go through the same routine in every case, as his patients are constantly associating with each other and comparing notes. Then again if the idea was fostered that there was danger at every point in a midwifery case, the hopeful spirit which we all so much value would be violently disturbed, and nowhere so much so, as in the simple-minded, self-engrossed, country woman. The nursing, too, is hardly as intelligent as that which is commanded in cities; and far less so than that in hospitals. The accoucheur seldom sees his patient more than twice after the day of labor, and must content himself with a very small fee for even so small a service. Moreover he has been going on for years, probably, without a fatal or even a seriously ill case, and is not likely to be terrified into a radical change of his methods by collective statistics, which are drawn from very remote sources. "Letting good enough alone" is apt to be a stubborn principle with him.

The admitted dangers of poisoning are likely to have considerable weight, and that these dangers would be greater in the hands of the busy practitioners and ignorant nurses, under whose care after all the great majority of puerperal women find themselves, than they have been under the management of the skillful class of practitioners to which the antiseptic practice has been thus far mainly confined, is hardly to be contraverted.

Dr. Lucien Butte reports, in a recent number of a French journal, some twenty cases in which the employment of sublimate had caused death. Doleris and Butte, in December, 1886,¹⁹ publish their conclusions from a series of experimental researches, under four heads, the fourth reading thus: "In the face of its possibly dangerous results, it is questionable if sublimate should be used in obstetrics and gynecology."

If then for some time to come, antiseptic midwifery mainly remains confined to hospitals, and to the private practice of those connected with them, and to those whose consciences will not rest unless they are steeped in sublimate solution, we should not cry homicide and malpractice on the poor man who dares to make a vaginal examina-

¹⁹ *Nouv. Arch. de Gynéc.*

tion without the "strictest antiseptic precautions."

In the treatment of mastitis, the old system of breast-pumping has given way to equable pressure by a bandage, supplemented in severe cases by the application of the ice-bag. The treatment of inflammatory diseases of any organ by cold has long had an able advocate and exponent in Dr. Hiram Corson, of Conshohocken, and to bring forth anything that is new to him in this line would probably severely puzzle the scientific world.

Antiseptic midwifery applied to the breasts in the manner taught by Garrigues, it is claimed, will prevent the occurrence of mastitis, and antiseptic surgery adopted in the treatment of mammary abscess, will very speedily cure.

Dr. Longaker, in an article on this subject ²⁰ reaches the following conclusions:

- (1) Milk retention is not a cause of mastitis.
- (2) Milk retained in an inflamed breast does no harm.
- (3) Any effort to remove the secretion increases the intensity of the inflammation by stimulating the functional activity of the gland.
- (4) The fundamental principle to be observed in the treatment of mastitis is rest. This will prevent suppuration.
- (5) In suppuration, early incision, under antiseptic precautions and drainage, is to be strongly urged.

A correspondent of the *British Medical Journal* advocates for inflammation of the breast "effervescing citrate of potash, with about fifteen minims of sweet spirits of nitre and the same quantity of sal volatile every four hours." To ease pain and help resolution, he advises hot fomentations containing belladonna.

Mr. Miall ²¹ says: "When mammary abscess is on the point of forming, I have frequently seen all the symptoms rapidly disappear in a few hours under the influence of fomentations with hot water and carbonate of ammonia, an ounce of the carbonate to a pint of water." The nipples must be protected.

I have seen good results from the liberal use of an ointment of calomel (3j—3j), conjoined to appropriate internal treatment and care of the nipples, with an efficient sling for the inflamed organ.

Touching the value of support to the perineum, Dr. Bahnson, of Salem, N. C., gives

in a recent article ²² his opinion of the cause of lacerations, and his method of preventing them, which he regards as superior to other procedures. He does not believe that the head causes the laceration, but ascribes it to the cutting of the acromion which ploughs over the perineal floor. The opinions expressed by Dr. Baldy ²³ also make it doubtful whether we are doing all for the woman, that we are apt to fancy we are, in supporting the perineum. He says "if we hold the head back, the vis à tergo must be spent somewhere, and that somewhere is the pelvic floor." He points out that the skin is frequently intact, while the structures internal to the skin, forming the posterior vaginal wall, are torn and prolapsed, a condition for which operative procedures become necessary.

The idea of the hand on the perineum at the moment of the passage of the head over it, is, in my mind, not to prevent the head from moving forward, but to secure its direction in conformity with the natural curve of the distended, but not torn, perineum. The unsupported parts may not furnish sufficient resistance, and may, under a sudden force, give way, an accident probably less likely to occur when a tactus eruditus is in requisition.

Lanolin has been brought forward ²⁴ as far preferable to lard or any other unguent, for overcoming rigidity of the perineum.

While we are aiming at the prevention of lacerations, the Burmese midwife, according to Dr. T. F. Pedley, of Rangoon, ²⁵ in primipara, tears the perineum with her thumb-nail, which she has cultivated into a long and sharp instrument for this very purpose; or if not furnished with this terrible tool from her hand, she is sure to have it on her great toe from which position she wields it with equally effective fiendishness.

And finally, in regard to this caption, I have somewhere seen a case reported, in which the accoucheur's attention was called to something being expelled from the rectum, as the head was descending, and finding it to be a sausage several feet in length, which had been placed there to insure expulsion of the product of conception by way of the natural outlet.

In the March and April numbers of the *American Journal of Obstetrics*, for this year, Dr. King, of Washington, brings forward a new and very interesting theory on the cause

²² *Virginia Med. Monthly*, April, 1887.

²³ *Amer. Obstet. Jour.*, April, 1887.

²⁴ *Quar. Therap. Review*, January, 1887.

²⁵ *Amer. Obstet. Jour.*, April, 1887.

²⁰ *MED. AND SURG. REP.*, Jan. 29, 1887.

²¹ *British Medical Journal*.

of the renal troubles of pregnancy. He maintains the normal position in utero to be oblique, with the pelvic extremity towards the one side, usually the right, and the cephalic towards the other, resting in the iliac fossa, above the pelvic brim. So long as this position is preserved the large abdominal vessels escape pressure; when it is changed to the vertical, which may occur from numerous causes, compression occurs, and renal troubles, with all their serious consequences appear.

The electric shock, for the destruction of the life of the fœtus, in extra uterine gestation, in the early months, has become the recognized treatment for that condition, although laparotomy too has its advocates, amongst whom is Gallabin, whose work on obstetrics has appeared within the year.

Among the other new works, are those of Parvin, King, Mundé and Charpentier.

While I recognize the imperfection of this sketch, and feel that what has been done within the year, to which no reference is made, may far exceed in importance that which has been noticed, without, however, any intentional slight, I may yet hope that I have brought this subject before you in such a way that you may see that the march of progress has been rapid; that the great art of midwifery has gained in useful acquisitions; that the diseases of the mothers of our time are being sedulously studied; and that what was an obscure art, still allowed to smoulder under ignorance and superstition, when the other departments of medicine had long since emerged from the darkness of former ages, is now amongst the most finished of the specialties, and the one which probably leads in the application of the most advanced principles of practice.

—“The Uses of Adhesive Plaster in Orthopædic Surgery” is discussed in a very clear and practical way by A. B. Judson, M. D., of New York. The pamphlet before us is reprinted from *The New York Medical Journal* of June 4, 1887.

—Dr. Henry Boynton, of Woodstock, Vt., in a recent address on alcohol and opium, said that the use of opium was increasing in that locality. The four druggists report sales of opium in a year sufficient to make one hundred gallons of laudanum. This is the equivalent of one hundred and sixty-seven ounces of morphine. Of this whole amount only *five per cent.* is sold to physicians.

COMMUNICATIONS.

THE USE OF THE EXPECTORANTS IN THE PULMONARY DISEASES.

BY J. CHRIS LANGE, M. D.
Prof. Principles and Pract. Med. at Western Pennsylvania Medical College, of Pittsburgh.

It is the object of this paper to present some considerations upon the customary employment of the expectorants in the treatment of pulmonary diseases. The term, expectorant, is applied in the *Materia Medica* to a class of remedies the effects of which are said to embrace a modification of the condition of inflamed mucous surfaces, as a result of which their secretion is increased in quantity and decreased in viscosity; in other words cough is “loosened” and expectoration is facilitated. Senega and scilla, classed in the *Materia Medica* as blennorrhethics, and ipecacuanha and sanguinaria, of the class of emetics, are the substances some preparation of one or more of which most frequently constitutes the potent ingredient of the conventional cough mixture. Such a mixture is commonly exhibited in diseases accompanied by cough; that is to say, in pulmonary diseases. In this class of affections a cough mixture is a clinical necessity. Patients demand a medicine addressed directly to the most prominent symptom of these affections, namely, to the cough. Very frequently the only indication for treatment which exists in such cases is the exhibition of some remedy to allay the cough. As a consequence of this demand and of this indication, it is almost universal practice to administer in such diseases some compound or mixture containing a preparation of ipecacuanha, scilla, senega, sanguinaria, or some other of the expectorants.

It is proper to ask, therefore, upon what grounds this common practice rests? Are these grounds good and sufficient? Is this practice based upon the results of clinical experience, or is it supported alone by the arbitrary and fallacious classifications of the *Materia Medica*?

The natural history of the most common of the pulmonary diseases, acute, simple bronchitis, embraces a duration of from ten to twelve days. It may be divided into two stages; during the first stage, a period of from three to five days, the sputum is transparent, scanty and viscid; during the last stage the sputum becomes abundant, opaque and muco-purulent. This is the expectoration of acute simple bronchitis

when the disease pursues its course untreated. I have many times verified it and have records of many cases. If now the described desirable effects of the expectorants follow their administration, they should be appreciable in the comparatively simple inflammation mentioned. That is to say, in other words, the first stage of an acute simple bronchitis should be shortened, or, if you please, the duration of the affection should be shortened. If this putative effect of the expectorants obtains, the stage of scanty and viscid sputum should not endure so long, and the stage of free expectoration should appear earlier than is the rule in cases untreated. Does this result follow in cases treated by the expectorants? I have records, also, of many cases of acute simple bronchitis treated by the expectorants; a comparison of my record of cases so treated with that of cases entirely untreated demonstrates the result of the administration of the expectorants in this inflammation to be *nil*. This comparison shows no diminution in the duration of the first stage, and no diminution in the duration of the affection. In my experience, therefore, the reputed action of the expectorants in acute simple bronchitis is merely a superstition. The disease runs its course precisely as though untreated. In consequence, my employment of these remedies would rest, not upon good and sufficient grounds, not upon the results of clinical experience, but upon a fallacious classification of the *Materia Medica*, and upon custom which makes laws by no means invariably wise. And the same is true of my observations regarding laryngitis, pleuritis, and pneumonitis; these affections run their course uninfluenced by the administration of the expectorants. If these affections run their natural course, if their cough is uninterrupted, uninfluenced by the administration of these remedies, then despite a therapeutic legend, the usefulness of the expectorants in these inflammations is not warranted by clinical experience.

The study of the effect of the expectorants in chronic diseases of the pulmonary structures abounds in difficulties which are absent from that of the acute diseases. It may be aphoristically said that the intensity, duration and frequency of cough is in proportion to the difficulty of expectoration; and that this latter is in proportion to the scantiness and viscosity of the sputum. The cough mixtures, of which the potent ingredients are the expectorants, are addressed directly to the cough; they are administered for their putative action, the modi-

fication of the inflamed mucous membrane, resulting in a sputum increased in quantity and decreased in viscosity. That is to say in other words, they are administered to "loosen the cough." The question to be answered is, does clinical experience demonstrate that this effect follows the administration of the expectorants in the chronic pulmonary diseases?

The difficulties to answer this question are many. They are the ever-varying conditions of the sputum, as to quantity and viscosity, which belong to the natural, as well as to the clinical history of these affections. The intrinsic causes productive of these varying conditions, are the changes involved in the progress and retrogression of these diseases, and in their complications. The extrinsic causes active to the same end are innumerable; prominent among them are atmospheric changes as regards temperature, humidity, and direction of the wind, and changes in the life and habits of the patient. Other difficulties emanate from the desponding or hopeful or petulant patient; the subjective descriptions of cough and sputum, the subjective certainty of improvement or decline, of restoration or destruction. Superadded to these difficulties are those generated by the unscientific conclusions of the physician, whose laudable desire to be useful, whose veneration for time-honored and unquestioned propriety, are prone to picture to him good results where none exist, and to make natural changes appear as consequences of his therapeutics. These difficulties beset the way of the clinical investigation of the effects of the expectorants in chronic pulmonary diseases. They constitute effective bars to entrance into, and exploration of, this field,—bars unsurmounted and yet unsurmountable. Therefore, to the question: Does clinical experience demonstrate that the putative good effects of the expectorants follow their administration in chronic pulmonary diseases? we have to answer: This is still undetermined. And from this it follows that the customary exhibition of the expectorants in these affections rests, not upon results of clinical experience, but upon an honored classification of the *materia medica*.

Let us consider other effects of the expectorants. They increase the action of the skin and that of all secretory and excretory glands. In other words they effect a derivative revulsion: they produce a plethora of the abdominal viscera, the glands and skin, and a corresponding anæmia of the thoracic

viscera. Is this action of the expectorants desirable in the pulmonary diseases? There is no clinical evidence to prove this action a beneficial one in the acute pulmonary affections; there are grounds to justify the belief that, in chronic pulmonary affections, this action is an unfavorable one. The chronic pulmonary diseases embrace in their morbid anatomy blood stasis, œdema, infarction, hypertrophy, atrophy, degeneration, abscess, necrobiosis, etc., processes and conditions which have to do, not with an increased blood supply, but with a blood supply which is diminished. The presence of the greater than normal quantity of blood in the pulmonary structures is not an active congestion, like that of the first stage of a croupous pneumonia, but a passive one like that of a protruding hemorrhoid. Such processes and conditions thrive upon a diminution of the arterial blood supply, for the reason that this involves the presence of an increased quantity of venous blood. In short, as stasis is increased by a diminished arterial supply, and as stasis is a factor, as well as a cause and an effect, of the destructive processes and conditions constituting chronic pulmonary diseases, its diminution instead of its increase should be the object sought to be attained by treatment. From this consideration a rational conclusion, repeatedly proven correct by clinical experience, is established. It is that, in chronic pulmonary diseases, derivative revulsion is an injudicious measure of treatment; that it is a depressing measure; and that its results, like those of all antiphlogistic treatment, are bad.

If this effect, the diversion of blood to other parts, is desirable or is desired in any case of pulmonary disease, other remedies than the expectorants will produce it much more energetically; but it is not for this effect the expectorants are employed; this effect is secondary, minor, incidental only, and quite unimportant. This effect has not established and does not maintain the customary exhibition of the expectorants. This is accomplished solely by their putative action, to increase the quantity and to decrease the viscosity of the sputum,—to “loosen the cough.”

Finally, we have to consider one other action of the expectorants. This, also, is an action, which has not established and does not maintain their customary exhibition; this action, also, is secondary, minor, incidental only, and receives no attention.

This effect is nausea. Nausea is a powerful antiphlogistic. A nauseated patient is

subjected to a potential modification of his nervous system, which breeds disturbances throughout the whole economy. This is manifested by a thready pulse, a cool surface bathed in clammy sweat and cold extremities, by pallor with bloodless prolabia, and a relaxation of the whole muscular system, including often the sphincters. In the nauseated patient life appears to be at its end. Nausea is one of the most energetic immediate sedatives, to which free bleeding alone can be compared. This is nausea to the point of emesis. It is not this point, however, which is reached in the administration of the expectorants, excepting those instances in which it is desired to vomit the patient; the exhibition of these remedies does not reach this point of nausea. Pronounced nausea is not produced by the proper dose of an expectorant, or if it be, the dose is diminished. Nevertheless, a degree of nausea is a result of the employment of these remedies, and this is more or less manifest according to the size of the dose and the susceptibility of the patient. The administration of expectorants results in a degree of nausea, the existence of which is readily appreciable in the physiological state; in the pathological state its existence is most obviously made manifest by the destruction of an already impaired appetite, by the substitution, for a limited power of taking nutriment, of loathing for all food. This I have frequently verified by the alternate administration and withdrawal of these agents in the same patient. Further, by the exhibition of the expectorants to healthy persons, some malaise, a pasty mouth, a furred tongue, complete anorexia, and epigastric tenderness, are produced in the course of a very few days. These symptoms belong to the physiological effects of the expectorants; these symptoms also constitute the semiology of a mild sub-acute gastritis. The obvious inference is that the latter affection is a consequence of the exhibition of the expectorants.

Let us apply these considerations to the management of pulmonary diseases. Are these depressing and spoliative effects desirable, let us ask, in phthisis? An answer is obviously unnecessary. Yet what is more common than to administer some cough mixture containing an expectorant, during the course of this affection? It is expedient, a matter of course, routine. An indication exists for, and the patient demands, some remedy addressed directly to the cough; the time-honored expectorant is chosen; its putative expectorant effect is of such import-

ance that its perturbing and spoliative effects are forgotten or ignored.

Equally injudicious is this treatment when employed in chronic bronchitis. An affection which frequently entails upon the patient a dilated heart, and the pathological changes of which depend largely upon blood stasis, contra-indicates the exhibition of every agent which numbers among its affects a sedation of the heart and a diminution of nutritive supplies. The consequences of such a remedy, though they may be long endured, and though they may be difficult to measure, are certain to follow its administration: they are debilities which in and of themselves may be effectual bars to a recovery. Yet more pernicious is this treatment when employed in the pneumonia of old age, which disease is frequently a process of chronicity. As a disease imperatively requiring, above all else, most energetic supporting treatment, one in which all depressing measures are clearly contraindicated, its proper management debars the use of the expectorants; and if these remedies enter into its treatment this therapeusis deserves the title which its result confers upon it.

The exhibition of the expectorants in the acute pulmonary diseases which are without danger to life can be objected to only on the grounds that their expectorant action is observed to not follow their administration, that their revulsive action is too feeble to be of service, and that as nauseants the worst they accomplish is to increase somewhat the patients' discomfort and debility. If our therapeutic resources do not embrace a better treatment for the cough of an acute simple bronchitis, for instance, then no more potent objections than those cited may be made to the administration of expectorants, perhaps; and yet it is conceivable how, particularly in the young, the old and the feeble, this treatment may be a causative factor in the extension of a bronchial inflammation which terminates in catarrhal pneumonia. It is conceivable how the depressing effects of expectorants may constitute the essential, because the necessary, factor which induces an extension and prevents a resolution of inflammation; how these effects may constitute the metaphorical feather which breaks the camel's back. If this be true it is a grave objection to this treatment which must be added to the trivial ones.

In another class of acute pulmonary diseases, namely, those in which danger to life is by apnoea only, the trivial objections to the employment of expectorants can alone be urged, provided this treatment is not

allowed to displace proper and more energetic measures. In such affections we are not concerned with asthenia; we know the patient to be safe as far as exhaustion is concerned; hence no grave objection to the use of the expectorants exists, and the trivial ones are only to be remembered. These objections become potent however in all acute pulmonary diseases in which the danger is from asthenia. That is to say in other words, in all such diseases in which, if they end fatally, death is caused by the exhaustion of the patient. A class of diseases of which Dr. Flint has said, "The ending is a question to be decided by the tolerance of the patient; if his tolerance hold out, the ending is in recovery; if it do not, the ending is in death." This class embraces the majority of cases of acute pulmonary diseases, and their proper treatment presents this pre-eminent indication, to strengthen and to lengthen the tolerance of the patient. If the tolerance of the patient hold out the ending is in recovery; if it do not the ending is in death. The tolerance of a patient is not strengthened and lengthened by the exhibition of the expectorants, but is, on the other hand, weakened and shortened by it; and, again, it is conceivable how this weakening and shortening, be it ever so limited and difficult to measure, may constitute that factor in a case which determines a fatal ending.

TRUE AND SIMULATED INSANITY IN THE CRIME CLASS.

BY DR. WM. DUFFIELD ROBINSON,
Physician in Chief of the Eastern State Penitentiary.

Abstract of a paper read before the Philadelphia
Neurological Society.

In the general population there is a distinct class known as the "*Crime Class*," and most State Prison offences are committed by this class. They seldom reform, but end in death, lives passed in crime and infamy. They have as little control of their natural inclination to wrong doing as a drunkard has over his desire for liquor. They are seldom given to rum-drinking and rarely permit themselves to become intoxicated. They have little sense of honor among themselves, and see little, if any, moral wrong in their crimes, regarding the man who brings them to justice as worse than themselves. They do not believe in sexual purity, and are given to excessive venery. They squander their money when they have it, have little fear of death, and in many cases are infidels. They form strong

but capricious and unstable attachments. The class includes persons of all grades of intelligence and education. With them crime is a monomaniacal infatuation. They are distinguished by abnormal shrewdness and cunning, either inherited or developed by life-long practice in evading detection. Each devotes himself for life to his own special line of criminal work.

As a class they are deficient physically and mentally; 20 per cent. have had syphilis before they are 40 years old; neurotic diseases are common among them; they are frequently the subjects of epilepsy, and mental diseases prevail among them in a far larger proportion than among the general inhabitants. Fully 10 per cent. develop some form of mental disease before death. Three or more deaths from tubercular diseases occur in a family in $76\frac{1}{4}$ per cent. of such convicts.

The criminal tendency of individuals of this class is almost always inherited, and they have scarcely any control of it.

About 6 per cent. of convicts show a strong inherited tendency to insanity, and over 17 per cent. of the convicts in the Eastern Penitentiary of Pennsylvania show family crime histories. Where two or more members of a family are convicts, they almost invariably show the distinctive characteristics of the crime class.

During the five years I have been physician to the Eastern Penitentiary, I have had to deal with 3500 convicts. Of these 245 were insane upon admission, 40 developed insanity during their incarceration, and 20 simulated insanity. Among the rest were to be found many who were feeble minded, epileptic, idiotic, or with imperfectly developed intelligence.

Many different forms of insanity prevail among convicts, the most usual being (1) delusions of attempts to introduce poison in their food; (2) delusions of bodily torture by electricity—this class rarely recover, and autopsies reveal decided cerebral lesions; (3) delusions of persecution and threatened bodily violence; (4) religious exaltation; (5) homicidal mania.

Many insane criminals have been criminals before they became insane: they are not criminals because of insanity, but independently of it, and they would be equally criminal if not insane.

Simulation of insanity is rarely met with by the general practitioner, since it is confined almost exclusively to prisons, the army, and the navy, where alone a motive for it exists.

It would be hard (if possible), to make the

general practitioner or specialist in nervous diseases believe how deceptively an ignorant, illiterate criminal can play the part of a lunatic. I have seen twenty cases in which the simulation would puzzle or deceive any physician. The efforts have lasted for days or months, and in many cases I could not have believed that the insanity was not real, had not the patient eventually confessed his simulation and abandoned it.

These subjects never claim to be insane. They usually first threaten suicide or make a safe pretense at attempting it. If this fails in securing for them what they desire, they soon claim as facts what is necessarily false. These false beliefs and delusions they persist in, often adding others of correlated character.

While some do such simulation badly, each does what he thinks will be most likely to make you believe him demented. A prolonged study of any one of them, will in time create a doubt as to its genuineness, to the unprejudiced observer. Insanity is sometimes produced by *continued* effort at simulating, which overtaxes the brain.

From my observations I would ask your attention to the following few cases:

Case 1—A convict began his masquerade about a month after reception by a claim of delusions and by violent outbreaks of violence and passion. After a few months he had reduced himself to a most disgusting and deplorable condition by his acts and filthy habits, in spite of constant efforts to keep him cleanly. He seemed to have arrived at the last stages of dementia, and a commission of our most prominent expert specialists in mental diseases, appointed by the court, declared him to be unquestionably insane. A month later, after an encounter with his keeper, in which he was for the first time punished, he asked to be put in another cell to work, and said his insanity was all a simulation, in the hope of removal to an asylum. From that hour he never showed the slightest indication of mental disease during the next six years.

Case 2—The Emma Bickel case need only be mentioned to demonstrate how easily a claim of insanity may be supported by medical testimony, although the subject is perfectly sane. Several murderers have recently been declared insane by experts; but when that failed in its purpose, and execution became inevitable, the last days of several of them were noted for entire absence of insanity or delusion, and full appreciation of their deeds, responsibility and impending punishment.

Case 3—An Englishman received as a convict a few months ago, soon after reception showed signs of delusional insanity, followed eventually by apparent apoplexy, very correctly simulated. Etherization, with a show of intended application of actual cautery, entirely and permanently cured the apoplexy and insanity as soon as the stage of ether intoxication had been reached.

Case 4—An intelligent farmer, guilty of murder, whose mental soundness was questioned, was not hung, but the grade of his crime was reduced to murder in the second degree. He was recently received to serve an eight-years' sentence in the penitentiary. On reception he was apparently in the last stages of dementia. Being convinced that it was not genuine, I assured him he would not be removed to an asylum, and advised him to give up his play, and behave like a man. A little rough usage by speech and a couple of shakings, in a few days convinced him that his attempt had failed, and he suddenly gave up the play, and has since been a perfectly sane, intelligent man.

Case 5—Dr. J. Wm. White, in one of the annual reports of the penitentiary, describes a case of a man who went on to the most loathsome and filthy practices of the badly demented, but who afterward acknowledged it all a masquerade, and ceased the pretence.

Case 6—The convict Taylor was not thought to be insane by any member of our profession, or the laity, whose study of him had been careful and continued over some months. His last days indicated his sanity, and he pleaded for pardon for the charges which he had made, and which he said he knew were false. The autopsy in his case revealed no brain lesion, but a brain characteristic of the low crime class.

Medical testimony has lost much of its proper influence over jurymen, probably caused by the bitter partisan position which experts permit themselves to take, imposing their varying opinions as positive facts on every one where opportunity offers.

Should the court conduct the mental investigation of prisoners, instead of either the prosecution or defense, it would do much toward elevating medical testimony to its proper place, and prevent its so degenerating in the estimation of the laity, as often to be successfully ridiculed.

—An Appendix to Neale's "Medical Digest," including the years 1882-3-4-5 and the early part of 1886, has just been published, and brings this valuable work as nearly as possible down to date.

BRONCHITIS FROM MECHANICAL IRRITATION.

BY T. C. SMITH, M. D., OF AURORA, IND.

The following case is of interest, as showing how easily we may sometimes be placed in error in diagnosis and treatment, and indicates how very serious consequences may result without our even suspecting the true exciting cause.

Bertha C., aged 5 years, is usually healthy and robust, though sometimes troubled with obstinate spasmodic cough resulting from cold and former tonsillitis. This, however, could be allayed by the active use of expectorants—chiefly bromides—or syrup ammon. iodid. She was brought to me the last week in February, 1887, with a very severe spasmodic cough that caused her mother to think she had an attack of pertussis. This I did not believe. Physical examination caused me to pronounce it a case of sub-acute bronchitis. There was slight febrile excitement, considerable "nervousness," pulse 110, cheeks flushed, increased respirations accompanied with considerable lifting of the shoulders at every inspiration, and a disposition to cough on expiration; there was no marked cyanosis. The respiratory sounds were loud, well marked and dry. The sibilant and sonorous râles were loud and distinct with both inspiration and expiration. The expectoration was white, tough, not very adhesive. A few times it was tinged with blood. The dyspnoea was considerable on exercise and at night on going to bed. The cough mixtures failed to give satisfactory relief, though they were persistently used, and as strongly anodyne, anti-spasmodic and expectorant as was safe to give. I should have mentioned before that resonance was fairly normal all over both lungs, being perhaps a little clearer on the right than left side.

A month of treatment availed nothing for real improvement. The faithful parents were becoming discouraged, and were apprehensive of chronic lung disease. Finally the child had an unusually severe spasm of coughing and threw out of her mouth a little brown triangular object, quite a half inch on each of its three sides, and very sharp at one point. Inspection proved it to be a piece of hazelnut shell that the child had drawn down the trachea a month before. Her mother distinctly remembered the time when the child seemed to choke a little and cough severely while eating these nuts, but as she soon ceased to be troubled for that

time, it did not occur to her that any part of the shell had gone into the bronchia. After its expulsion the cough ceased at once.

This case reminds me of one that was reported by—I believe—Dr. A. T. Keyt, to the Ohio State Med. Society, about 1872, where the case was diagnosed as tubercular phthisis, and was soon expected to die, when, all unexpectedly, a splinter of hard wood was expectorated and a fairly rapid recovery followed. I give this from memory, and believe I have stated it correctly, as then reported.

ACUTE MANIA CURED BY HEROIC TREATMENT.

BY H. V. SWERINGEN, A. M., M. D., FORT WAYNE, IND.

A young Irish woman. Married twelve or thirteen years. Has six children living. Had several abortions. Naturally anæmic. Ambitious and industrious. Has done all her own work except during periods of confinement.

I have given her, with decided benefit, the usual remedies prescribed for anæmia, chlorosis, leucocythemia, neurasthenia, etc., etc. But as soon as she felt better they were discontinued until a relapse would occur, when, after bearing it as long as she could, she would again apply for medical aid, and so on *ad infinitum*.

About nine or ten weeks after the birth of her last babe which now (June 21) is about three months old, she had one night a very peculiar mental attack, which aroused her household and neighbors.

She labored under the delusion that her husband, a locomotive engineer then out on his run, was killed. In spite of the assurances of her friends to the contrary, she would not be comforted, but screamed, lamented and cried at a furious rate, until a short time before my visit on the following morning, when she seemed to recover her usual composure, but it was quite plain that something was radically wrong with her mind.

While she answered my questions rationally enough, she was in what is called a "nervous" state, with an anxious, unnatural expression of face.

In answer to the usual questions from friends, I told them that her condition was due, in my opinion, to the fact that she did not have blood enough in her body to nourish her brain, and that as a result, it had lost its equilibrium, the cerebral cells having be-

come irritated, disconnected, their continuity interrupted, etc., etc., or words to that effect.

The idea of puerperal mania, or insanity, suggested itself; but I could find nothing in the case to support it other than the facts above given.

I requested the friends, however, to watch her very closely day and night, telling them she would be apt to kill her babe, throw herself in the cistern or river, or enact some other fearful tragedy.

She passed the day fairly well, but in the night again became delirious or maniacal, requiring restraint, the attendants being obliged to hold her in bed, from which she would occasionally start or rise up suddenly seeing something horrible to look at: a fire burning up a family, or a child drowning, or sights of this nature.

I considered the bromides contraindicated in the case, for reasons which are at once apparent to the reader, and endeavored to control her excessive, obstinate wakefulness by food, stimulants and tonics. But she became wholly indifferent to the entreaties of her friends, and refused to eat or drink any and all preparations offered to her.

I gave her various hypnotics, sedatives, nervines, foods, digestants, etc., which her husband, who seemed to have the most control of her, occasionally succeeded in coaxing her to swallow, but without any appreciable effect. I obtained the best results from the hypodermic injection of a third of a grain of morphine; but unfortunately they were only temporary. I tried to get some hyoscyamine, intending to use it in the same manner to the extent of one hundredth grain; but there was none to be had in the city, I am ashamed to say. I telegraphed to Chicago for it, but even in that great City of the West I failed to obtain it.

I remember to have used it successfully in a very aggravated case of chorea in a young married woman in a distant town where the attending physician, satisfied with having administered the prescribed remedies in the prescribed doses without effect, folded his arms and looked on as a mere passive spectator, leaving the case entirely to nature.

In the meantime my patient became exceedingly noisy and violent, having broken the sash of the window at the foot of her bed. Prior to this she was comparatively quiet; indeed at times she was unusually so. This, as we subsequently learned was for a purpose, illustrating the peculiar cunning of the acutely insane. She at times *pretended* to be asleep and when she thought her attendants

were dozing she made sly efforts to leave her bed and room. Occasionally she caught a word spoken by one of the nurses, when she immediately began to repeat it rapidly, even singing it at times, ever and anon breaking out in a familiar tune.

It had now come to be a desperate case. Her husband gave her up as hopelessly insane, and the friends began discussing the propriety of sending her to the State Asylum. It was time *something* was done, and done quickly. I was yet hopeful that if I could put her to *sleep*, and keep her asleep *continuously* for 24, 48 or 72 hours, she would awaken very much improved if not entirely rational.

I would then be satisfied at least that I had done my whole duty, or that a prolonged sleep would avail nothing. We were now entering into the 4th or 5th night, and the question was *how* to get her asleep. Two attendants were holding her in bed while she was alternately screaming, singing and making violent efforts to get away.

Now comes the most interesting, important and instructive part of the case, viz: its therapeutics, the effect of which, although not wholly unexpected, was surprisingly successful.

I had a desperate case before me, and resolved upon a corresponding course of treatment. Had my patient died, it is questionable if I should have reported the excessive dose I gave her; but she lived, and immediately improved, after the artificial sleep induced by nearly a whole grain of morphine injected into her arm, followed at once by chloroform inhalations. She slept until morning, when she awakened perfectly rational, took some nourishment and again went to sleep.

She thus slept and wakened for several days and nights, occasionally talking "a little off," as her husband expressed it; but on the whole constantly improving, although she remained very weak. I am quite certain she could have taken double the dose given, without serious toxic effects, in the condition she was in when I gave it to her.

It has been my experience in these cases that *small* doses only aggravate the condition we seek to control, and a tolerance for very large doses is established by the very nature of the case.

There are physicians who would no more exceed the dose recommended in the books, than they would cut off their own fingers.

It is right that we should have some standard, some rule of guidance, and some safe limit in posology; and the physician has

no business, perhaps, to violate on his own responsibility in a case of this kind such a limit in using toxic remedies. But one large, heroic, positive dose is worth a million small ones, which serve only to increase the trouble we are trying to relieve. There is much to learn yet in what may be called exceptional posology in exceptional cases. Circumstances alter cases; I believe it was the *size* of the dose that cured my patient.

REPORTS OF SOCIETIES.

THE SIXTEENTH CONGRESS OF GERMAN SURGEONS.

[Continued from p. 780.]

Sterilized Dressings.

DR. SCHLANGE, of Berlin, thinks that to insure an absolutely aseptic condition of the various materials for dressing wounds, it is best to sterilize them by exposure to a jet of steam at a temperature of at least 100° C. (212° F.)

PROF. VON VOLKMANN, of Halle, does not see any necessity for such procedure. It is well-known that bacteria will colonize under the best antiseptic dressings, and it is impossible to kill every single coccus. The human body is not a test-tube, but it has a certain power of resistance against cocci, and therefore it is sufficient if the surgeon has *clean hands*, uses *clean instruments*, and sees that the wound and its surroundings are *thoroughly disinfected*. On this iodoform-gauze is packed, and covered with moss or some other *desiccating* material. No tissue impermeable to fluids, such as rubber-tissue or mackintosh, should be interposed, for these favor the development of micro-organisms. Dry dressings will promote healing with absolute certainty by reducing the number of bacteria and the poisonous ptomaines produced by them.

PROF. VON BERGMANN, of Berlin, prefers to use sterilized dressings because they protect the wound from microbes, which give rise to infection by direct migration, e.g. erysipelas.

VOLKMANN mentioned the fact that among other cases, he has treated more than 300 cases of compound fracture without any death or any case of erysipelas.

BERGMANN thinks that this is no proof that such infection is *impossible*.

DR. LÖFFLER, of the Imperial Sanitary Board at Berlin, has found that the material used for antiseptic dressings—stored away in great masses for an emergency by the direction of the army officials—is as good as ab-

solutely sterilized if the middle of the packages is taken as a test. Only the most external layers of these compressed packages occasionally contains a few germs capable of being developed.

Value of Iodoform as an Antiseptic.

DR. DE RUYTER, of Berlin, has made some experiments in conjunction with Dr. Bearing to disprove the attacks made by Drs. Heyn and Rovsing, of Copenhagen, on the utility of iodoform as a dressing for wounds. He admits every thing that has been alleged as far as iodoform, as a *dry powder*, is concerned; but he has shown that in the secretion of wounds the drug is always decomposed, and a certain chemical combination is formed between iodine and albuminoids in the secretion, and especially the ptomaines produced by bacteria. In sterilized blood iodoform remains unchanged.

That the decomposition of iodoform is produced by the ptomaines, which in turn are rendered innocuous by the chemical combination thus engendered, is apparently paradoxical; yet, the incomparably beneficial and unprecedentedly reliable action of iodoform is without doubt due to this peculiar property, that it is only a tative when decomposed by the secretions of the human body.

It must be remembered that solutions of the element (iodine) itself in similar proportions have not been found to act as well as solutions of iodoform of the same strength. The best action is secured by a solution of iodoform, in alcohol and ether, which is the most rapid means to sterilize dressings.

In the discussion: PROF. VON VOLKMANN stated that he felt glad to see iodoform vindicated. The results published by the Copenhagen investigators were so diametrically opposed to all surgical experience that such vindication was sure to come, and he was glad it had come.

DR. SANGER, of Magdeburg, corroborated the findings of Drs. De Ruyter and Behring by relating his experience, showing that even the poison of anthrax is destroyed by continued action of iodoform on the pathogenic bacillus. In his opinion it is the decomposition of the iodoform, which favors this germicide action. In wounds, primarily made aseptic, iodoform does all that is claimed for it.

PROF. BRUNS, of Tübingen, reported the favorable results he has obtained by injecting iodoform solution (10 per cent. in glycerin and alcohol) into all kinds of cold (tuberculous) abscesses. He has found that of 54 patients 40 were cured and the microscopical

examination of the walls of the abscesses by Prof. Nauwerk showed that the tubercles are arrested in their growth, the bacilli disappear, and the infectious walls of the abscess necrose, or undergo fatty degeneration, by the establishment of normal vascular granulations. The action of iodoform Prof. Bruns therefore designates as *specific and antibacterial*.

Transplantation of Skin.

DR. WAGNER, of Koenigshuette, illustrated the covering of defects on the arms by using portions from the skin over the thorax, by a case of extensive burns on the arm and forearm of a patient. He gives the rules laid down by the late Prof. Maas:

1. The thorax and arm must be immobilized with plaster of Paris dressing.
2. The superficial granulations on the part to be covered must be pretty deeply removed.
3. The flap to be used must be dissected off, following closely the distribution of the vessels, even if a decided turn has to be given to the base of the flap.
4. The flap must be stitched very accurately to the margin of the defect, and it may be approximated closely to the granulating surface by a few deep sutures.
5. A thick layer of boracic acid ointment ought to protect the exposed portions of the flap from becoming necrotic through desiccation.

6. The base of the flap ought to be divided in from ten to fourteen days.

He presented some patients on whom he operated in accordance with these rules with excellent result.

One of these was a laborer who had had the skin taken almost entirely off from his right arm. Two transplantations were made, first from the right and then from the left side of the thorax; the first about four months after the injury, the second about six months later. The result was very gratifying. Sensibility was acquired in the arm almost fully; but even mobility was restored to a limited extent, although there had been a fearful loss of muscle substance. His experience in this and similar cases leads him to consider careful suturing of the flap to the margins of the wound unnecessary, close apposition to the granulating surface being much more important.

WAGNER thinks that this method of transplanting skin is a great achievement in plastic surgery, and points to various conditions heretofore deemed almost incurable, such as large old ulcers of the leg, etc.

Prof. HELFERICH, of Greiswald, reported a case similar to those of Wagner; he has,

however, followed the advice of Prof. Thiersch, and studded the fresh granulating surface with small pieces of epidermis.

One point of importance is to protect the base of the flap from pressure which might endanger circulation.

Dr. HANS SCHMID, of Stettin, advises an early operation in these cases, especially when joints are implicated, as he has had a case in point. It is the best means to insure the greatest possible mobility of the limb.

Uranoplasty and Staphylorrhaphy in Early Infancy

was advocated by Prof. WOLFF, of Berlin. He has operated during the last two years on 24 cases of cleft-palate, 14 of the patients being below five years of age. In a very few cases only a second operation was necessary, and the condition of his little patients was invariably excellent, and remained so throughout the whole treatment. These favorable results Wolff ascribes to his methodical practice of using wound compression; and, in the after treatment, copious irrigations of the parts while the patient's head is hanging down over the end of the table.

In addition, in the majority of his cases he never made use of an obturator, and then only for a time. The speech in almost all the cases is very distinct, and has a normal and agreeable *timbre*, nearly all the nasal twang disappearing. He was able to present a half dozen of his patients, the youngest being 15 months, the oldest 8 years old. The earlier the surgeon ventures to operate, the better are the results, especially as to speech.

[To be concluded.]

Treatment of Syphilis.

In the discussion of the general treatment of syphilis by the Paris *Société Médicale des Hôpitaux*, M. Martineau gave a resumé of his practice, as follows: "This virulent constitutional affection should be treated in three ways: 1, with Mercury; 2, with Iodine; 3, with Sulphur. As regards the mercurial treatment, M. Martineau greatly preferred the cutaneous, and particularly the hypodermic method of its introduction. He employed a mercuric ammoniacal peptone (formula of Delpech) containing ten milligrammes of the sublimate. M. Martineau has made not less than 180,000 injections since 1881. There is nothing whatever objectionable in the method employed; the action is quick and most efficacious. The injections are made in the

back and may be given every two or three days. After a month of this treatment M. Martineau, for another month, gives by the stomach, daily, a teaspoonful of ammoniacal peptone (equivalent to five milligrammes of the sublimate). This method has great advantages over that of the injection of insoluble salts. The explanation of the method of the use of sulphur was deferred until the next meeting."

Cremation by the Bourry System.

The cremation society at Zurich, Switzerland, one of the best organized associations in the world, has adopted the Bourry system, which is described as follows: "Like Siemens, Mr. Bourry allows only heated air to communicate with the body. In both systems the corpse burns directly; no flame is to be seen singeing the body, but it burns itself by the abundance of hot oxygen which surrounds it. Bourry uses carbonic acid gas, prepared in a coke regenerator, for heating the crematorium. During the process of cremation he uses mainly chimney gases for heating the air before it touches the corpse, which allows a more economical use of the heat. It is of great advantage that the chimney should be thirty-five feet high from the base of the cellar, so that it is fully covered up by the building. The ashes fall, without being touched, by an almost automatically working apparatus, into the urn. The dissolution of the body does not take place in the dark, unseen and uncontrolled, but the whole action is clear and open. Bourry and Venini place the crematorium, which has the shape of a sarcophagus, and which can be approached from all sides, in the midst of the hall in which the service is to take place. There is a little window on the back of the sarcophagus through which one can see the process of cremation, which is completed within one to one and one-half hours, without smell or smoke. The process is solemn and beautiful, and avoids every unæsthetic manipulation."—*The Sanitary News*, May 14, 1887.

—Prof. Tumas points out in *Tratch* that calomel has an antiseptic action on bile. He finds that bile, when mixed with calomel, will remain unchanged for several days at 59° F.; while a specimen unmixed with calomel became rapidly putrid and turned to a reddish color.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Epistaxis by Counter-Irritation Over the Hepatic Region.

In a letter to the *London Lancet*, Alexander Harkin, M.D., F.R.C.S., thus emphasizes the value of counter-irritation in epistaxis:

I was much pleased to observe in a letter from your Paris correspondent, dated April 27th, that at a recent meeting of the Academy of Medicine M. Verneuil read a communication upon the treatment of certain forms of epistaxis by counter-irritation over the region of the liver. In the first case related by M. Verneuil, quinine, ergotine, and digitalis had all been tried in vain. In the second, plugging had failed. The third had been the subject of chronic nephritis, with secondary affections of the heart and liver, and the cavity of the nose had been plugged without effect both with ergotine and the perchloride of iron. M. Verneuil's treatment, which was immediately and permanently effective, consisted in the application over the region of the liver of a large blister. M. Verneuil had at first thought that the method was entirely his own, but from bibliographical research it turned out that it had been anticipated to a certain extent by Galen, who says that large cupping glasses applied to the hypochondriac region arrest nasal hæmorrhage. To me it is very satisfactory to learn that a mode of treatment practised by myself successfully for many years, and reported in *The Lancet* of Oct. 30th, 1886, with cases in illustration, has also been advocated by so eminent an authority in Continental medicine, and as far as he was concerned, independently of any suggestion from another. I am quite sure that, in his case any more than my own, the dictum of Galen had nothing to do with its origination. It is of more importance that the remedy, which is undoubtedly of the utmost value, should be more generally adopted, especially when its application is urged not upon merely empirical grounds, but in accordance with accepted pathological teaching. That your correspondent did not appear to be aware of my previous pronouncement on the subject arose possibly from the fact that my publication did not take the form of a monograph with specific heading, but as a portion of a paper treating of congestion of the liver, and protesting against the impolitic interference

of modern surgery with the sanitary efforts of Nature when through the medium of hæmorrhage from the hæmorrhoidal veins or the mucous lining of the nostrils she endeavors to lessen the turgescence of an important viscus. In illustration of my views, I gave the particulars of a case of vicarious bleeding from the under lip, which arose immediately after the de-ligation of hæmorrhoidal tumors with excessive bleeding, ultimately cured by blistering over the liver; of a second example, in which dangerous and profuse hæmorrhage from piles was immediately cured by a similar remedy; and then, in pursuance of my theme, appended the cases of three young men suffering from epistaxis, who were instantly relieved by blistering over the hepatic region. A remarkable case, which occurred during the recent riots in Belfast will further illustrate the subject: While paying my morning visit to a straw lodge, temporary barracks improvised for the members of the Royal Irish Constabulary, and accompanied by one of the officers, I found one of the men in bed with a handkerchief saturated with blood, which had flowed from his nose during the greater part of the previous night. On satisfying myself of the nature of the illness, I painted the man freely with the liquor epispasticus over the region of the liver, prescribing no other remedy but rest in bed. On our revisiting the man next day, he informed us that from the moment the blister began to pain him the hæmorrhage declined, and left him altogether a short time after. To quote from my paper: "The frequent occurrence of epistaxis in youth is evidently due to the excitement and hyperæmic condition of the liver and digestive organs during the period of active growth and the constant demands upon its functional activity. The liver at this stage closely approximates to the condition in after-life, which is the causal factor in the development of piles, and as such is equally amenable to treatment in accordance with etiological principles; the derivative that cures the hæmorrhoidal flux as certainly puts an end to the epistaxis, the outcome of hepatic congestion."

Influence of Infused Beverages on Digestion.

Dr. James W. Fraser has studied experimentally the action of our common beverages on gastric and intestinal digestion. These are his conclusions:—(1) It is better not to eat most albuminoid food-stuffs at the

same time as infused beverages are taken, for it has been shown that their digestion will in most cases be retarded, though there are possibly exceptions. Absorption may be rendered more rapid, but there is a loss of nutritive substance. On the other hand, the digestion of starchy food appears to be assisted by tea and coffee; and gluten, the albuminoid of flour, is the principle least retarded in digestion by tea, and it only comes third with cocoa, while coffee has a much greater retarding action on it. From this it appears that bread is the natural accompaniment of tea and cocoa when used as the beverages at a meal. Perhaps the action of coffee is the reason why it is usually drunk alone or at breakfast—a meal which consists much of meat, and of meats (eggs and salt meats) which are not much retarded in digestion by coffee. (2) Eggs are the best form of animal food to be taken along with infused beverages. Apparently they are best lightly-boiled if tea, hard-boiled if coffee or cocoa, is the beverage. (3) The caseine of the milk and cream taken with the beverages is probably absorbed in a large degree from the stomach. (4) The butter used with bread undergoes digestion more slowly in presence of tea, but more quickly in presence of coffee or cocoa; that is, if the fats of butter are influenced in a similar way to oleine. (5) The use of coffee or cocoa as excipients for cod-liver oil, etc., appears not only to depend on their pronounced tastes, but also on their action in assisting the digestion of fats.—*Journal of Anat. and Physiol.*

Nasal Vertigo.

The following conclusions are drawn from an interesting work by Dr. Joal (du Mont Doré):

I. There exists a nasal vertigo, true vertigo, *a naso laeso*.

II. It belongs to the group of reflex vertigoes, and should be classed with gastric, laryngeal, and uterine vertigo.

III. Irritation of the branches of the trigeminal innervating the mucous membrane of the turbinated bones and of the septum is the cause of vertigo and of other nasal neuroses.

IV. Irritation of the trigeminal passes through the medium of the sphenopalatine ganglion to the vaso-motor nerves, whence comes circumscribed anemia of the brain, with vertigo.

V. Vertigo is induced by the following causes: 1st. Nasal inflammation (due to odors, irritating vapors, snuff, and grasses, when flowering); 2d. Acute coryza; 3d.

Chronic catarrh, especially in its hypertrophic form; 4th. Polypi of the mucous membrane; 5th. Catarrh of the posterior nasal cavity.

VI. Vertigo is induced chiefly by nasal affections of apparently slight consequence.

VII. Nasal reflexes are most common with gouty subjects.

VIII. Vertigo may show itself alone or accompanied by other nervous phenomena: visual trouble, *muscae volitantes*, hemicrania, nausea, vomiting, nervous excitability, hypochondria, sluggishness of intellect, nightmare, spasmodic cough, dyspnoea, increased secretions, syncope, weak pulse, and pallor of the face.

IX. To form a diagnosis, it is necessary to examine the nasal fossa of the person suffering from vertigo.

X. Investigation of nasal vertigo will diminish the number of cases attributed to gout, rheumatism, anemia, congestion, as well as to cerebro-cardiac neuropathy.

XI. The vertigo will cease when the nasal affection to which it is due has been cured.

Santonate of Atropine.

The difficulty that is experienced in preserving solutions of atropine, owing to the formation of mucors which are highly objectionable in ophthalmic practice, has led M. Bourbelon to endeavor to obtain a stable compound. He believes he has accomplished this end in the employment of santonate of atropine, the solution of which produces no irritation when applied to the eye, whilst its power of dilating the pupil is the same as that of atropine sulphate. One drop of solution of atropine santonate containing 1 part in 2,000 of water dilates the pupil in six minutes, and the action is maintained for a period varying from ten to twenty-four hours. Atropine santonate has not been hitherto obtained in a crystalline state. It appears in the form of a white powder which has no hygroscopic properties. It is requisite to observe that the santonate and its solutions ought to be preserved in flasks of yellow glass, in order to avoid the action of light and the formation of photosantonate acid. It may be borne in mind that a valuable suggestion was made some years ago by Dr. Aquila Smith for the preservation without deterioration of solutions of atropine, which consisted in using as a menstruum the camphor water of the Pharmacopœia; the only objection to which is that it causes slight smarting when first introduced into the eye. This, however, soon passes off, and has not been attended, in any case hitherto observed, with troublesome consequences.

Innominate Aneurism—Ligation of Common Carotid and Sub-clavian Arteries

—Recovery.

At a recent meeting of the College of Physicians of Philadelphia, D. H. R. Wharton reported a case of aneurism of the innominate artery, cured by distal ligation of the carotid and sub-clavian arteries. The patient was a man 42 years old, who came under Prof. Pepper's care, in the Hospital of the University of Pennsylvania, in November, 1886. After the diagnosis was established he was transferred from the medical to the surgical ward, and came under the care of Prof. Ashhurst. On Nov. 13, he was operated upon by Prof. Ashhurst, who cut down upon and ligated the right common carotid artery, just above the omohyoid muscle, with a stong cat-gut ligature. The right sub-clavian artery was next exposed and ligated in its third part, just outside the anterior scalenus muscle, with similar material. The wounds were closed with silver sutures, drainage tubes being introduced, and the wounds dressed with oiled lint. The whole right arm was wrapped in cotton, to maintain its temperature. There were no symptoms of disturbance of the cerebral circulation by the cutting off of the supply of blood from the right carotid artery. In a few days the aneurismal tumor was smaller and firmer, and its pulsations less forcible. The dysphagia and dyspnoea, of which the patient had complained, were also very much lessened. On January 13, 1887, two months after the operation, the patient was dismissed from the hospital.

Dr. Wharton reported that he had found the records of thirty-two cases of simultaneous double distal ligation of the right carotid and subclavian arteries for innominate aneurism, followed by recovery in twelve cases, death in sixteen cases, and temporary improvement in four cases.

The case reported, and operated on by Prof. Ashhurst, is one of the most brilliant of these cases, and fortifies the opinion expressed by him, that the method of simultaneous double distal ligation is preferable to the operation on one vessel at a time. In speaking of the manner of performing the operation, Prof. Ashhurst, and others who spoke after him, dwelt upon the importance of exposing as little of an artery as possible in ligating it.

The patient was shown at the meeting in a condition which was a remarkable contrast to that in which he was, immediately before he was operated upon.

The Uses of Sulphate of Sparteine in Cases of Morphine Habit.

M. Ball and Dr. Oscar Jennings, after considerable experience in severe cases, have found the best course of treatment for tiding over the difficulties of the time of the compulsory abandonment of the morphine is by hypodermic injection of sulphate of sparteine in doses of from one-sixth to one-third of a grain. This acts as an immediate cardiac stimulant. They do not find sudden and complete suppression of the use of morphine in such cases always advisable, but give some occasionally in dangerous collapse. They testify also to the usefulness of a few drops of a solution of nitro-glycerine put on the tongue as giving momentary relief in moments of crisis.—*The Practitioner*, June, 1887.

Treatment of Ophthalmic Headache.

Giles de la Tourette and P. Bloch, pupils of M. Charcot, have recently made known the views of their eminent master on this subject. Féré has already described the different forms which ophthalmic headache may assume. It differs clearly from other headaches by many symptoms which may be styled specific. Mr. Charcot admits of two varieties of ophthalmic headache—the one, simple, consists solely of pains in the head and visual disturbance; the other, "headache with complication," presents, in addition to the former symptoms, a transitory aphasia, more or less pronounced trouble of the sensory and motor nerves of the limbs and side of the face. In simple ophthalmic headache with transient amblyopia under the form of hemiopia and scintillant scotoma, the prognosis is favorable; the affection is annoying but not alarming. It is far different in the compound form; when aphasia supervenes, when the patient experiences formication on one side of the body and symptoms of paresis and even epileptiform attacks both he and those around him may well feel alarmed. If the crises are frequent he may be obliged to give up his occupation. Finally, it has even been found that each of the above cited symptoms—hemiopia, aphasia, sensory and motor disturbances—after having shown themselves ephemerally, may increase in duration or become chronic. It is therefore of service to learn that Charcot had obtained marked success by a bromide treatment applied in the following manner: The patient should be powerfully, continuously and for a long time, impressed. These important indications may be fulfilled

as follows: The patient is given 30 to 45 grains of bromide each day of the first week, 45 to 60 grains of bromide each day of the second week, 60 to 75 grains of bromide each day of the third week, 75 to 90 grains of bromide each day of the fourth week, and then re-commence the same series. According to the mitigation or otherwise of the attacks, diminish or augment in like ratio the doses; but the treatment should not be suspended before a complete and permanent cessation of all the phenomena occurs. The minimum duration of this treatment will never be less than three or four months.

Bisulphide of Carbon in Pulmonary Disease.

Wallace A. Briggs, M. D., writes as follows to the *Sacramento Medical Times*, July, 1887:

Carbon bisulphide, whose virtues in enteric fermentation Dujardin-Beaumetz has so highly extolled, has more recently come into extensive use in the treatment of chronic pulmonary troubles. It is not my purpose here to discuss the value of the remedy as much as to call attention to a simple and, I believe, efficacious method of its administration, viz.: that of Dujardin-Beaumetz in gastro-intestinal fermentation already referred to. In this way I have employed it for several weeks, and seemingly with all the advantages to be derived from gaseous rectal injections, which are certainly more troublesome to the physician and more repugnant to the patient. The formula I use is ordinarily the following:

R. Carbon bisulph. pur.....50 gms.
Aqueæ menth. piper.....2000 c. c.
M. ¹

This is to be thoroughly shaken and, after settling, is ready for use. Only a small part of the bisulphide will dissolve, and the bottle may be frequently replenished by filling it with mint, gaultheria, or whatever aromatic water is preferred, and thoroughly shaking and settling as at first. The dose is from two to six ounces, with an equal quantity of water or milk, four or five times a day. In one case of chronic bronchitis with bronchiectasis, a very marked improvement in cough, expectoration, and strength has been coincident with the use of this solution. Other cases of chronic pulmonary trouble, including one of chronic, or perhaps subacute, broncho-pneumonia, have seemingly been favorably influenced.

¹ [For all practical purposes this mixture is in the strength of one fluid ounce of bisulphide to the quart. Bisulphide of carbon, when freshly made and pure, is much less unpleasant than that ordinarily obtained. —EDS. REPORTER.]

Treatment of Whooping-Cough.

Cadet de Grassicourt states, that according to his experiments, grindelia robusta is not a specific in whooping-cough. Exhibited as an etherial extract in doses of 20 to 50 drops a day, it may, in certain cases, diminish the number of paroxysms, and can be employed when other means have failed. M. Bilhaut had reported more satisfactory results but one must take into account in this species of inquiry differing circumstances which investigators too often neglect; such as whether the attack is mild or severe, and if the disease is in its early or more advanced stage. Syrup of narceia, recently advised by Labarde, painting the posterior fauces with cocaine, bromide of potassium, and breathing compressed air, are to be remembered as having been successfully employed. The advantages of change of residence in the decline of whooping-cough are conceded by everybody, and frequent change of rooms simply is often attended with good results. In this case it is advisable that the chambers of the invalid should each time be disinfected with sulphurous fumes. M. de Grassicourt does not think it advisable to permit whooping-cough patients to go out often at the acute period, particularly when less than three years old, for fear of broncho-pneumonia. How long whooping-cough is contagious is not decided; it is likely that contagion is possible so long as the paroxysms are clearly marked. The assertion of an authority in infantile pathology that whooping-cough is not contagious after the second month, when the cough persists, is debatable. It is probable that transmissibility ceases when the paroxysms are short and supervene at distant periods. But it is impossible to fix the precise date.

Napelline in Facial Neuralgia.

In a paper on napelline in facial neuralgia, M. Grognot adduces the following case by way of illustration. He states that he was called to see a young girl suffering from severe pain extending over the entire head, which felt, she said, "as if it were pressed in a vise." The pain, however, was greatest on the right side in the parietal and frontal regions, and immediately above and below the eye it attained its maximum intensity. There were no tears, but, according to the patient, there had been in previous attacks. The tongue was slightly coated, but there were no caries of the teeth on the side affected. The author prescribed one granule, containing $\frac{1}{2}$ grain of napelline, every two hours. On the first day the pa-

tient took ten granules; during the evening the pain disappeared. Although the pain had not returned the next morning, the patient was advised to take four granules and two the following day. Two months later the patient's neuralgia re-appeared, and she took eight granules. The next day he found the neuralgia had disappeared, and since that time the health of the patient has been excellent.

Napelline is an alkaloid, obtained from the aconitum napellus. An account of its chemistry appears in the *Pharmaceutical Journal* for 1872, p. 245. It is mentioned in the Supplement to Neale's "Digest." It is said to occur as an impurity in amorphous aconitum.

Tubercular Laryngitis.

M. Hering, of Warsaw, records twenty-nine cases of laryngeal tuberculosis treated by scraping. He divides these cases into three groups. 1st. Nine cases of tubercle in which after one year and three months the cicatrix remained healthy. 2nd. Nine cases of recurring tubercle, again treated by scraping, with three cures. 3rd. Six cases of ulceration of the nose, pharynx, and tongue. The general health was bad. In two cases there was partial cicatrization until the time of death.

REVIEWS AND BOOK NOTICES.

[Those sending Books for Review will oblige our readers by always stating publication price. In the case of Reprints, authors are requested to state the conditions upon which copies may be obtained by those of our readers interested in the subjects treated.]

NOTES ON CURRENT LITERATURE.

—The first edition of Mr. Christopher Heath's well-known "Dictionary of Surgery" has been exhausted, and a new edition is shortly to be issued.

—Dr. G. E. De Schweinitz, of Philadelphia, sends us a very interesting Series of Cases, illustrating various forms of hemianopsia and other irregularities of the field of vision. It is reprinted from the *Journal of Nervous and Mental Diseases*, May, 1887.

—"The Uses of Adhesive Plaster in Orthopædic Surgery" is discussed in a very clear and practical way by A. B. Judson, M. D., of New York. The pamphlet before us is reprinted from *The New York Medical Journal* of June 4, 1887.

—It is pleasing to our national pride to note that the only important German Dental

Journal (*The Journal für Zahnheilkunde*), is one published by a society of doctors of dentalscience who were graduated in America.

—A semi-romantic interest attaches to the medical activities of the Orient, and we are glad to welcome a new journal from Constantinople, *The Hospital Gazette of the Ottoman Empire*. The June number informs us that Zoëros Pacha has instituted a laboratory for antirabic inoculations, and is about to apply the method in the case of a boy aged fourteen.

BOOK NOTICES.

Practical Urine Testing. A Guide to Office and Bed-side Urine Analysis. By Charles Godwin Jennings, M. D., Professor of Chemistry and Diseases of Children, Detroit College of Medicine, etc. 16mo, pp. 124.

This is a handy volume, containing a brief statement of the constituents of normal urine and the substances found in disease of the genito-urinary apparatus, together with the various processes for qualitative and quantitative analysis. A number of cuts illustrate the sedimentary deposits which are found in the urine. Altogether, the book will prove helpful to those to whom it is addressed.

Transactions of the Texas State Med. Association. Annual Report of the Special Committee on Surgery, 1886. Compiled and edited by George Cupples, M.D., etc. Quarto, pp. 26.

This interesting report contains elaborate tables of the surgical work done in Texas during the year 1886. It was prepared after distributing 3,000 circulars asking for statistics throughout the State, to which sixty-six surgeons replied. The resulting report is creditable to the zeal and enterprise of the committee and to the skill of the surgeons of Texas.

The Diagnosis and Treatment of Hemorrhoids, etc. By Chas. B. Kelsey, M. D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc. 16mo, pp. 78. Detroit: George S. Davis, 1887. (The Physicians' Leisure Library, No. 1.)

This little paper-covered book is the first of a series of twelve small monographs, which are being published by Mr. George S. Davis, at the rate of \$2.50 a year, or twenty-five cents for a single number. If for this price the purchasers always get as valuable a production as that by Dr. Kelsey, we think they may be congratulated.

THE Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The edition for this week is 5,000 copies.

TRUE CIRRHOSIS OF THE LIVER, VS. CARDIAC CIRRHOSIS.

The following points with reference to the so-called "nutmeg liver," now seem agreed upon by histologists.

It is the mottled appearance of the liver in certain stages of cardiac cirrhosis which gives it the name of nutmeg liver; the color is due to the mode of distribution of the blood.

At the onset of the lesion the hepatic gland presents nothing abnormal. At an advanced period the tissue becomes firmer and denser, the parenchyma is bogged with blood, and the blood-stasis continuing, the hepatic veins swell even to their capillaries. If at this period you take a section of the liver you see the nutmeg appearance above alluded to; there are dark spots corresponding to the dilated intra-lobular veins, and relatively clear spots corresponding to the compressed peri and interlobular veins, and green spots due to biliary stasis.

The hepatic tissue is more resistant than natural, but the lesions are not yet great, and the cells are still centres of an active nutrition. Soon, however, these cells are choked out by the distended veins and capillary net-work, and the atrophy, giving place to connective tissue and granules.

As the disease progresses, the connective

tissue contracts, and the liver diminishes in volume (atrophic stage of the nutmeg liver); then the organ takes a granular aspect. It is at this point of the disease that it is apt to be confounded with true cirrhosis. Cardiac cirrhosis, however, is a sort of soft atrophy, while true cirrhosis is a hard atrophy; in fact the cardiac liver never attains the consistency and firmness of true sclerosis. In the latter disease, moreover, the vascular distention begins with the periphery; while in the former it is the central venous radicles which are first affected, and the peripheral are involved only secondarily.

Cardiac cirrhosis at the onset consists of a circulatory trouble without lesion. Sclerosis is characterized by a development of connective tissue, which thickens and proliferates, forms adhesions, and contracts more in some places than in others, and gives a peculiar lobulated appearance to the liver. On section the liver is hard, sometimes even lardaceous, and creaks under the knife. There are numerous salient granulations between the thickened prolongation of Glisson's capsule; the tissue has a tawny yellow color; sometimes the section is clear and shiny.

The hepatic cells, normal in certain points, are destroyed or fatty in others. Little by little, owing to retraction of the cellular tissue, the glandular parachyma is choked out and destroyed.

HEROIC TREATMENT.

In this number we publish an interesting report of a case of acute mania, which was cured by the combined use of a hypodermic injection of morphia and chloroform inhalations. This is practically the method of "mixed narcosis," recommended some years ago by Prof. Nussbaum, for producing anesthesia in surgical operations. Nussbaum injected a quarter of a grain of morphia, about fifteen minutes before beginning the inhalation of chloroform. In this way he secured a quiet and prolonged narcosis with the use of a comparatively small quantity of the chloroform. The effect of the morphia was two-fold: it acted as a heart-tonic, counteracting the depressing influence of the chloroform; and it prolonged the state of insensibility which the chloroform produced. The method has not secured universal adoption; but it is one of great value in tedious surgical operations, especially when chloroform is used instead of ether. It is also a very useful method to be employed in acute mania, or tetanus with convulsions, or in those cases of ideo-motor excitability which are often mistaken for hydrophobia.

NEW TEST FOR WATERED MILK.

Szilasi, according to the *Lancet*, of June 11, has recently proposed a new test for pump-water in milk. It is based on the fact that sulphate of diphenylamine is colored blue by the action of an exceedingly dilute solution of a nitrate. As well water always contains more or less nitrates, its presence in milk can be detected. The test is thus carried out: Twenty minims of sulphate of diphenylamine is placed in a small porcelain vessel, and a few drops of the milk to be examined are added to it. If the milk contain even 5 per cent. of average well water a blue tinge will gradually distinctly appear. Sulphate of diphenylamine is very cheap, so the test may be readily tried.

ENGLISH DOCTORS DISAPPOINTED.

The profession in Great Britain is a trifle hurt at what it considers a slight in the relatively few titles conferred upon medical men at the Royal jubilee. No baronets at all were chosen from the medical ranks, and only three knighthoods were conferred. This may all be very well, and not really unimportant, but we think that the physicians of America are to be congratulated in that they are removed from the temptation of aspiring for tinsel. *The Medical Press and Circular* of June 29, 1887, says: "To us it seems rather a poor reward for a life largely spent in ministering to the sufferings of a gouty aristocracy to receive only a knighthood, and we are almost betrayed into a hope that some sharp in the near future will open the eyes of the responsible parties to the enormity of their conduct."

TREATMENT OF OZÆNA BY ANIMAL GRAFTING.

In a research upon "Animal Grafting with the Skin of the Frog, in Losses of Cutaneous and Mucous Substance," undertaken along with Dr. Dubousquet-Laborderie, Barataux publishes observations upon ozæna, atrophic rhinitis with ulcerations, in which he obtained a complete cure by engrafting the skin of a frog over the ulcerated surfaces. He has thus treated eleven patients having ozæna and ulcerated non-specific rhinitis. In all these subjects he employed ten to twenty grafts, of which more than half have succeeded, and all the patients have derived much benefit from the treatment. He has always succeeded in obtaining a smooth mucous membrane. He takes the frog's skin from the interdigital membrane, the nictitating membrane, the belly, the lateral parts, by scissors, and places upon the raw surface with forceps, or by a special pipette.

NOTES AND COMMENTS.

THE MODERN TREATMENT OF COMMON DISEASES.

Amenorrhœa.

Chloride of ammonium (gr. ivss—gr. xv several times daily) is commended by Anstie and Cholmeley as an emmenagogue. As an emmenagogue and to relieve menstrual colic, Pitschaft recommends borax, though some doubt its efficacy:

R Boracis.
Aque amygd. am..... āā 3 j
Aque melisse..... 3 iv
M.—A tablespoonful hourly.

A famous emmenagogue is the elixir pro-prietatis Paracelsi, composed of:

R Aloe.
Myrrh..... āā 3 ss
Croc *..... gr. xv
Spirit..... 3 v 9 ij
Acid. sulphur. dil..... 3 ss

* [Trousseau says it is a fact of public notoriety that women engaged in picking saffron suffer from frequent attacks of uterine hemorrhage.]

The iodide of iron and saccharated iodide of iron are also widely used. Brera recommends a vaginal injection of water of ammonia, gtt 5—15 in 3 xv—3 iv of mucilage or milk. Kopp prescribes the following:

R Inf. summitat. sabinæ..... 3 vj 3 iij
Boracis..... 3 j
Sacch. alb..... 3 vj
S.—One tablespoonful three times daily.

Tavignot's prescription is:

R Phosphori..... gr. iss
Ol. amygdal.
Ol. cacao..... aa 3 ij
Flor. malvæ pulv..... q. s. ad pil. No. 100.
Sig.—4-6 pills twice or three times daily. [*Dose too large.*]

In suppression or retention of the menses, Fuchs gives:

R Ol. sabinæ..... 3 ss
Ol. terebinth. rectific..... 3 viiss
M. S.—Apply to the inner surfaces of the thighs.

Lebert's formula is:

R Ol. sabinæ.
Ol. rutæ..... aa 9 ij
Sacch. albi..... 3 vijs
Dissolved in aque dest..... 3 v
Add syr. sacch..... 3 vijss
M. S.—One tablespoonful every two hours.

As an emmenagogue in chlorosis, Oesterlein advises:

R Myrrh.
Aloes.
Ferri pulv..... aa 3 j
Extr. valerian..... q. s. ut ft. pil. No. 100.
M. S.—Five pills three times daily.

Common Errors in the Treatment of Skin Diseases.

Dr. George H. Fox, of New York, read a paper on this subject before the Montreal Medico-Chirurgical Society. The great error made by practitioners in treating skin diseases, he said, is failure to treat the patient: the disease is treated, not the patient. He considered attention to diet as most important. There should be a radical change both in the quantity and quality of the food. A dietary should be given the patient. The majority of the patients improve on starvation diet. He advised his patients to increase the quantity of fluids, and decrease the solids; to eat less and to exercise more. He gets the best therapeutical results from a vegetable diet in the treatment of inflammatory skin diseases: a meat diet congests the skin, a vegetable diet lessens congestion. He is in the habit of restricting meat in winter, and forbidding it in summer. In giving directions to patients, it is better to tell them exactly what to eat, instead of what to avoid. Water should be taken sparingly with meals, and in quantity after meals. Of local applications very few are needed. Arsenic, Dr. Fox said, is used too much by general practitioners in the treatment of skin diseases, and is a much overrated remedy.

The Treatment of Internal Hæmorrhoids by Injection.

Dr. Q. A. Shuford, of Tyler, Tex., sends the following communication to the *Medical Record* of June 25, 1887: "In the treatment of internal hæmorrhoids by submucous injection, it is necessary, in the first place, to have an instrument that can be introduced with the least amount of pain, and so constructed as to expose as much of the mucous membrane as possible. When a tumor is discovered, the speculum should be manipulated so as to bring the centre of the tumor into plain view, and the needle should have a guard near the point, so as to prevent it from entering too deeply. For small tumors I inject from three to five drops, and for larger ones from five to eight drops of the following mixture: Rub well together one drachm of salicylic acid and one and one-half drachms of glycerine, and add two drachms of carbolic acid; then rub together one drachm of borax and one and one-half drachm of glycerine, and mix the two thoroughly, allowing the mixture to stand until clear. The chemical changes and *modus operandi* of this combination I do not know; but I do know that internal hæmorrhoids treated in this way become atrophied, shrink

up, and peel off without pain, inflammation, or suppuration. I have never had any trouble nor heard any complaints from patients so treated. The two essential points in the treatment of internal hæmorrhoids are: first, an instrument that will bring the parts to be treated into view, and that without pain; and, second, a remedy that will completely destroy the pile, while leaving the mucous membrane in a healthy condition. An interval of from eight to ten days should be allowed to elapse between the injections, so as to give the mucous membrane time to become toughened. The injections cause almost no pain, and do not prevent the patient from pursuing his ordinary avocations." Dr. Shuford reports several cases treated after this method, and adds that he has treated nearly one hundred, of varying degrees of severity, and in none has he seen any inflammation or suppuration following the injections.

Warm Ether as an Anæsthetic.

Dr. M. W. Hobbes advocates, in the Cincinnati *Lancet-Clinic*, the advantage of warming ether previous to its administration in the production of anæsthesia. He and Dr. Taylor have tried the method in upward of thirty cases, and he writes that the patients not only came under the influence of the drug more readily, but they also recovered more rapidly and pleasantly from the anæsthesia than patients generally do who have been brought under its influence in the ordinary way of administering ether cold.

Sedative Compound.

The following formula is commended by J. S. Dorset, M. D., Superintendent Texas State Lunatic Asylum:

M.	Hyoscine hydrobromate, 1-50 gr.
	Paraldehyde
	Oil almond..... aa, 2 dr.
	Chloroform..... 10 m.
	Oil cinnamon 2 m.

M.
This medicine given at bed-time in drachm doses, in a great number of cases, is all that is necessary to secure a quiet, refreshing night's rest. The patients are not so nervous the next morning and are ready to take a good breakfast. He submits this formula to the superintendents of lunatic asylums for a fair trial, as a substitute for the chloral, which we feel is not good for the already diseased brain of a lunatic. He states that it is of especial value in wild, noisy cases, when sleep cannot be induced without much danger.—*Texas Courier Record*, June, 1886.

CORRESPONDENCE.

Improvements in Leg Holders.

The following interesting correspondence is self-explanatory. Incidentally it illustrates the value of the REPORTER as a medium for the interchange of practical ideas by practical physicians.—EDITORS OF THE REPORTER.

DR. THOS. B. MCBRIDE:

Dear Doctor:—In THE MEDICAL AND SURGICAL REPORTER for June 4th., I notice a cut and description of your apparatus; or what some authors have termed a Gynæpod.

By some strange coincidence our thoughts bent on the same object, have brought us to almost identically the same result; and as I was interested in the description of your appliance, thought that possibly you might be in mine, so take the liberty of writing you. Two years ago next October I brought my class in Gynæcology the apparatus that I was then using, and had made myself; which consisted of a straight hickory rod which was passed under the knees, and fastened around the neck by a band of webbing similar to yours. My objection to this appliance was that it required a little too long time to disengage, should emergency arise, and had to be carried as a separate bundle, and the less appearance of paraphernalia brought into the sick room the better the effect upon the patient. I set about to improve it, and a year ago had made the apparatus which a number of physicians in this city are now using. The principle is the same, the rod passing under the knees, instead of being of wood, is of iron tubing, nickle-plated, bent at each end, as in your cut; in the centre is a hinge which allows it to be folded together when not in use; the buckles for regulating the length of webbing are at juncture of webbing with strap; at the extremity of each strap is a steel snap which clasps into a ring at each end of horizontal rod, which may be unclaspd in less than a second if necessary.

To the left end is a little appliance in which to insert, when wanted, an upright rod with hook at top to hang a fountain syringe to, for irrigation, (or, as I frequently apply it, for checking hemorrhage by hot water); a Sim's speculum may be held in place by an elastic band from centre of horizontal bar. The whole apparatus fountain, syringe and all, I carry in my hand bag with the other instruments.

Yours cordially,

JOSEPH HAVEN.

Chicago, Ill., June 13th, 1887.

PROF. JOS. HAVEN, M. D.:

Dear Doctor: Your favor of the 13th duly received. As you say, it is by a strange coincidence we should both have centred our thoughts on the one idea and the outcome be so closely allied. When I showed my apparatus quite a number expressed surprise that it had not been thought of before, as it was so simple. But now I have to yield that you have had your invention in use before I even thought of mine, as it was only last January I had the first made. I must concede also that you have added to the utility of yours by the several improvements mentioned. The idea of a hinge was suggested to me by a number of physicians, and it has been added since about May 1. The cuts published do not show this, as they were made from my original apparatus. Another change was made by adding to the length of the ends of the semi-circles, making them extend from one to two inches above the level of the shaft. Again: The arrangement by which your apparatus is fastened is superior to mine, but I find no trouble in disengaging it by simply lifting the thigh out of the crutch. I take the liberty of handing your letter to the Editors of the MEDICAL AND SURGICAL REPORTER for publication, as this is about all the benefit we, as physicians, derive from being inventors. In fact, doctor, I am out of pocket and lost considerable time, in getting my appliance to its present imperfect state. I am, very truly yours,

THOS. B. MCBRIDE.

2022 E. Susquehanna ave., Phila.

July 25, 1887.

Homœopathy.

EDITORS MED. AND SURG. REPORTER:

Sirs:—I notice on page 34, volume lvii., No. 1, July 2, 1887, of your paper a note headed, "Homœopathy as it is." Please allow me to make a few comments upon it.

The *Medical Times* is not and never has been a homœopathic journal: it is of the worst type of *mongrel*. It is too true that it is almost impossible to find a teacher of homœopathy in our so-called Homœopathic Medical Colleges,—this is the reason why there is such dense ignorance of what homœopathy is among medical men at large, and why it is almost impossible to find homœopathic physicians who are truly such under the age of 35 or 40 years.

Unprincipled and ignorant men who do not know the first principles of the law of cure, claim the name and shout for it because they know it "pays;" and their "broad

and liberal" methods and principles are the strongest proofs of their ignorance and laziness.

"High-dilution homœopathy" is a misnomer—there are no "high dilutions." The educated homœopath never uses the word "dilution:" that is the stamp of ignorance of the fundamental principles.

Please do not advocate the teaching of pseudo-homœopathy of the Allen, Hughes and Dudgeon stripe in colleges. But if you would seek to elevate the medical profession, or give it a knowledge of what homœopathy is, let the Organon of Samuel Hahnemann be taught by a competent teacher who knows and understands it *himself*, and you may rest assured that "we" most emphatically "*do* hold that homœopathy *is* the *exclusive* and *only* law of healing."

H. HITCHCOCK, M. D.

Newark, N. J., July 6, 1887.

[The above letter was sent with an urgent request to publish it in the interest of fairness. We do so with pleasure, as we desire that everyone who is concerned in such a discussion shall have a chance to present his views in a fair and temperate way. Of course we do not thereby endorse the views of our correspondent.

—EDS. OF THE REPORTER.]

Fees of Veterinarians.

EDS. MED. AND SURG. REPORTER:

Please see page 767, No. 24, 1887, MEDICAL AND SURGICAL REPORTER, and note what is said about the remuneration of veterinary surgeons.

Allow me to say that the paragraph in question is calculated to cruelly deceive young men who may incline to the idea of becoming veterinary surgeons.

From personal observation in a number of Western States, I must say that it is a rare exception for a veterinary surgeon to collect \$100 per month, and many do not collect half so much for purely professional work, and are *forced* to give some attention to other matters in order to secure a living. Doubtless, in *some* of the Eastern States, veterinary surgeons are better paid; but, in the West, such men, now, are *pioneers*, and must submit to a pioneer's lot or quit the profession.

Of course I do not refer to *irregulars*, but "regular" graduates of first class veterinary colleges.

Fraternally yours, J. C. SMITH.

Austin, Texas, June 17, 1887.

"Sweet Are the Uses of Adversity."

An esteemed and philosophical correspondent in another State sends us, without comment, the following jotting:

"It occurs to me that the poverty of physicians, which is proverbial, is simply in accord with Divine or Natural economy. The physician who becomes financially independent becomes less valuable to the community in which he resides. In proportion as he increases in wealth does he decrease in importance as a physician. Few practitioners would bear the ills and perplexities of their practice if situated so as to live independent of it. There are, however, wealthy specialists whose practice continues to be lucrative and not as annoying as that of the general practitioner, who find it pleasant and profitable enough, to keep abreast with the progress of their specialty."

NEWS AND MISCELLANY.

A Clergyman on the "Faith Cure."

In a recent sermon on this subject, Rev. E. C. Ray, of Hyde Park, Ill., says: "Apparent cures are often followed by a relapse, temporary improvement by permanent decline. From reported cases of cure we must deduct many of unreported relapse: it is not in human nature, when a wonderful cure has been published abroad, to follow it up with an account of the relapse coming afterward. Mistaken diagnosis accounts for many supposed cures. Physicians often, patients more often, mistake the nature of a disease. Temporary swellings are called malignant tumors or cancers (thus cancer-doctors get their reputations); hysteria simulates almost every other disease, so as to deceive even the most elect of doctors; dyspepsia produces symptoms of heart-disease or other deadly illness. There can be no question that a large proportion of faith-cures and mind-cures, and a considerable proportion of cases under ordinary medical treatment, are cases of mistaken diagnosis, the disease being less serious in its nature than was supposed. Mistaken prognosis accounts for many cases; mistake as to what would be the outcome of the disease if no curative methods were employed. It is a truth seldom recognized by patients, though well known to physicians, that in most cases not hopelessly fatal from the start, there is from the start a strong tendency toward recovery. Dr. Austin Flint, Sr., than whom perhaps no abler physician has lived in this land, always urged upon his students the truth

that not drugs, but *vis medicatrix nature*, the healing-power of nature, is the means of recovery. The wise physician and nurse seldom attempt more than gently and humbly to assist Nature in her curative processes. Let me add the statement of a conviction derived from some years of such close scrutiny of medical practice of various schools as a pastor has good opportunity for,—a conviction agreed to, I think, by most physicians:—The benefit of medicine is often not its direct action upon the disease or upon the body, but its action upon the mind, and through that upon the nervous system and the whole body, stimulating faith, hope, expectation of recovery, good cheer, which are probably nature's mightiest remedial assistants."

Transplantation of the Cornea.

Dr. T. Webster Fox, of Philadelphia, sailed Wednesday last to visit the clinic of Von Hippel, who has recently succeeded in transplanting the cornea of the chicken upon the human subject in three cases of corneal leucoma. A full report upon this operation, together with Dr. Fox's own experiments, will be published in an early number of the REPORTER.

Hygienic Handwriting.

Schubert, of Nuremberg, has made a careful study of various kinds of script, and the bearing which the use of each has upon the hygiene of the eyes among children, and the following are his conclusions:

As a practical conclusion to be drawn from his observations, Schubert lays down the rule that all children should be taught a perpendicular handwriting. Even if the erect median position of copy book be not actually better than the oblique median, still the teacher cannot tell when inspecting writing done at home what absurd position may have been adopted in writing it, if the child is permitted to write anything but perpendicular letters. These latter can only be executed in the erect median position. It may be possible for adults to write more rapidly a slanting than a perpendicular hand, but children are not required to write rapidly, but in a manner that does not tend to deform their vertebral columns or their eyes. In many countries now-a-days, and in times past, perpendicular handwriting alone obtains, and Schubert appends a series of fac similes of German handwriting in every century from the 8th to the 18th inclusive. From this it is seen that slanting letters were not adopted to any extent until the 17th century.—*Ophthalmic Review*.

Condensed Pharmacy.

Some of the Paris pharmacists feel uneasy about the growing popularity of the medicinal alkaloids. They say that the time is not far distant when Sydenham's notion that the active usefulness of an entire drug store would sometime be carried around by doctors in the heads of their canes, is likely to be realized. The signs of the times certainly point to a future for medicine, in which composite drugs will be cleared of their useless components, and it does seem possible that the 8 ounce bottle prescription business may fall off a little. But as people become acquainted with the proper uses of the alkaloids they will certainly employ them much more frequently than they now use the massive mixtures of the older codices. A better instance of this than is shown in the growing popularity of citrate of caffeine, to which your correspondent has already referred, could hardly be cited. And then the pharmacist does a great deal of business with which the prescriptions of doctors have nothing to do. This kind of trade will increase with the exigencies of civilization. No living pharmacist will see the day when doctors will carry drug stores in their hats.—Paris correspondent of *Pharmaceutical Record*.

Terrible Mortality in New York City.

The deaths reported to the New York Health Board, on July 3d, numbered 256. This is the largest figure for one day since 1876.

Duties of the Druggist.

A correspondent of the *Western Druggist* in 1886 raised the question whether it was justifiable for a pharmacist to alter an excessive dose prescribed by a physician when uncertain whether such dose was prescribed, and unable to settle the matter by inquiry of the physician. As the following New York decision shows, this is not only justifiable, but it is the pharmacist's legal duty: A New York lady gave a pharmacist a prescription for a large quantity of laudanum, and at its foot was the following request by the physician: "Please give to bearer sixty drops in the store." The pharmacist declined to administer such a large quantity. He gave the lady ten drops because she was in pain; she begged him to give her such a dose as he would not be afraid to personally administer to her. Soon after these events the lady began a suit against the pharmacist in the Court of Common Pleas. She claimed \$10,000 damages, alleging that if he had given

her sixty drops of laudanum as requested she would have been saved from a miscarriage and its effects. The defence was that the ten drops of laudanum given by the druggist could not have affected her more than to temporarily lessen her pain, and that a pharmacist is not bound to personally administer dangerous drugs upon the order of a physician, his duty being simply to prepare medicines under the direction of physicians. Judge Beach sustained this view of the duty of a druggist, saying that a druggist would incur liability to indictment for manslaughter for having knowingly administered a drug or medicine which produced death.—*Western Druggist*.

Items.

—The *Lancet* computes that between five and six hundred individuals were treated for various casualties during the procession in London on Jubilee day.

—Some hilarious young men at Pittsburg dosed the drink of one of their companions so largely with croton oil "in fun" on the Fourth that he has since died.

—"Do you rectify mistakes here?" asked a gentleman, as he stepped into a drug store.

"Yes, sir, we do, if the patient is still alive," replied the urbane clerk.

—"In the interest of the health of the community," a New Yorker informs the sanitary authorities of his city "that on Friday last a large snake came through the faucet."

—Bystander—Doctor, what do you think of this man's injuries?

Doctor—Humph! Two of them are undoubtedly fatal, but as for the rest of them time alone can tell.—*Texas Siftings*.

—Dr. W. Allan Jamison and M. Alexander Edington, of Edinburgh, announce in the *British Medical Journal*, of June 11th, that they have discovered a specific bacillus of scarlet fever which they claim is the specific cause of this disease.

—The chief of police of Chicago has issued orders giving the vehicles of physicians precedence at bridges, along with the mail and patrol wagons, ambulances and fire apparatus.

—To hear the doctors talk, one would suppose ice-cream to be a compound of deadly poisons, among which ptomaines, oxide of zinc, lead and various adulterants find prominent place. But it rather upsets one's faith again to see the same doctors quietly swallowing large quantities of the dangerous stuff.

—An instance of the late Senator Carpenter's wit, and at the same time a striking illustration of "the ruling passion strong in death," occurred when he lay on his death-bed. He inquired of his attending physician what was the matter with him, and when the doctor informed him that it was "a stoppage of the colon," the Senator remarked, that "I am glad it is not a full stop."

—Apoplexy, induced by excessive laughter, was given at the inquest as the cause of the death of a young woman, in Sheffield, England, lately. She had been highly amused at the predicament into which a neighbor got, and broke into a fit of laughter which continued until she fell to the floor unconscious, death following shortly afterwards.

—A NEW KIND OF INSOMNIA.—A professor in a certain college, who complained of insomnia, was advised to consult a celebrated physician. He did so, and the latter, after a thorough examination of all the vital organs, pronounced the professor absolutely sound. "I am at a loss," the doctor said, "to account for it. You seem perfectly well. Perhaps something is preying upon your mind?" "Oh, no," said the professor, "nothing at all." "Perhaps you have some business cares?" "No: nothing of that sort." "And yet you say that you get no sleep at night?" "Oh, no! I never said that. I'm all right at night; but it's insomnia in the daytime that bothers me!"

—Statements have been made at various times that the seeds found in ancient Egyptian tombs have germinated, but it is pointed out by Mr. George Murray in *Nature* that competent botanists have universally condemned as worthless the evidence given in support of the alleged germination of mummy seeds. For example, the mummy wheat of one well-known traveller grew up as oats (!) a plant which was unknown to the ancient Egyptian, but which is now cultivated in the country. The Arabs are understood to mislead travellers.

—The recent serious and nearly fatal illness of Prof. Billroth, from which he is now convalescent, consisted at first in a sharp attack of bronchitis which confined him to his bed. Then acute pneumonia supervened. These conditions, combined with fatty degeneration of the heart, brought about a state of alarming prostration. He appears to have derived most benefit from inhalations of pure oxygen, which were prepared for him every day.

—Lanolin was official in a Madrid Pharmacopœia in 1797.

OBITUARIES.

DR. HENRY CARPENTER.

Dr. Henry Carpenter, oldest practicing physician and head of his profession in Lancaster county, died on July 9, 1887, in the 68th year of his age, of paralysis. He was first stricken on April 13th, and received the third fatal stroke July 3d.

Dr. Carpenter was born on December 10, 1819, in Lancaster. He came from a race of physicians. The hanging lantern, dated 1698, now in his possession, was brought over here by his paternal ancestor, Dr. Henry Carpenter (Zimmermann), who came to Germantown from Switzerland in that year, and moved to West Earl, in 1717.

Dr. Carpenter graduated at the Pennsylvania Medical College in February, 1841, when he returned to Lancaster, and began practice in the office which he occupied during all of his practice, and which his father formerly occupied as conveyancer. He was one of the founders of the Lancaster County Medical Society in 1844, Secretary from its organization for many years, and its President in 1855. He was Secretary and Vice-President of the State Medical Society, and one of the Board of Censors for the Eastern District of Pennsylvania. After he was fully started in his profession he discovered that the obstetrical forceps then in use, those of Hayden, Smellie and Baudelocque, were not all that could be desired, and in 1843 he drew plans for forceps that were manufactured for him in Philadelphia by Mr. Gemrig, and which he used for forty-four years. His early training rather cultivated a taste for obstetrics, and, while he had no specialty, he nevertheless had a very large obstetrical experience; those in his own individual practice, together with consultation, amounting to nearly 5,500 cases. While Dr. Carpenter devoted much time to obstetrics and gynecology, he was a practical surgeon in the most general acceptance of the term, having operated extensively in almost every affection which calls for surgical interference. He was never connected with any of our public hospitals, and therefore his extensive experience in operating for strangulated hernia seems the more remarkable. Up to July 1, 1871, the ledger shows that he had 246 cases, and these embrace every variety of this affection. One of the most brilliant operations he ever

performed was the ligation of the gluteal artery, and so far as we have been able to discover there is no record of this having been done before in the State.

DR. LOUIS BOUDINOT HUNTER.

Louis Boudinot Hunter, Medical Director of the United States Navy, died recently in this city at the age of eighty-three. He was a native of New Jersey, and entered the Naval Academy in 1828, and in 1833 was attached to the frigate Hudson, of the Brazilian Squadron, as Assistant Surgeon. At the outbreak of the Rebellion he was Fleet Surgeon in the service off the coast of Brazil. After some service on the Retiring Board, he was rendezvoused at the Navy Yard in this city from 1863 to the fall of 1864, when he sailed as Fleet Surgeon of the North Atlantic Squadron. From 1866 to 1879 he was stationed at the Philadelphia Navy Yard, on the Board of Examination, and from 1872 to 1873 was attached to the Gray's Ferry Naval Asylum, being retired in the latter year with the rank of Medical Director, U. S. N.

DR. LEWIS B. HUNTER.

Dr. Lewis B. Hunter, medical director on the retired list of the U. S. Navy, died in Philadelphia on June 24th, at the age of 83 years. Dr. Hunter was a native of New Jersey, and was appointed an assistant surgeon in the Navy in January, 1828.

Changes in the Medical Corps of the Navy for the week ending July 9, 1887:

Medical Inspector, A. Hudson, detached from the "Trenton," and awaits orders.

Medical Inspector, W. K. Scofield, ordered to relieve Medical Inspector Hudson on the "Trenton."

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from July 3, 1887, to July 9, 1887:

Major Wm. S. Tremaine, Surgeon, ordered for examination by Army Retiring Board, at Governor's Island, N. Y. Harbor. S. O. 155, A. G. O., July 1, 1887.

Capt. J. O. Skinner, Assistant Surgeon, granted leave of absence for six months on surgeon's certificate of disability. S. O. 151, A. G. O., July 1, 1887.

1st Lieut. H. S. T. Harris, Assistant Surgeon, will be relieved from duty at Ft. Ringgold, Tex., upon the return of Assistant Surgeon W. F. Carter, and will then report to Commanding Officer at Fort McIntosh, Tex., for duty. S. O. 73, Dp. Texas, June 27, 1887.

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ORIGINAL DEPARTMENT.

LECTURE.

ADDRESS ON OPHTHALMOLOGY.

BY C. S. TURNBULL, M. D., OF PHILADELPHIA.

Read at the Thirty-Eighth Meeting of the
Pennsylvania State Medical Society, at
Bedford, Pa., June 29, 1887.

Although the title of this address as announced would lead ophthalmologists to expect a specifically special paper on the subject, I have deemed it more fitting to bear in mind, and will attempt to answer the queries so often put by visiting colleagues: "Well, doctor, what is new on the eye?" With this idea in view, therefore, I present a *mélange* which at least will be practical, and, I hope, instructive, as I quote experience with especial reference to diseases of the eyes of children.

Red eyelids, so-called "weak eyes," with or without crusts, and loss of lashes, barometer-like, indicate faulty vision, or an error of refraction. Marginal eczema, as this form of inflammation of the lids is called, can be temporarily cured by local applications, but will be apt to return, because an error in refraction is generally the remote cause, and glasses must be fitted to remove the eye-strain.¹

As a local application, nothing is better than what is known as the "yellow salve," which is made as follows:

R Muriate of morphia.....1 grain
 Yellow oxide of mercury... 2 grains
 Vaseline.....3 drachms

S.—Mix thoroughly and dispense in a paint tube.

Unless this salve be properly applied, it is apt to be too stimulating, and will aggravate the trouble it is intended to relieve. Each evening the eyelids must be thoroughly bathed with warm water, until the crusts can be removed without tearing out the eyelashes. Having thus cleansed the lids from all secretions, they must be carefully dried with a soft linen cloth. Then the edges of the lids are to be thoroughly anointed with a small scrap of the ointment—a piece the size of two pins' heads. The following morning any superfluous salve may be gently wiped away with a dry cloth.

A "stye" or abscess of the Meibomian follicle is often a symptom of a *strained eye*, and, unless Job's comforters are cropping out all over the body, the sight should be carefully tested. Furuncles of the lids are to be treated the same as when found on other parts of the body, but must not be mistaken for styes. Neglected styes are the constant source of *tumors of the eye-lid*, and no such abscesses of a gland should be allowed to slowly subside into a deformity, when by hot applications or by free incision they can be evacuated spontaneously.

Obstructions of the tear duct are generally caused by irritation, and extension of inflammation from nasal disease, or by exposure. Most obstructions are at the mouth of the tear duct (punctum), and seldom

¹ As a warning to slovenly parents, Baudry (Arch. d'Ophth., 1885, Vol. VI., p. 55) notes the *transmission of syphilis* to two children by adults, who tried to remove with saliva the crusts along the margins of the lids due to blepharo-conjunctivitis. In both cases the chancre was situated near the inner canthus, once above and once below, near the lachrymal points.

require more than the slitting of the canal. Obstructions caused by nasal disease have their origin at the nasal end of the duct, and are usually accompanied by blennorrhœa of the lachrymal sac. Such cases call for treatment which, to be of avail, must be started in the nose. The secret of the successful treatment of inflammation of the tear sac and multiple stricture of the duct, is free slitting of the canal, and division of the mouth of the sac down through the bony foramen. In the majority of cases, astringent collyria, such as sulphate of zinc, 4 grains to 6 drachms of water, and thorough inunction of the nose, inside and out, usually effects a cure. More harm than good comes of the use of most forms of probes. Small probes are dangerous, as they make false passages, but where there is a decided stricture, free division and large probes make radical cures.

For the *removal of foreign bodies* from the cornea, we are blessed in the possession of "muriate of cocaine." With a two per cent. solution of cocaine, we can anæsthetise the eye and remove a deeply imbedded foreign body from the most sensitive cornea, without being obliged, as was formerly the case, to have resort to the speculum to hold the lids, the fixation forceps to hold the eye, and an assistant to hold the patient.

Concerning squint, or "cross-eye," much may be recommended as of practical worth, and laurels are likewise to be won in the *non-operative, or atropine*, treatment of young children. A few anatomical points must be recognized at the outset.

1. A pair of flattened eyes with a tendency to converge, deeply set in the head, more or less close together,—suspect *far-sightedness*.

2. A pair of prominent, bulging eyes, widely separated, with a tendency to diverge,—suspect *near-sightedness*.

3. One eye alone or both eyes alternately, or it may be at the same time, apparently attempting to hide behind the nose, means *convergent squint*, usually with far-sightedness, or far-sighted astigmatism, as a cause of defective sight.

4. One eye, or perhaps both eyes at the same time, wandering to the outer angle of the lids, towards the temples, means *divergent squint*, usually with near-sightedness, or near-sighted astigmatism, as a cause of defective sight.

Of course, there are exceptions to every rule. According to Stilling (Arch. f. Augenhk., Vol. XV., p. 73), strabismus consists in relinquishing binocular fixation, and placing one eye in its natural position of

equilibrium. If this is convergence, convergent strabismus results; if divergence, divergent strabismus; if it is a parallel position of the axis, an absolute strabismus cannot result. In the majority of cases of hypermetropia, convergence is the position of equilibrium, in myopia it is divergence.

The family physician is often called upon for an opinion concerning the nature of a *squint suddenly noticed* in some little one; but he is usually at a loss how to advise or account for the deformity. It will be noticed in making the squinting child turn its eyes to one side or the other, that one eye will be possessed of more power to move, in extreme excursions, than the other. The eye possessing the greatest mobility is usually the squinting (non-used) eye. In order to compel service in the non-used eye, we usually dilate the pupil of the better eye, using for this purpose a four-grain solution of atropia, one drop every three days. Care should be taken at first, after throwing all work on the squinting eye and, as it were robbing the child of the sight of its good eye, that enough vision is secured to answer all ordinary purposes. By this method, usually practiced upon children between the ages of six months and four years, I have often been able to secure binocular vision and cure the squint; and, in cases where the sight has been very poor in one eye, been able to convert the squint into the "alternating form," which variety is the most successfully treated by operation.

If a child has been neglected up to its seventh or eighth year, and the squint is a decided one, there is nothing left to be done but to operate. *The success of all squint operations* depends upon the amount of sight retained by the squinting eye or eyes. If the squint be an alternating one, we may expect success and binocular vision. Concerning other cases of convergent or divergent squint, our success will be in accordance with the amount of vision which can be obtained from either eye, be the vision natural or acquired by the use of glasses. When there is no useful sight in the squinting eye, as is frequently the case, we operate simply for cosmetic effect, and must be satisfied with limited success. No other anæsthetic than cocaine is necessary in the case of adults or larger children, and this is a great comfort, as the operator can avail himself of the assistance the patient can render by moving the eyes as directed.

It is all important that patients should thoroughly understand the ultimate results sought when advising or operating for a

squint. Such an operation improves the vision only at times; generally it does not, but on the contrary impairs it for a greater or less length of time. When the squinting, non-used eye is called into use, and its indistinct image is fused with the distinct image of the fellow eye, it causes blurred and often, at the same time, decidedly painful vision. This unfortunate condition is known as muscular asthenopia.

Muscular asthenopia causes impaired vision, painful vision, or both. The pain caused by this sort of strain is of the same sort as that which we feel in the muscles of the arm and shoulder after carrying a heavy load. The muscles involved are the ciliary muscles (of the iris) and the motor muscles (of the globe).

Headaches in school children, which are generally frontal, although they may be referred to the occiput, are usually caused by defective sight, and only rarely by diseased eyes.

Acute diseases of the interior of the eye are rarely noticed in children until there is actual loss of sight and irreparable damage. Their onset is insidious, as there are necessarily no external symptoms. Children are more observant than people usually suppose, and we should not fail to give ear to their oftentimes significant remarks. Clouds and motes, with corruscations, flashes of light, and kaleidoscopic displays of rainbow colors, suggest retinal or choroidal irritation, and mean danger, as does the red signal light to the railroad man.

Photophobia, or dread of the light, *without accompanying conjunctival or corneal irritation*, means retinal irritation, and calls for prompt investigation and treatment.

Photophobia, with conjunctival or corneal irritation, on the other hand, is an ordinary symptom which can be readily accounted for and locally treated. This brings us to the consideration of—

Phlyctenular ophthalmia which, next to the purulent form, is the most annoying, harassing, and dangerous variety of eye disease to which children are subject. I will attempt to paint a picture frequently to be seen in the office of the family physician.

Fancy a baby, between the ages of six months and three years, carried into your office; the child is either screaming or has its face tightly pressed against its mother's shoulder; one little hand frantically clutches the dress of the mother, while the other with equal force clutches a pretzel, a stick of candy, or a piece of unripe fruit. Seating herself with a sigh, the weary mother forcibly

drags the screaming child from its shelter, and endeavors to turn its face towards you. The face picture is typical; the eyes are closed spasmodically tight by the swollen eyelids, and scalding tears run down over the cheeks, because the swollen nose cannot provide for the overflow; while, most significant of all, is the *swollen upper lip*, which looks as if recently stung by some insect.

The mother's complaint is, "Doctor, I cannot get anything done about my house; this child takes my entire time; when I am not nursing it, it is either screaming or sleeping with its face buried in the pillow; I am compelled to keep the room dark, and am quite unable to please or manage the child." Casual questioning elicits the following routine history, which goes to prove that it would not be much out of the way to term this condition *reflex gastric ophthalmia*. The digestion is always disordered and the appetite capricious; the child is given both tea and coffee and very little, if any, milk; sweet things *ad libitum*, roast meats, boiled potatoes, pie, and a long list of always indigestible food. The child always sleeps on its face, and the only time either it or its mother seems to be able to secure any rest is from sundown till bedtime. As a rule such children, to use an inelegant but expressive phrase, are "bosses of the situation;" that is to say, "spoiled." They sleep with their faces buried in the wet pillow, which acts as would a warm poultice, and encourages congestion and swelling.

Treatment in this disease depends upon the care and patient pains the doctor is willing to bestow, the faithfulness of the mother, and the firmness she proposes to exercise in the execution of the doctor's orders. It is essential that the child should be fed regularly upon simple food, such as milk, broth, soft boiled eggs, and rare meat. Starchy foods are to be avoided. Sweets of all sorts, as well as tea and coffee, are to be tabooed. The apartments must be kept dark and the child made to lie on its back. When this plan of treatment is once thoroughly instituted, half the fight is over.

Locally the "yellow salve" is to be rubbed on the edges of the eyelids at bed time, and oxide of zinc ointment may be used for the excoriated nostrils and face. Solution of atropia, one to four grains to the ounce, may from time to time be dropped into the eye, according to the age of the child, and also depending upon the amount of lachrymation. A 2 per cent. solution of cocaine may be used, or a salve made of vaseline and cocaine and atropine in combination.

Constitutionally I never fail to prescribe the following mixture to be taken at bedtime, with an occasional dose of calcined magnesia because of the especial inactivity of the liver in all such cases:

R Powdered blue-mass. 10 to 30 gr.

Syrup of rhubarb. 1 to 2 oz.

M. Sig.—Shake well, and give a teaspoonful or more at bedtime.

After this has been used for a week or two, I order five drops or more of the syrup of iodide of iron, three times a day, never forgetting to prescribe bromide of potassium, and syrup of lettuce, (Aubergier's) or some equally good sedative mixture.

In very young children, during dentition, or where flatulence and constipation are persistent and annoying, I cannot laud too highly the old *mistura foetida comp.* (De-wees's Carminative). I have described the appearance of the child, taken for granted the condition of the eyes behind the firmly-closed lids, suggested treatment, and given explicit directions; but I have purposely said nothing until now as to how one should make an intelligent inspection of the eyes proper, that is, of the conjunctiva and cornea. You will find that after a mother has been compelled to assist you in holding her child, whilst you force the eyelids open, she will, as a rule, be so thoroughly demoralized, that in her anxiety to pacify it and get out of your office, she will be quite sure to forget all that you have told her. For this reason a few directions as to the method of holding such children, so as to examine and treat their eyes under circumstances such as we have just mentioned, will not be out of place. The trick is well worth knowing, as a good-sized unruly child, with a weak mother and an inexperienced doctor, where the eyes are to be forcibly examined and then treated, is a veritable "bull in a china shop." The person holding the child is to sit directly opposite the physician, their knees touching. The child is to be laid on its back, its body resting on the assistant's knees. Both of its feet are to be turned to one side and tucked under the assistant's right arm; this leaves the assistant's hands free to hold those of the child. To protect the doctor's knees a heavy towel is spread over them, and upon this the patient's head rests. In extreme cases the patient's head may be pushed down and held firmly between the doctor's two knees. His hands are then free so that he may commence by instilling cocaine-solution (rarely satisfactory) and, with thumb and forefinger, or with any good lid-retractor, he can forcibly open the eyelids and expose the globe. In

the disease under consideration, he will find a pustule on the conjunctiva, or the cornea, or it may be on both, or the corneal pustule may have developed into an ulcer. The pupil is always contracted, and it is needless to say that photophobia is marked and lachrymation profuse. In either condition the treatment is what I have suggested, excepting one other reliable hygienic point which I have thus far neglected to mention. The morning sponge-bath is a most valuable addition, and still better is the therapeutic shock to be obtained by alternate spongings with hot and cold water. In the case of larger children, frequent dippings of the face in a basin of cold water will assist materially in controlling the spasm of the eyelids.

This disease is essentially one which occurs in summer, and when as it generally does, it accompanies dentition, or gastric or intestinal disease, is greatly to be dreaded.

Scrofulous ophthalmia. The only disease of the eye for which the disease just described might be mistaken is what is known as *scrofulous ophthalmia*. This insidious inflammation commences with what appears like a pink nodule, or phlyctenule, on the conjunctiva, and might readily be mistaken for the disease we have just described. Close inspection will show that the red spot on the conjunctiva is not a pustule, but a glandular swelling accompanied by little or no conjunctivitis, photophobia, or lachrymation. In the majority of cases, as a guide to diagnosis, we have the scrofulous physiognomy; i.e., flat sunken nose, and notched teeth. Should this red spot have been in existence for some time, there will likely be shading from it a cloudy patch of more or less density caused by infiltration between the layers of the cornea. This disease may or may not be accompanied by iritis, which in every instance is plastic. One characteristic point, and never absent symptom, is the peculiar coppery red appearance of the inflamed conjunctiva at the limbus, between the cloudy spot and the inflamed gland. Arlt called this "*lymphatic inflammation of the cornea, or scrofulous keratitis*," and always insisted upon inherited syphilis as its cause. I feel satisfied, however, that this form of eye disease is seen in tuberculous subjects as well. It usually occurs between the ages of eight and thirty-five years, more frequently at the age of puberty. In any case there is one form of treatment, which in my hands has proven almost a specific. I have adopted the German method, and in prescribing I always commence with mercury, which I *gradually* push to salivation, and follow it with the

iodide of potassium, *gradually*, repeated for emphasis, creeping up from five to sixty grains three times a day. In some cases, for children between the ages of eight and twelve years, I have administered as much as one-sixteenth of a grain of the biniodide of mercury every hour for from one to twelve months, and at the same time used inunctions of blue ointment twice daily without being able to notice the slightest constitutional effects. Nevertheless I feel fully satisfied that these peculiar cases, not only do well, but thrive upon a well-managed course of mercurial treatment. As a precaution I always see that parents or guardians understand that cases such as we have described will require months, yes, even years of prolonged and tedious treatment, and incessant looking after.

Opacities of the cornea, the "cataracts" of the laity, if unaccompanied by conjunctival irritation, must be regarded as we regard scars upon the body, and are in a general way incurable. They may not be discernible save by oblique illumination, but all cause badly impaired vision and strabismus or squint. If they should be the cause of poor sight in a hyperopic eye, the squint will likely be a convergent one, and *vice versa*. They also cause dread of strong light, and are oftentimes a source of annoying and constant pain, and therefore in treating corneal disease, do not be satisfied when all redness leaves the eye, but when the opaque spot remains on the cornea continue your active treatment until nature fills in a clear cornea, and removes the cicatrix.

Concerning *cataract* operations much may be said. Every operator is an advocate of his own method, or it may be of his modification of somebody else's method. Suffice to say, that the percentage of success, in a general way, is so great that we are fully justified in assuring our cataract patients of having eight chances in ten of success. The more unruly or complicated cases are more operated on in a conservative manner. A preliminary iridectomy is made, in two or three weeks later the cataractous lens is extracted, and by this means the operation is robbed of most of its dangerous elements. On the other hand in uncomplicated cases the more heroic and skilful operators do not interfere with the iris; i. e., make no iridectomy, but remove the lens through the dilated pupil, being bold enough before commencing the operation to wash the eye and its tutamina with soap and water, and inject an antiseptic solution into the eye.

In operating for cataract we must be par-

ticularly careful where solutions of cocaine are used as a local anæsthetic, and not expect to do more than render the conjunctiva and cornea anæsthetic. If we use enough of a two per cent. solution of cocaine to affect the iris, there is risk of having the corneal flap shrivel, and I have concluded that unless an operator be satisfied with anæsthesia of the conjunctiva and cornea, he must frequently sacrifice an eye. I seldom bandage an eye after cataract operation now, preferring to use adhesive plaster (as first suggested by Dr. R. J. Levis) cut into ovals to fit the upper lid.

Cataracts are artificially ripened by massage, when for several reasons we do not wish to wait for Nature; and a puncture of the lens or a preliminary to iridectomy is often made for the same reasons.

In examining the eyes of those past middle life, a two per cent. solution of cocaine is the safest, and therefore the best mydriatic, because of its evanescent character and its tendency to reduce intra-ocular pressure. In private as well as clinical practice, I use cocaine, in two per cent. solution, for all preliminary examinations, never using any other mydriatic, except when I wish to paralyze the accommodation. Solution of atropine is too heedlessly used, and the number of cases of atropine glaucoma are steadily increasing, as can be found out by looking up the literature of the subject.

For glaucoma we have a potent local remedy in the form of "eserine," the alkaloid of the extract of calabar-bean, which may be instilled in solutions of varying strength (gr. $\frac{1}{8}$ to $\frac{1}{4}$ to $\frac{3}{4}$) and by this means an eye may either be cured or at least kept under control until the surgeon is able to operate (make an iridectomy, paracentesis of the anterior chamber, etc). In fact, numbers of cases have been entirely cured by the instillation of this drug alone.

In detachment of the retina occurring in myopic eyes I have had most gratifying success by treating this condition as if it were a traumatic sub-retinal effusion, due to other causes than myopia, and employ a full specific course with absolute rest. I can recommend the use of mercury pushed to constitutional effects, both by pill and by inunction, followed by iodide of potassium, not forgetting to recognize the like effect of jaborandi internally, or pilocarpin hypodermically.

In the selection of spectacle frames (note I do not say spectacles) opticians are universally careless and those who prescribe glasses are often culpably negligent. If the spec-

tacles are intended for reading and *near work*, the bridge-piece is oftenest made *shallow* so that in casting the eyes down, the lower edge of the lens is in the way, and seeing over the top of the glasses is an impossibility. If the spectacles are for near work they should have a deep bridge-piece, which will enable the wearer to drop the eye for reading, &c., and have it strike the centre of the glass, and the next moment, without moving the head to look over the glass, and in the distance. If on the other hand the glasses be for distance, they should have a *shallow bridge-piece*, and be set well up, in front of the eyes, so that the wearer cannot do otherwise than look through them for the distance, and under them while walking, &c. Where double lenses are used, the upper half for near vision their manufacture must in every case be intrusted to a skilled optician. Each half glass must be ground from a whole lens in order to secure a proper optical centre. One half of a lens will not do. The great want of care displayed in the manufacture of this form of glass has been the cause of bringing it into disfavor.

Protective glasses are best made of "No. 4, London smoke" glass. Too light a shade does not offer protection enough, while on the other hand, too dark a shade causes a severe and sudden transition from dark to light. Oculists for many reasons prefer the smoked, that is dark glass, and so, if left to themselves, do the majority of persons. Take for instance, one hundred purchasers of protective glasses, as they select them from the vendor on the sunny seashore, and ninety of them will select the dark or "London smoke." Green at one time, copying after nature, was the fashionable color. Afterwards everything was "blue-glass," but experience has selected the smoked.

There is another sort of protective glasses; that is those worn to keep foreign bodies from damaging the eyes. For this purpose glass and mica, as well as wire gauze, has been used, especially in the older countries; but I am sorry to say our mechanics do not seem to know how, or to want to take care of themselves. In this country of profligate waste of money and life I am compelled to enucleate many damaged eyes, in the course of a year, which might have been saved by protective glasses.

To protect the eyes from the electric light, a glass is made, or rather spectacles are made, of a yellow or amber colored glass, which color has been found to absorb the irritating rays.

COMMUNICATIONS.

TREATMENT OF RINGWORM OF THE SCALP.

BY HERMAN B. ALLYN, M. D., OF PHILADELPHIA.

Ringworm of the scalp is an essentially chronic disease, since no case tends to spontaneous recovery; and, though a few may seem to remain stationary, in general the disease when left to itself may be said to grow progressively worse. It is, moreover, one of the most rebellious to treatment in the whole range of curable diseases.

The obstinacy of the disease seems to me to arise from two causes: first, because the spores of the *microphyton* are not so susceptible to the action of germicides as the spores of some other skin diseases; and, secondly, —the much more important reason—because germicides cannot easily be brought into contact with the spores, situated as they are in the shaft and root-sheaths of the hairs.

All children below the age of puberty are about equally susceptible to the disease. If a child were exposed directly to the contagion, and did not develop ringworm, I should be inclined to think it a personal idiosyncrasy. On the other hand, adults are nearly, though not quite, exempt. My own experience does not lead me to think that syphilitic or scrofulous children are more apt to develop the disease than healthy children; but in the scrofulous it spreads with much greater rapidity. Nor do I think that it is usual to find, in the scrofulous or syphilitic child, the disease in a peculiarly obstinate form.

Inasmuch as methods of treatment that have proven efficacious in the advanced stages of the disease would be so much the more curative in the earlier stages, I do not think it advisable to go over the list of remedies that would be applicable only to the less obstinate cases, such as iodine, sulphur, etc., etc., but will speak of those which may be considered applicable to the disease in general. The treatment, as in other skin diseases, is general and local.

General treatment consists in (1) the isolation of the cases; (2) good food, fresh air, exercise, bathing of the whole body, etc.; (3) regulation of digestive derangements, such as constipation, which, just as in eczema, tend to aggravate the disease; (4) the treatment of any constitutional condition, such as struma, syphilis, anemia, and the administration of general tonics when the system

is below par. In this connection it may be pertinent to remark that light-haired boys show the good effects of cod-liver oil better than dark-haired boys.

Local treatment is, however, by far the most important. The hair should be shaved from the scalp regularly once in two weeks. This enables the medical attendant to examine the head rapidly, and at the same time to detect any new spots in their earliest stages. Besides, when the head is shaved there is less danger of fresh spots developing. As a rule, lotions are more serviceable than ointments. As regards epilation, I think it is in all cases of decided advantage, because it at once removes great quantities of the fungus, and leaves the evil, so to speak, more porous. Many cases can, however, be cured without epilation, and as it is often painful it is not always wise to insist upon doing it.

Of the various lotions that have been used, I have found that suggested by Mr. Harrison, in the *British Med. Journal* for September, 1885, the most generally useful. It consists of two solutions, of which the following are the formulæ:

- R Potass. iodidi.....3jss;
Liq. potassæ.....ad. fl. ʒijj.
M. Sig. "No. I."
- R Hydrarg. bichlor.....gr. iv;
Sp. æth. nit.....ad. ʒj.
M. Sig. "No. II."

Moisten a rag held in a pair of dressing forceps in the first solution, and rub on the affected parts. After a short interval the second solution should be rubbed in, or simply daubed on, in the same way. The treatment is an ingenious one, producing the biniodide of mercury in contact with the spores, the skin, root-sheaths and hairs having been previously softened by the liquor potassæ. The second solution should be made up fresh at least every three days, as the bichloride precipitates, and the solution then becomes not so effective—just why, I cannot say, unless it be on the general principle that a clear solution is more penetrating than a mixture. As can readily be imagined, the treatment is a painful one. When thoroughly applied, as it should be, it makes the scalp very sore; but when not too much of the first solution has been used, the sores remain clean and healthy looking, and readily heal up. When the solutions have been used too freely, yellowish or greenish-black crusts form on the scalp, and are not easily washed off. This is more apt to occur when the hair has not been

kept short. Cosmoline, or, still better, an ointment of ammoniated mercury, ten grains to the ounce, well rubbed in, loosens and softens these crusts, so that a soap and water bath readily cleans the scalp. It is also a good plan to occasionally discontinue the solutions, and rub the scalp for two or three days with some mild ointment, such as the one suggested; this serves to keep the scalp in better condition for receiving germicides, while the soothing ointment sometimes makes a wonderful change for the better in what perhaps before seemed a very disheartening case. Besides, by intermitting active treatment for a short time, until the scalp recovers its tone, one can better tell just what progress his treatment is making toward cure. From this it may be inferred that sometimes treatment may be too active.

While this treatment is in the average case of ringworm highly successful, there are objections to it. Its painfulness has been referred to. This may be stopped, after the application of the second solution, by a four per cent. solution of cocaine; but, unfortunately, cocaine will not relieve pain before or after the use of the second solution. It has also been urged that relapses are more common under this treatment than under others. Time is the only thing that under any treatment will inevitably tell whether a case is cured. Perhaps relapses have seemed more common, because this treatment works more rapid improvement than any other, leaves the parts cleaner, and hence leads the unwary to infer that the disease is cured. I must admit that I have on several occasions been unable to find any ocular evidence of disease, and yet the cases have relapsed. The only safe rule is to subject each case, dismissed as cured, to daily inspection for six weeks or two months.

There are several classes of cases, however, that will not yield to this treatment alone. One class is characterized by a tough, thickened, hypertrophic condition of the superficial layers of the scalp, produced, in my cases, by the constant irritation of the treatment just referred to, which has, nevertheless, not cured the disease. Those parts affected by the disease are seen elevated above the surrounding scalp. On these liquor potassæ inflicts little if any pain. It is in such cases that I have found salicylic acid very useful. A very convenient formula for its use is that commonly employed for corns:

- B. Acid salicyl.....3j;
Ext. cannabis Ind.....gr. xx;
Collodii. q. s. ad.....f. ʒj.
M.

This should be painted on for three days, then an effort made to tear it off. If this is successful, a tenacious strip comes away, on the undersurface of which are adherent a number of whitish, diseased hairs, full of the trycophyton—it epilates, in other words, as well as softens, the superficial layers of the scalp.

I have also used the salicylic acid with ether, instead of collodion, but it is not as effective. If the solution is not stronger than forty grains to the ounce, the cannabis Indica may be left out, which is in some respects an advantage, as green spots on a child's head do not enhance its beauty. Salicylic acid may also be used in the form of an ointment, an excellent formula for which was suggested to me by Dr. James Simpson:

R.	Acid. salicyl.....	3j;
	Sulph. precip.....	3ss;
	Bals. Peruv.....	f3j;
	Adipis.....	3j.

M.

Having made the scalp sufficiently tender and absorbent by the salicylic acid, the first solutions may be again used, or an ointment, alternating the treatment as local conditions indicate.

I have also used chrysarobin, but without success, though the trial was not sufficiently thorough to enable me to express an opinion as to its actual value.

Another class of cases that resists Mr. Harrison's treatment is characterized by small, circumscribed, non-elevated, uninfflammatory patches, varying in size from a small pea to a three-cent piece. There may be several of these scattered over the scalp. In one case in particular the hairs, were unusually firm and embedded much more deeply in the scalp than is ordinarily the case. Here the solid stick of nitrate of silver has given the best results. It is best applied in this way: Having rubbed the patch with the moistened stick, allow the patient to go without treatment for several days; then tear the black crust from the scalp with a pair of flat forceps, apply a drop or two of four per cent. cocaine solution, and reapply the nitrate of silver. By persisting in this treatment, intermitting when local conditions demand it, the disease can be eradicated.

In yet another class, in which Mr. Harrison's treatment either fails or inflicts a degree of pain out of all proportion to the amount of benefit secured, I have found ointments answer best. Of these, the most effective is an ointment of the biniodide of mercury, ten or twelve grains to the ounce

of lanolin and olive oil or lard. It is very much better than the oleate of mercury. Care must be exercised not to make it too strong, or else a stinging, burning pain results, which grows worse rather than better, and is in this respect unlike the pain inflicted by the two solutions. Olive oil will, however, relieve the former pain when gently rubbed into the scalp.

The objection to all ointments is that to be effective they should be rubbed in thoroughly every day, and the head not washed oftener than once in two weeks. As a consequence, more time and patience are required in the treatment, the child's head is apt to look dirty, new spots are more difficult of detection, and pillow-cases and hats are soiled unless protected. These things could be endured if ointments were more efficient; but as a rule they are not. Still, in choosing whether to use an ointment or not, it must be remembered that there is great difference in the skins of people as to the readiness with which ointments are taken up. In some the skin absorbs it as a sponge does water; in others it cannot be made to take it up. If, for instance, a child suspected of showing syphilis did not improve with rapidity upon Mr. Harrison's treatment, and its skin absorbed ointments readily, I should expect the greatest benefit from the treatment by biniodide of mercury in lanolin. In one case presenting the above conditions, I had a most gratifying result. In this connection it may be stated that I never saw the slightest trace of ptyalism produced by either the solutions or biniodide ointment.

Some cases are met with in which there are a few diseased hairs scattered among a large number of healthy ones, like weeds in a field of tassel corn. Time and again the disease will be thought cured, only to show itself after a longer or shorter interval. In some of these cases, if the head be clean shaven, the disease cannot be detected. Epilation and the persistent thorough use of whatever germicide has been found by trial to give the best results, offers the best prospects of success.

By the use of the methods of treatment described above, I have been able, in the past year, to cure eighteen cases of ringworm of the scalp in the Infirmary of Girard College, none of the boys showing any sign of relapse for at least two months. Of the number remaining under treatment at the expiration of that time (12), four seemed almost cured, and all but two or three were markedly improved.

737 North Forty-first St.

ANASARCA WITH RECOVERY.
WITH NOTES OF A CASE DUE
TO HEART TROUBLE.

BY JNO. A. STAMPS, M. D. WALLACEBURG, ARK.

Until within the past few years the family physician's diagnosis of "a bad case of dropsy," and especially if caused by "heart disease," sounded the death knell of the patient, and caused the poor unfortunate and his friends to relinquish all hopes of any amelioration of the unpleasant train of symptoms. During the past few years there have been important advances made concerning our knowledge of this disease, and instead of using merely empirical treatment, we try to determine the cause, and having discovered this to adopt a treatment founded upon scientific principles.

The causes of anasarca are numerous, for instance; anæmia, especially that form occurring in young girls—cholrosis, diseases affecting or involving the secreting structure of the kidneys, as Bright's disease, scarlet fever, etc.; morbid state of lungs, by which the circulation through the pulmonary vessels is impeded, as in the pressure of morbid growths, etc.; and a very frequent and significant cause is heart disease, the result of inflammatory and other processes.

The cause of the dropsical effusion in my case was clearly traceable to heart disease or disturbance.

As this form is generally produced by some process which renders the heart incapable of performing its office of receiving the blood from and propelling it to every part of the body, and as a disturbance of the equalizing power of this organ would invariably lead to local congestions, we would expect these congestions and dropsies to show themselves first in the parts most dependent, or farthest from the driving force. Consequently among the earliest symptoms of the approach of this condition are a puffiness of the eyelids, œdema of the feet and hands, which as the disease progresses gradually becomes more extensive, until in all probability every tissue and organ of the body becomes more or less œdematous. The following case illustrates what I have said:—

Mrs. —, 34 years old, was married at 18, and has had 6 children. She enjoyed good health until 1878, when her 5th child was 2 weeks old, when she began to suffer with palpitation of the heart. This continued to annoy her at irregular intervals until 1884, when she discovered that her feet, ankles and eyelids were swollen. As she was then

in her 5th month of pregnancy, she paid no attention to this, thinking it would be all right when she was delivered. But one month after the birth of her child general dropsy developed and continued until I saw her, three months later. I found her feet, face and abdomen considerably bloated, she had shortness of breath which was especially marked when reclining, her liver and spleen were some what enlarged, her skin and conjunctiva were marked by jaundice. I gave her:

R Digitalis.....gtt. x
Potass. iodid.....gr. x
Tr. ferri chloridi.....gtt. x

every four hours in water, and in the course of two weeks succeeded in reducing the effusion to a minimum.

As soon as she had improved sufficiently she engaged in the performance of her household duties with the result of a speedy return of the anasarca, which proved to be more rebellious than ever.

She suffered much with dyspnœa and pains in her spine and limbs; she saw specks and a smoky film before her eyes. Upon examination I found her heart enlarged and there was a very audible, rather soft mitral systolic murmur. Her urine contained a considerable quantity of albumen. Her liver was enormously enlarged, reaching from the spine of the right ilium to the umbilicus, and was very much thickened.

On the 3d of April I was called and found her suffering with excruciating pain caused by suppression of urine. I introduced a catheter and found her bladder empty, and then ordered warm sitz baths and gave her 15 drops of tincture of digitalis and a drachm of jaborandi every three hours. In a short time her kidneys began acting profusely and the treatment was discontinued. On the next day there was a repetition of these symptoms, with the same treatment and the same results. The next morning I was called in haste, and found my patient semicomatose, with every symptom of uræmia. I had to act promptly, and decided that the eliminating action of the skin could be aroused sooner than that of either the bowels or kidneys, so I gave her 10 gr. doses of Dover's powder, watching the effects very closely. After two or three hours her condition improved, and I gave smaller doses of Dover's powder, with a dose of sulphate of magnesia, and digitalis and nitre. On the next morning she was much better, but still troubled with the anasarca. I now ordered citrate of potash and jalap, with iron, digitalis and iodide of potash. Under this

treatment all of the effusion disappeared, and I substituted for it iron, quinine and strychnine. After several light relapses she finally recovered and has enjoyed good health for the past two years, becoming pregnant the seventh time, and carrying the child to full term. I attended her in her labor, which was very difficult, requiring the administration of chloroform. Upon examining her heart, I was surprised to find no murmur whatever. She was fully under the influence of chloroform for 30 minutes. I never saw a heart behave better. She recovered from the effects of the labor quickly and without any serious complications or the least indication of a return of the anasarca.

LIGHTNING-STROKE FOLLOWED BY ACUTE BRIGHT'S DISEASE.

BY J. E. FREE, M. D., BENEZETTE, PA.

John O., a farmer, 35 years old, was putting his horses in his barn, when it was struck by lightning. He at once lost consciousness. When it was recovered, a few minutes after the accident, he found the horse on his right had been instantly killed, and the one on the left was struggling to regain its feet.

The barn was on fire, and the realization of his dangerous situation induced him to make an extra effort to escape into the open air. A short distance from the barn he met his wife coming to see if he was alive. She led him to the house, and then went back and managed in some way to put out the fire.

The living horse was not much the worse from its contact with the electric force, but seemed to be anxious to get away from the scene of the disaster. It was turned out to pasture, and soon recovered entirely. The dead horse was as soft as jelly, partly owing to the fact that every large bone in its body was comminuted. A short time after the accident the man was able to converse intelligibly, and stated that the last thing he remembered he was unbuckling the throat latch on the horse which was killed. Upon recovering consciousness, his attention was attracted by the struggles of the horse on his left. He was not conscious of any appearance of lightning or noise of thunder.

His right arm, which was closest to the horse which was killed, was numb. Paralysis of sensation was complete, while the power of motion was retained. This condition was only noticed from the elbow to the finger tips. The left leg from the knee to ends of toes, presented the same phenomena. To relieve these symptoms the arm was rubbed

with "*Magic Oil*," and it was supposed that its effect was beneficial, because the surface in the course of an hour presented a hyperæmic appearance, and began to show signs of returning sensation. The leg was not treated at all, and it improved in the same way.

Three hours after the accident the writer arrived on the spot, and found the injured man standing at the front gate. His face was flushed, his eyes congested, and altogether he appeared to be laboring under strong mental excitement. When he attempted to walk to the house, his left foot dragged like an ataxic patient's. The effort necessary to get from the gate to the door caused a mild choreic spasm, which subsided as soon as he sat down. He said he was sleepy, but had been advised not to lie down. As soon as possible he was put to bed, and a weak sedative solution administered, more to satisfy his mind than for any expected therapeutic effect.

The pulse was 100; temperature, 102°; respiration, 23.

No pain was complained of.

If it had not been for two ideas which were not altogether irrelevant to the occasion, he would have soon passed into a sound sleep. The dead horse was one he had been working on trial with the intention of buying, and his conscience was much exercised on the subject of the responsibility for the damage. The other source of disquietude was in regard to an accident insurance policy. He wanted to know if the company would pay him for loss of time if he should become disabled after having been able to walk. With much persuasion he was finally quieted enough to go to sleep.

On the following morning the patient was stiff and sore, and said he felt as if he had been beaten all over. The numbness in the arm and leg had somewhat abated, and he was able to get about the house without aid. A severe headache supervened during the day, and persisted for several days, when the characteristic symptoms of acute interstitial nephritis developed. At present, about one month from the time of the accident, he is rapidly improving.

—The London *Lancet* defines "moderate drinking" as that which is indulged in to the extent that the individual has a clean tongue, a good appetite, a slow pulse, a cool skin, a clear head, a steady hand, good walking power, and light, refreshing sleep.

PETECHIÆ AFTER PNEUMONIA —
REPORT OF A CASE IN PRIVATE PRACTICE.

BY A. A. NEFE, M.D., OF WHETSTONE, OHIO.

On Jan. 12, 1887, I was called in to see Ord. H., aged four and a half years, son of a farmer in good circumstances. Family history: Father rheumatic; mother healthy, but has two or three small lipomata. No *specific* history on either side. Boy has good food and water, and lives in a healthy locality. On examination I found pneumonia of right lung, which progressed so well that I discharged him Jan. 23rd. During the progress of the case there was delirium, and extreme nervousness, as manifested by screams and convulsive jerkings, when the patient was touched, or when there was the least noise in the room. I regarded the case as one of cerebral pneumonia. On Jan. 23rd I noticed ten or twelve spots. They were about the color of what is ordinarily termed a "blood blister," and they caused no discomfort, had no surrounding redness nor swelling, and as there were no indications of hemorrhagic diathesis, I paid but little attention to them, thinking they would disappear of their own accord. On Jan. 27th the father of the boy came to my office, saying his son was covered with the spots, which he termed "boils." They were larger, elevated and darker than before, and now caused considerable *itching*, but no pain. I gave him the following:

R. Tr. ferri chlor f ʒ j
Liq. pot. arsen. f ʒ j s
Aque q. s. ad. f ʒ j

M. Sig.—Half a teaspoonful *in water* after meals and at bed-time.

For the itching I gave the following:

R. Acid. carbolic..... grs. xx
Acid. tannic..... grs. x
Glycerinæ..... āā fl. ʒ j

M. Sig.—Apply on lint as needed, to relieve itching.

Jan. 29th his father requested me to go and see him, saying that while some of the spots were drying up, others seemed to be forming. The itching was relieved. On my arrival, I found the boy sitting up playing with his brother. He said his legs hurt him when he walked. His pulse was 92; his temperature 99.2° (Fahr. ;) his respiration 24. His appetite was voracious, and his bowels regular as to frequency, but the stools looked like a mixture of grumous blood intimately blended with mucus. Upon inquiry I found that the stools had presented this appearance

for two days, but as it began about the time of the prescribing of the iron mixture the family thought its appearance was owing to the medicine. That it was not, is shown by the fact that it disappeared during the continuance of the iron.

I will now attempt to describe the spots, though they should be seen to be appreciated. They varied in size and color according to location. Those on the face, scalp, trunk, and in the mouth, were about one line in diameter but not elevated. They were of a dark-red color, if of more than twenty-four hours duration, more recent ones being paler. Those on the extensor surfaces of the limbs, especially on the forearms and legs, were about four lines in diameter, and about two and a half lines high, above the surrounding surfaces. The large ones were of the color of venous blood, afterward getting darker. Upon cutting into two of the larger spots there oozed from the more recent ones a little bloody serum. The other peeled off in layers like the coats of an onion, finally disclosing a small coagulum, dry and dark. These large ones, in form, resembled half a filbert placed with its cut surface on the skin. There must have been at least fifty on the head and face, while on his entire person there were fully three hundred. The patient said the cutting caused no pain, but tickled his leg.

The treatment already mentioned was continued, and in about a week new spots ceased to appear, but those already formed still remained. To-day (June 30th) the boy is enjoying good health. The spots, though not so prominent, are still there, and of a darker color, except those on his head and face, where there is only a pink stain, remaining to show their former site. Those in his mouth have entirely disappeared.

In conversation with a number of physicians I have found but one, Dr. Ridgeway, of Galvin, Ohio, who has seen such a case. Neither do I remember having seen such a case recorded. In Dr. Ridgeway's case, the administration of tr. ferri chlor, sufficed to limit the occurrence of the spots, as it did in my own, but they had not entirely disappeared in a year from their occurrence.

Thinking the case worth recording, I have given its main features as nearly as I can. I would like to see such cases written upon, so that we may know what has been tried and with what success.

A tooth immersed in a solution of the tincture of iron in eight parts of water has its enamel entirely destroyed in one hour.

HOSPITAL NOTES.

MEDICAL DISPENSARY OF THE UNIVERSITY OF PENNSYLVANIA.

Reported by M. HOWARD FUSSELL, M. D.

Acute Nephritis.—Phthisis Pulmonalis.

Thomas W., laborer, aged 19. Mother and aunt dead of phthisis.

Shortly after his mother's death, the patient came to the dispensary complaining of nervousness. He would awake in the middle of the night and be forced to get up and dress. There could be nothing found to account for this, save probably fear, which he expressed, that he was going to die like his mother. The man's physical condition, to all appearances, was excellent. He made two or three visits to the dispensary, and was lost sight of for almost a year.

In August, 1885, he returned with the following history: Has been very nervous since last visit. Four weeks ago, after working in the quarry all day, was attacked with stiffness and soreness across loins; had no chill; has *never had any œdema*. Urinates five or six times daily. After each act of urination passes a few drops of blood. He sweats at night; his appetite and strength are failing; has a slight cough.

On examination his temperature was 102°. A urethral stricture, tender, was found one inch from meatus. Examination of the chest negative. Fingers clubbed.

Urine, examined the day after first visit, was found to contain an abundance of albumin, blood, blood-casts, and dark granular casts.

Visits were made at intervals of two days. At each visit the temperature was found above normal, and the urine still contained blood and casts. One week after first visit increased fremitus; slightly prolonged expirations were noted at left apex. On the 26th of August there were evident signs of consolidation of left apex.

The case was again lost sight of until October 16th (had been "doctoring with Kickapoo Indians"). Softening was evidently taking place in the diseased lung. Patient was anæmic, wasted, sweats, has hectic, no appetite, is unable to work. Urine still bloody and contains casts. Has had no œdema.

December 4th. Is failing rapidly. Small cavity at apex. For the first time he has been persuaded to bring sputum, which contains myriads of tubercle bacilli and much elastic tissue. The urine still contains casts.

After this the case ran a rapid course. In February, 1886, I was called to see him at home. He was suffering greatly. A pyopneumothorax had developed, and the patient died. A post mortem was unfortunately denied.

I am led to report this case from the curious association of acute inflammation of the kidneys with phthisis pulmonalis. From the history and examination of the case, it would appear that the inflammation of the kidneys began at least five weeks before there were any physical signs in the lungs. In all probability the renal trouble was tubercular in nature, and the entire malady, disease of lungs and kidneys, was the result of a general outbreak of tuberculosis. The lung signs were delayed because of the greater difficulty of demonstrating the disease in the chest. The treatment was unsatisfactory, not only because of the virulence of the disease, but because of the irregularity of attendance of the patient.

INFIRMARY FOR NERVOUS DISEASES.

CLINIC OF PROFESSOR OSLER.

Reported by DR. C. W. BURR, Resident Physician.

Case of Supra-orbital Neuralgia in Chlorosis—Cure with Blaud's Iron Pills.

This case illustrates two points: The occurrence of severe neuralgia in chlorosis and the rapid improvement in blood-condition, with cure of the neuralgia, by the use of Blaud's pills. The patient is a girl, seventeen years old, well-built, without any history of malaria. She has been very pale since last October, and is now (May 18, 1887) extremely chlorotic. She feels weary, sleepy, and has severe neuralgia. The pain is chiefly in the right forehead, over the eye; sometimes over both brows. The attacks come on about nine A. M., and last two or three hours. She has not had a free week for many months. The face flushes, and on several occasions she has vomited during an attack. Menstruation is not very regular, but is painless, and the flow is scanty. She is short of breath on exertion. She has tried many remedies for the neuralgia, without effect. Hæmic murmur at the base of the heart. Hæmoglobin, estimated with Fleischl's apparatus, at 37 per cent. Ordered Blaud's pills, three to be taken, three times a day.

May 25th—Patient has had no neuralgia for three days, and looks and feels better.

June 1st—No return of neuralgia. Patient

looks remarkably well. Color good. Is not so short of breath.

June 8th—Patent continues well. Does not look like the same girl. Hæmoglobin 80 per cent. Ordered to continue the nine pills daily for another week.

June 15th—Is practically cured. Says she has not felt so well for more than a year. Pills reduced to three daily.

REPORTS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, June 22, 1887.

H. AUGUSTUS WILSON, M.D., IN THE CHAIR.

DR. J. M. BALDY, read a paper entitled
The Relation of Pyosalpinx to Puerperal Fever.

Until within a few years the term "Puerperal Fever" has been applied to certain conditions of the parturient woman without conveying any very definite idea as to the exact pathological lesion involved. As in microscopy we designate everything that we are unable to recognize by the general term "molecular debris," so in the parturient woman we have been in the habit of applying the meaningless term "Puerperal Fever" to a set of symptoms, the origin and source of which we knew not. As usual in such a condition of ignorance, an innumerable number of theories sprang up on the subject—the most widely accepted of which was probably that advocated by Fordyce Barker, viz., that it is a specific febrile disease.

Thanks to the zeal of bacteriologists, we can state without hesitation that the disease is of undoubted septic origin. I have no intention of entering into an exhaustive discussion of puerperal septicæmia, but shall try to add something to our knowledge of the particular subdivision which may be called puerperal pyosalpinx.

The belief that some puerperal fever cases are cases of septic salpingitis is by no means new. Martin, in a recent investigation, found the microorganisms of puerperal septicæmia in seventy out of two hundred and eighty-seven cases of inflammation of the tubes.

Schræder held that septic endometritis of the uterus did not extend to the tubes, *as a rule*; but he qualified this opinion by following it up closely with the remark that *occa-*

sionally the endometritis did go on to a purulent salpingitis. Säger has recently stated "that salpingitis septica, coexisting with severe puerperal septicæmia has never as yet given the surgeon an opportunity to remove the principal focus of disease by extirpation of the tubes. It is possible, however, that under certain circumstances such a procedure might be indicated." Even before these words of Säger's were in print the opportunity to remove the principal focus, and, I may say, in this case the only focus, of disease, *had* occurred and had been taken advantage of by the surgeon, as witness the following case:

M. P., 23 years old, was delivered of a male child after a tedious but normal labor, some four years ago. She made a good recovery, and has never suffered from a pain or ache in her abdomen since—she has, in fact, considered herself a typically healthy woman. On February 3d, last, I was called to attend her in her second labor, and found a dead child, with the placenta and membranes, lying between her thighs. Her bare arms, chest, and legs were exposed in a room without a fire. On the second or third day she had a chill, a rise of pulse and temperature, tympanitic and tender abdomen. These symptoms abated somewhat, and I lost sight of her for several weeks. One month from the date of her confinement, I was again summoned and found that she had been suffering ever since I had last seen her; this time she was so emaciated that I hardly recognized her. Her temperature was over 102°, her pulse over 130; she was having chills and creeps, hectic, night sweats, and sleepless nights; her abdomen was swollen and tympanitic, and intensely painful; her bowels were loose and her stools fetid; micturition and defecation were both painful—she was evidently fast approaching death. An examination of the soft parts showed no signs of a recent tear; the uterus was subinvolved, and on the left side there was a large boggy mass, firmly adherent, tortuous, and extremely tender. The right side was tender, but no tumor could be detected. Abdominal section was advised as the only hope of saving life, and the proposition was eagerly accepted by both the patient and her friends.

Dr. Joseph Price saw the case with me and confirmed my opinion of immediate operation. I operated on the fifth of March (the delay being necessary in order to have her surroundings cleansed); Dr. Price, of Philadelphia, Dr. McMurtrie, of Danville, Ky., and Mr. Eckman, of Scranton, Pa., being present and assisting. The right tube and ovary were found healthy and were not removed. The left tube was found almost as large as the uterus and firmly adherent in all directions, especially to the bowel, from which it was separated with the utmost difficulty. An abscess of the cellular tissue was ruptured while breaking up the adhesions, and pus welled up through the abdominal incision. Both tube and ovary were removed. A large cheesy mass on the bowel at the point of adhesion was trimmed down with scissors and an application of Monsel's solution made to the bleeding points. After a free irrigation a drainage tube was put in and the incision, which was only one and a half inches in length, was closed with three deep silk sutures.

On examination the tube was found to be distended with pus; the ovary was broken down and contained

pus. The patient rallied quickly from the ether, and had no shock. Her pulse fell to 80 and her temperature to almost normal within twelve hours, and remained so until about the seventh day, when the drainage tube was removed. Up to this time she had done as well as possible. There had been little or no pain, no catheter, bowels opened naturally; no drugs of any kind had been administered. The day after removal of the tube her pulse began to rise, as also did her temperature; pain developed in her left ovarian region, and she began to have hectic and cold creeps. About the eleventh day there was a free gush of pus from the tube tract and she began to improve again from that moment. A rubber tube was inserted and passed deep into the pelvis and the abscess was washed out twice daily. The discharge gradually diminished and the tube was again removed. The wound is now completely healed and the patient is a well woman.

That these cases exist much more frequently than we have any idea is certain, and that oftentimes a life, otherwise doomed, can be saved by operative interference is but a natural conclusion. Mr. Tait mentions four deaths from this cause in Queen Charlotte's Hospital, as verified by post-mortem examinations, and says that "these cases during life were all regarded as puerperal fever." Sanger comes forward with two cases which have come to his knowledge in which the over-distended tubes burst and discharged pus into the abdominal cavity, with death on the fourth day after confinement in one case, and on the twenty-first day in the second case. Who can doubt that, in the light of our present surgical knowledge, if these cases had been recognized and operated on, the women would have all survived? The day has passed, I hope, in which we will allow a woman to die of pus in her abdomen without at least proposing an abdominal section, not merely as a last resort, but as an early means of relief and safety. It is by no means to be held that because a parturient woman has an inflammation of her tubes, she is to be rashly submitted to the knife of the surgeon. I have, within the past few months, seen a woman who presented an elevated temperature, with anorexia, restless nights, and other general symptoms, and whose tubes, on examination, I found enlarged and painful. Under careful treatment this local trouble all subsided, and with it the general symptoms disappeared and the patient made a satisfactory recovery. These mild cases, however, often go on to a chronic condition, when unrecognized and neglected, and the woman eventually falls into the surgeon's hands to be relieved of a pus-tube, and then generally gets the credit of having had a gonorrhoea at some period of her life, or else drags out a miserable existence until she dies of her trouble, or some other disease puts an end to

her suffering. The following case fairly illustrates this:

Maggie F., thirty-one years old, married thirteen years, has had one miscarriage and five children. Had always had good health until her last confinement, six or seven years ago. At this time she had a slow and tedious "get up." Her physician told her that she had "an inflammation in her stomach." She was confined to bed for several months. She has never been well since that time; has been constantly losing flesh, suffered from pain, and has generally felt wretched, not able to work half the time. I was called to attend her on the 31st of March last, and found her suffering with peritonitis, of which she had been getting gradually worse for the past three or four weeks. An examination disclosed a pyosalpinx firmly bound down and extremely tender. I made an abdominal incision and removed a large and densely adherent tube and ovary, both filled with pus, from the right side. Recovery was uninterrupted, and she has been relieved not only from her peritonitis but from all her old sufferings. The last time I saw her she told me she was feeling more and more like herself, and was fast regaining her former weight.

The only regret I have in either of these cases is that I did not remove both appendages. The case M. P., has recently had an inflammatory attack in the remaining tube, from which she has recovered, but I am afraid the time will come when another operation will be required. I think where pus is found that both sides should be removed always, whether one-side is apparently healthy or not, the patient being willing, of course.

Whether or not this disease arises *de novo*, or, having already existed from other causes, has simply a new inflammation added by the puerperal condition, must be determined by careful investigation in each case. Hecker, as early as 1878, mentions two cases in which an old pyosalpinx was lit up by the puerperal state, and Sanger adds another from his own practice in which the salpingitis had a prior existence. In the case of M. P., the patient was apparently perfectly well up to the time of her last confinement, but the adhesions were of such a firm character that it is safe to presume that there was an old inflammatory trouble prior to this time. It is impossible to imagine the formation of such organized bands in so short a space of time. At her first confinement she had "an inflammation in the stomach" and that was the probable beginning of her trouble. She undoubtedly has had tubal disease ever since (probably pyosalpinx) and has not suffered enough inconvenience from it to seek advice. This is often the history of these women; they complain of pain and general ill-health, loss of flesh, anorexia, and sleepless nights, etc.,

but oftentimes they do not even suspect the real origin of all their trouble. The result in the case of this particular patient is a valuable lesson of the dangers of such a neglect, and is an additional reason why the diseased structures should always be removed when recognized.

Of course, the possible contagion of gonorrhoea can never be eliminated excepting by a microscopical examination. In both my cases, although the trouble seemed very clearly to have arisen at the time of confinement, yet the chances of gonorrhoeal infection both before and after pregnancy are not to be denied; however, in lieu of a microscopical examination, the chances are all in favor of a purely puerperal origin. But whatever the source, the results are the same, and it is only by prompt measures we may hope to save some of these cases. It is no longer surprising that even under the most careful antiseptic treatment of the uterus, vagina, and person of the patient, as well as the person of the attendants, that still patients are lost from septic poison.

This disease has been recognized and operated on at least four times in Philadelphia; one case was operated on just two weeks previous to mine, by Dr. Longaker, in which a pyo-salpinx was removed, the patient dying on the second day. I may state here that this operation was delayed three or four days after an abdominal section had been urged. Dr. Joseph Price has since operated twice, and in one case found more than a quart of pus in the abdominal cavity; the case, unfortunately, came into his hands too late and the patient survived only two days.

These cases, though few in number, certainly teach us that the work done in this direction is encouraging, and although a large percentage of the patients have died, it only warns us of the extreme importance of an early diagnosis and prompt surgical interference. It becomes our imperative duty in every case of post-*puerperal* trouble to make a thorough investigation on the appearance of the first symptoms, and should a fulness be found on either or both sides of the uterus, accompanied with pain on touch and with constitutional symptoms of gravity, there should be no hesitation as to the course to pursue. This being secured, our present high mortality of one woman out of every hundred delivered in large cities, as recently stated in a statistical paper on lying-in charities in the United States, must be very largely diminished and the fatal results now surrounding our parturient women must become infinitely less.

DR. B. F. BAER exhibited a fibroid tumor of the uterus, and made some remarks relative to

Hemorrhage at the Menopause.

This tumor was removed yesterday from a woman forty-two years old. About a year ago she began to lose more than the normal amount at her periods. Soon after, she suffered from attacks of metrorrhagia twice a month, sometimes almost to syncope. At times she would flow continuously for two weeks. Finally, in the intervals, she began to have a fetid, watery discharge. She was pale, emaciated, and cachectic.

Now, such a history often indicates the presence of cancer, but not always. It *never* means that the woman is simply near the menopause. A great deal of harm has been caused by that idea. In this case the physician thought that the hemorrhage was due to the menopause, and did not consider it necessary to make an examination. But finally the patient insisted upon it, in order to find out if there were not a local cause. He then made the examination, and diagnosed the case correctly. I saw the case in consultation, and removed this fibroid tumor, which is ulcerated at the base, and hence its fetid discharge.

I have known many instances where patients have been put off by the statement that the hemorrhage was due to the change of life, and almost bled to death from a pathological cause. Several years ago I reported a marked case of this kind, which was easily cured by the removal of a small polypus from the neck of the womb.¹ At first the hemorrhage was said to be menopausal. After a time the patient became cachectic, and the case was pronounced to be one of cancer. As cancer is properly regarded as incurable, it was considered unnecessary to submit the patient to an examination. This patient was cured by the removal of a fibroid polypus! I have actually known a patient to die from repeated hemorrhages caused by a benign disease, where the bleeding was at first attributed to the menopause, and, finally, to cancer. I believe that great harm is often done by physicians putting patients off with the statement that the hemorrhage at this period of life is the result of the change of life, instead of seeking for the real cause.

DR. G. B. DUNMIRE referred to the case of a patient who nearly lost her life because of his reluctance to examine unmarried women. The examination was put off until

¹ The Significance of Metrorrhagia, etc. Amer. Journ. of Obstetrics, Vol. xvii. No. 5, 1884.

he was compelled to make it, because of the frequent and continuous menorrhagic attacks and the anæmic condition of the patient. He found a small vascular polypus, which was removed, and the patient recovered.

Cirrhotic and Cystic Ovaries.

DR. J. M. BALDY exhibited some specimens of cirrhotic and cystic ovaries, removed from Mrs. S., under the care of Dr. Wolfe, of Skippack, Pa. The patient married four years ago, at which time she was in perfect health. Shortly after marriage she had a miscarriage; since then there have been several. Since the first miscarriage, she has suffered pain constantly, and the menses have been profuse. Dr. Wolfe recognized a tender mass posterior to the uterus. Dr. Baldy found a prolapsed ovary, enlarged, adherent, and very tender. The patient bled for three days after the examination, and suffered great pain, as she had always done before under examination. Dr. Baldy removed both ovaries last Thursday. Since the operation, the patient has been doing well. On the sixth day her temperature was 99.8°, and her pulse 72.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, May 2, 1887.

THE PRESIDENT, W. T. BELFIELD, M.D., IN
THE CHAIR.

DR. CHARLES T. PARKES reported two cases of

Excision of Cervical Glands.

One was in a child five years of age; the other in a child of twelve. In the first case the mass was on the right side, the glands extending from the ear to the clavicle, there was no portion of the neck unoccupied by more or less of these glands. In the boy of twelve it was even worse, as the photograph shows, the glands extended beyond the midline of the neck posteriorly. The trachea was carried two inches to the right of the midline by these tumors. They interfered with inspiration, and failing to influence them by medical treatment they were subjected to operation and the glands all removed. I have seventy-five of these glands which were removed from the boy of twelve years. As far as the removal of the cervical gland is concerned, it is a very simple operation to remove one gland if it is superficially situated, but when the deeper layer of glands are implicated, glands that are as extensive as these were, it makes a formidable

operation. In the latter operation there was not a blood vessel or a nerve in the neck below the parotid gland that could not be seen. It was a very extensive operation, the most formidable that I ever attempted to do in anything of this kind. The child lost a good deal of blood, notwithstanding the greatest of care. In both cases, after the first incision, the knife was laid aside and not used at all unless necessary. The incision was made over the most prominent part of the tumor and the mass laid open to view at once; subsequently the tumors were removed by scissors, keeping close to the growth. It is a very easy thing to remove a superficial tumor, but it is difficult to safely remove these deeper tumors as they lie along the deeper vessels and in no instance should any tension be made on the tumor. The capsule should be exposed to view and the tumor picked out of its bed slowly. Dr. Van Buren, in his "Surgery," in the chapter on hemorrhage, gives a graphic description of the terrors a young man got into by pulling upon one of these tumors and touching the knife to it while tense. The first case I operated upon early in March; the boy recovered without any difficulty whatever.

DR. CHRISTIAN FENGERS said: In connection with the extirpation of glands of the neck I wish to make a few remarks and show a patient. It is not exactly because this is a case of the same character as Dr. Parkes's but it is more to point out the limits of the possibility of operation on the neck. This case is one of

Secondary Carcinoma from Cancer of the Lower Lip,

which was removed in December, 1884. In April, 1885, the patient came to me with enlarged glands on both sides of the neck and no relapse *in loco*, consequently no tumor on the lip. Those glands were removed on both sides in the carotid triangle. On the right side there was invasion of the facial vein with a thrombus about half an inch long; consequently that vein was ligated below the thrombus, between the thrombus and the jugular, before removing the tumor. The invasion of a vein by any of the malignant tumors is a very grave complication, as we always expect a relapse. In May, 1886, there was a tumor felt on the right side, the same side on which the facial vein had been invaded. This tumor was about the size of a walnut when I removed it. It had invaded the jugular vein so that an inch and a half to two inches of the jugular vein was re-

moved. It is natural that I should consider the case to be a hopeless one, as far as relapse is concerned, even after primary healing of the wounds; but to my astonishment, the patient is well and there is no relapse anywhere. The neck is everywhere perfectly free, and it is one year since the last operation. Before the beginning of the second year after an operation for carcinoma most of them have relapsed; according to the statistics of von Winiwarter, 82 per cent. relapse within the first quarter of the year, the relapses getting very rare in the second year. Thus, when there is no relapse at the end of one year, we commence to consider the patient safe. When we have to deal with malignant tumors in the neck there is a certain limit to operating which we cannot very well pass over.

I will show a photograph of another case which represents the other side of the limit. It was a carcinoma, not secondary but primary, in the lymph glands of the carotid triangle, or perhaps an alveolar sarcoma; I was not able to make a diagnosis. The tumor was in the carotid region and was about the size of an orange, somewhat movable from side to side, and not from above downwards. In these tumors there is a certain amount of immobility that will decide the surgeon beforehand to decline operating. But the amount of immobility is somewhat disputed, as König and Friedel and others who have written monographs on operations in the neck, state that, even if we have a tumor that feels rather immobile, we find that when we get down more and more, the tumor that seemed immovable from the beginning, gets more movable and finally can be got out. In the extirpation of this tumor not only the jugular vein was invaded (it was ligated double and removed) but the sheath of the common carotid artery was invaded. There was no carcinomatous tissue, however, in the wall of the artery itself. You will remember that the artery has a sheath separate from the common sheath, around the artery and the vein. The artery was laid bare to the extent of over an inch on its outward surface. The patient had on the third day a slight hemorrhage, which was not reported, as it was thought it was unimportant, and five or six hours afterwards he had a final hemorrhage which took only about a minute. The microscopic examination of the wall of the carotid showed that there was no invasion of carcinoma tissue, but near to the place where the tumor had invaded the sheath there was an island of granulation tissue in the intima, and this was

the place where the artery ruptured. As to the limits of a possibility of operating, I should put it where the malignant tumor has passed through the vein (which we can always remove with safety providing we keep our wounds aseptic) and into the sheath of the artery. Here we meet with the danger of secondary hemorrhage, and have to resort to ligature of the common carotid, which in itself is a dangerous operation.

DR. C. T. PARKES: It has been said with reference to these cervical glands, by a surgeon of good reputation, that it is always proper to do a surgical operation on them, because if you take out a few of the big ones the little ones get frightened and go away. That has not been my experience. Unless you get out all of the chain of glands that are implicated, the smaller ones are sure to enlarge rapidly soon after the operation. I have several cases in my notebook, one an old man on whom I operated about six months ago. The tumor was of immense size. It was sarcomatous, and among other tissues the glosso-pharyngeal nerve was divided, the dygasticus muscle was torn off, and the lower half of the parotid gland removed under the supposition that it was a part of the tumor, and the facial nerve partly divided. That man recovered. It is not an unusual thing for a patient to recover from these operations on tumors in the neck. It is my belief that a surgeon is not justified in operating on any of them where it is a malignant growth, or of such degree of malignancy that all the tissues are implicated in it, or where the mass is fixed and immovable; because the patient will die either from the operation or the action of the disease. If the attachments of the tumor can be pretty well defined, although immovable, certainly if free and incapsulated, it makes very little difference, because the records show that nearly all the important tissues of the neck have been divided in these operations, sections of veins, arteries and nerves made, without death following. The cases related were merely instances of cervical glands.

—Lightning plays strange freaks sometimes. It knocked a passenger off the platform of a moving car near Tremont, Pa., this summer, and he fell under the wheels and was fatally injured. In Tennessee three ministers and six other persons, attending a funeral, took shelter under a tree, and all were killed; and a whole party of negroes recently shared a similar fate.

PERISCOPE.

Cocaine Anæsthesia.

Dr. Franz Fux, of Laibach, in an article on this subject, published in *Memorabilien*, May 10th, 1887, says:—

Among the advantages of a local anæsthetic may be mentioned: Its entire freedom from danger to the life of the patient, although this danger has now happily been reduced to the minimum in etherization. This is especially true in regard to operations about the respiratory tract, as in tracheotomy. Again, a local anæsthetic can be administered without an assistant. This is of great importance to the country practitioner, who finds it often difficult or impossible to get the required number of skilled assistants to properly give the anæsthetic. So much has been written about the account of the introduction of cocaine that it is not necessary to review all the facts. Schroff, in 1862, first called attention to the astonishing effect of this drug. As soon as Prof. Wolfner made known the anæsthetic power of injections, a great number of ways in which it was used successfully appeared in the medical journals.

The best way to apply cocaine for surgical purposes is as follows: Hydrochlorate of cocaine should be used, as cocaine itself is very insoluble, and the other preparations do not possess the same properties. Even if the drug be dissolved in twice distilled water, the solution soon becomes turbid. This can be avoided by the addition of a little glycerine or of the bichloride of mercury. But the hydrochlorate is so soluble in water that no time is lost in preparing a fresh solution for each operation. There has been much discussion as to the strength of the solution to be used, and the number of points at which the solution should be introduced. Not less than three-quarters of a grain, nor over a grain and a half, should be used. If more than this be used, cocaine intoxication may be produced. This can, however, be readily removed by the use of nitrite of amyl. From four to six injections may be made, rather than to use a weaker solution, and make more injections. The injections should be made with a hypodermic syringe, and in a circle around the part to be operated upon, and they should go in underneath as far as possible. The syringe should be withdrawn gradually, and the last drop emptied as it nears the skin. It is well to wait from eight to ten minutes after the injection before beginning an operation. Anæsthesia produced

in this way lasts from fifteen to twenty minutes, but this period may be prolonged by keeping the part moist with sponges soaked in a cocaine solution.

Cocaine suppositories are useful in spasm of the sphincter ani, and a five per cent. solution may be injected into the bladder before making an examination of this viscus, or in cases of painful vesical catarrh.

Deglutition of Air.

DR. S. K. WILLIAMS, of Foster, Mo., says, in the *Kansas City Med. Record*, July, 1887:

During the years 1880 to 1883 I was frequently called to see a boy some thirteen years old, (when first seen) who had contracted a habit, denominated by his parents, "wind sucking." His custom was to steal away to some secluded spot, then "lying down in a sort of curled up position," viz.: the knees drawn well up to the abdomen, the head inclining forward, and placing a piece of stick or pencil between his teeth, he proceeded to fill himself with air. This he succeeded in doing to a very alarming extent. The stomach would be distended enormously, and pain would be so severe that the services of a physician were usually required. The habit seemed to be a fascinating one, and would be resorted to very frequently, unless he was kept under guard. He was never known to attempt the "filling process" when he knew he was observed.

The habit, or disease, began at the age of eleven, and death took place at about fourteen, during the time he was under my care. Relief was promptly afforded by introducing a tube into the stomach, or when nothing of this kind was at hand, by giving an emetic, and making strong and continued pressure over the stomach during the emesis.

The Use of Santonin.

White santonin is more poisonous than that which has become yellow through exposure to sunlight, though the latter does not show any diminution in its therapeutic properties. The dose for a child of less than two years should not exceed three-fourths of a grain. In all cases it should be associated with a purgative—calomel, for example—to facilitate its elimination. Santonin is innocuous or toxic, in proportion to the rapidity with which it may be eliminated, and this varies in individuals. Lewin and Caspar recommend that it be administered in solution with oil. In this form it is absorbed by the intestines slowly enough to permit a direct and prolonged contact with the worms.—*Journal of Pharmacy*, June, 1887.

Antifebrin, the New Antipyretic.

Dr. Ernst Heusler, in a short and practical article in the *Indiana Medical Journal*, July, 1887, says:—

Antifebrin is a white, neutral, crystalline powder, inodorless, of a slightly pungent taste, readily soluble in alcohol and alcoholic fluids, as for instance in wine, but almost insoluble in cold water; more soluble in hot water. It is a chemical body, which had been known for a long time; but its value as an antipyretic was discovered, not long ago, by Dr. A. Cahn and Dr. P. Hepp, and experimented on in the medical clinic of Prof. Kussmaul, of Strasburg. Its chemical name is acetanilide or phenyl-acetamide, and its formula is $C_6H_5NHC_2H_3O$.

Antifebrin possesses remarkable power in controlling abnormally high temperatures, but does not affect the temperature of healthy persons. Four grains of antifebrin corresponds to fifteen grains of antipyrin, so that in spite of its slight solubility, the new drug acts quite as quickly, and four times more powerfully than antipyrin. With the lowering of the temperature there is also a decrease in the frequency of the pulse, but an increase in volume. It never makes any nausea like antipyrin, and the diaphoresis is moderate in quantity.

Drs. Cahn and Hepp made clinical observations on about one hundred patients in cases of typhoid fever, erysipelas, acute rheumatism, pulmonary phthisis, abscess of the lung, pyrexia in leukemia, pyemia in consequence of cystitis and bedsores, septicemia, and pneumonia migrans.

The effect of four grains of antifebrin is manifest after an hour, and the lower temperature remains, as a rule, from six to eight hours. When the temperature rises again, shivering has not yet been observed to take place, as it does after the use of antipyrin and kairin.

Besides the great advantage of the success of small doses, the absence of troublesome symptoms connected with the stomach, and the relatively small perspiration which ensues, antifebrin is extraordinarily cheap.

I have tried antifebrin in cases of typhoid fever, pneumonia, and pleuritis with very good results. The duration of illness seems not to be shortened, but the lowering of the temperature is surprising.

The febrifuges which were known up to the present time were either phenols (carbolic acids, hydrochinon, resorcin, salicylic acid), or they were bases, and belonged to the chinolin group (chinolin, kairin, antipyrin,

thallin, quinine); but here, for the first time, we have an indifferent body, which differs very much in its composition from the above-mentioned substances.

Antifebrin can be obtained from any first-class chemist, and costs only twenty-five cents an ounce.

Broncho-Pneumonia due to Nematoid Worms.

Dr. J. C. Carrico records, in the *Maryland Medical Journal*, the following case of a child, aged three, who was just recovering from an attack of whooping-cough, and on the previous days complained of chilliness, which was soon followed by fever and much difficulty in breathing:

Upon seeing the little one I observed the breathing to be very rapid, superficial, and labored; respiration 52, pulse 140, temperature 103.4° , and cyanosis extending over the entire face. On auscultation *râles* were found abundant over the chest; but the examination was not satisfactory, owing to the excessive dyspnoea and fretfulness of the child.

From the previous history of whooping-cough, and the initial symptoms of the attack, as well as the sensible signs, broncho-pneumonia was promptly diagnosed, and an emetic exhibited with the most happy results.

The vomiting brought up a full-grown worm, nine inches long, and from that time on recovery took place uninterruptedly.

Removal of the Placenta.

Lasarewitsch, in his clinic and private practice, uses the following method of removing the placenta and membranes.

He waits twenty minutes for their spontaneous expulsion. He then rubs the abdomen over the fundus of the uterus. If the uterus lies in its normal position, that is, in a direct line with the outlet of the pelvis, he slowly and gently pulls on the cord, *without twisting it*, while the nurse holds the uterus in a correct position.

If the uterus has fallen to one side (which happens in his experience in two-thirds of all the cases), and forms an angle with the internal os, he then runs his hand along the lower part of the abdomen just above the symphysis pubis, and presses the uterus into its normal position, and holds it there while the nurse removes the placenta as above described.—*Memorabilien*, May 10, 1887.

Electricity in Gynecological Practice.

DR. ANDREW GRAYDON reports in the *Medical News*, June 25, 1887, a series of cases of retroflexion and antelexion of the uterus, and of chronic pelvic cellulitis much benefited by the systematic use of electricity.

The method of treatment is detailed under the individual cases. In sharp flexions he begins with a flexible electrode insulated to within two inches of the tip, and as soon as the curve of the uterus will allow, this is replaced by a stiff one, similar to a uterine sound, with the same insulation as the flexible one. This he is in the habit of connecting with the negative pole of the faradic machine. Although the choice of poles is *here* a matter of little importance, in galvanism it is. In the case of a retroflexion, the positive electrode is introduced into the bladder. If it be an antelexion, a flexible twisted wire electrode is placed in the rectum. This electrode is insulated up to the point, which is a movable olive, allowing graded sizes to be used. This form of electrode is also found of service in treating constipation, etc., as it will follow the convolution of the bowels with ease and little pain.

The electrodes should always be placed in position before turning on the current or connecting with the battery. In the beginning a painless current should be used, slowly increasing to the point of the patient's comfortable endurance. The current should be turned off gradually by means of the rheostat before removing the electrodes. Neglect of this will cause pain to the patient as the electrode passes over the perineum.

The conclusion Dr. Graydon draws from his work is, that in electricity we have a valuable agent. In uterine displacements, ill-developed ovaries and uterus with amenorrhœa, and in sub-involution, the faradic current may be used with advantage. But the galvanic is more valuable. All who do gynecological work know how stubborn many conditions are, and how slow to respond to remedial measures. Chronic ovaritis, pachysalpingitis, chronic peritonitis, cellulitis, lymphadenitis, and pelvic neuralgia, try the skill and patience of the physician. Electricity promotes absorption of the adventitious tissue, allays pain and irritation, and sets up reparative action. It is within the reach of all physicians, no very extended knowledge is required to be able to use it with safety and advantage; and, although it requires time in its application, the benefits it confers upon a class of patients, in which other treatment is either useless or harmful,

amply repay for any outlay of time and the little expense attending it.

Treatment of Consumption by Hypodermic Injections of Substances Dissolved in Vaseline.

The *Medical News* of June 25, 1887, gives a series of formulæ for the hypodermic use of substances dissolved in vaseline, as proposed by Meunier, of Lyons; which Meunier considers especially adapted to the treatment of pulmonary phthisis, and which he publishes in an article in the *Revue Générale de Clinique et de Therapeutique* for May 19, 1887:

1. Eucalyptol.....1 part.
Liquid pure vaseline.....4 parts.

This solution affects the bacilli but little, but lessens fever and secretion, especially in bronchorrhœa; in small doses it is a tonic.

Dose forty minims twice daily.

2. Phenol (carbolic acid) pure.....1 part.
Eucalyptol.....1 part.
Liquid pure vaseline.....18 parts.

Eucalyptol is employed to aid in dissolving the carbolic acid, which is sparingly soluble in vaseline.

This solution diminishes the number of bacilli, and replaces with advantage the preparations of creasote which disturb the stomach; it lessens fever.

Dose, one injection daily of eighty minims, or two of forty minims.

3. Iodine.....1 part.
Liquid pure vaseline.....100 parts.

Beneficial in scrofula, tuberculosis, asthma, and tertiary syphilis.

Dose, forty minims night and morning, daily.

4. Eucalyptol.....20 parts.
Iodoform.....1 part.
Liquid pure vaseline.....80 parts.

In infectious diseases, phthisis pulmonalis, and chronic bronchitis.

Dose, forty minims twice daily.

These solutions may be used in phthisis in rotation in periods of five days each. The reason of rotation is to avoid the cumulative effect of eucalyptol, which is manifested by depression and loss of appetite of the patient. These solutions influence, to some extent, the life of the bacilli.

With microbes in the drinking water, tyrotoxin in ice-cream, malaria in water-melons, Bright's disease in beer, and paralysis in iced tea, wherewithal may the thirsty soul refresh itself in summer time?

Treatment of Severe Burns by Continuous Baths.

W. J. LAWRIE, M. D., of Ayr, calls attention in the *Edinburgh Med. Journal*, July, 1887, to the treatment of burns by Hebra's water-bed. The bed is simply a form of bath, well suited to hospital practice, from its simplicity and efficiency, while the patient requires at the hands of nurses scarcely any attention. It is not cases of burning only that may be treated in this way—all diseases associated with loss of epidermis, viz., sloughing ulcers, erysipelas, pemphigus foliaceus, etc., which are associated with severe pain, supply excellent examples. The entire absence of pain and apprehension on the part of the patient, associated with the removal of old dressings and application of fresh ones, is a marked and favorable element in treatment by the bath. The wounded surfaces are continuously out of contact with the air, and as they are not covered with any form of dressing, the discharges escape at once into the water, and the wounds are kept clean. There is scarcely any limit to the time patients may remain in the bath; in more than one case they have been continuously submerged for 385 days and nights, only leaving the water for functional purposes.

In the Vienna General Hospital a separate ward is devoted to their use, and in the Royal Infirmary of Glasgow one has recently been established.

Hebra's water-bed consists of a zinc vessel, constructed in the framework of a bed. In the vessel an oblong iron frame is suspended by chains. The frame is so constructed that the portion where the patient's head is to lie may, by a hinge motion, be raised to an angle with the other part. The whole frame can be raised or lowered by means of toothed wheels. On the frame a thin mattress is laid; the patient rests on the mattress. When the zinc vessel has been filled with water, the bed, carrying the patient, is gradually sunk beneath the surface, taking care, of course, to keep the head out of water.

At first the patient feels the water too hot, upon which it must be cooled. Feelings of rigor now set in, and additional warm water must be added. After this he feels most comfortable—the pains have almost entirely disappeared.

The water-bed does not offer a remedy against the severe constitutional effects of all burns, nor against their fatal ending in all cases. Patients die of extensive burns under

this treatment as under any other, but they die at least free from pain.

On the other hand, the continual bath is an effectual therapeutic agent and a real benefit for patients and attendants during the long period of suppuration. By the ordinary methods such patients cannot be kept in a state of perfect cleanliness, because the dressing of extensive burns requires much time. Lifting and turning, as well as separation of the adhering bandages, are most painful. All of these disadvantages cease on the use of the water-bed. The patient lies and moves as he wishes, sleeps, eats, and enjoys himself according to his tastes. The wounds are always covered, always clean, and granulate normally, indeed often so luxuriantly that they must be repressed.

Hebra's water-bed is the best agent against pain, and the best therapeutic agent. Removal of scabs takes place earlier. Retention of pus is avoided. Danger of septicæmia and erysipelas is reduced to a minimum, fever ceases, sleep and appetite return.

A Consideration of the Results in 327 Cases of Tracheotomy, Performed at the Boston City Hospital from 1864 to 1887.

Drs. R. W. Lovett and John C. Munro, in the July number of *The American Journal of the Medical Sciences*, present an elaborate detailed study of the results of tracheotomy at the Boston City Hospital. They show that the results of operation in the series of cases studied are above the average in spite of the predominance of bad cases. They show that young children are especially liable to have extension of the diphtheritic process to the bronchi and lungs; in fact, that the chances are three to one that if they die they will die of suffocation. That, in Boston, tracheotomy at the hospital is most fatal at those times when diphtheria is most fatal in the whole city, and incidentally, that the mortality percentages from croup and diphtheria in the whole city vary by the month in unison. The cases with membrane in the pharynx at the time of operation are more likely to die than those where it is not present. That the mortality per cent. after tracheotomy rises steadily as the operation is done on the first, second, third, or fourth day of the difficult breathing. The nasal discharge, albuminuria and enlargement of the cervical glands, are symptoms of less moment than the character of the discharge from the trachea tube, which is the most important index of the progress of a case, and the recovery-rate varies nearly 50 per cent.

Treatment of Piles by Dilatation.

In the *Gaz. des Hôpitaux*, M. Verneuil publishes a note on the treatment of piles by dilatation. According to the author, ninety-eight cases out of a hundred may be radically cured by this simple process. The duration of the treatment scarcely ever exceeds eight days, during four of which the patient remains in bed, and during the remaining four days in his room. Piles of six, eight, ten, twelve, and fourteen years' existence have been completely cured in this manner. Even in cases in which the disease is complicated with true rectal prolapsus, dilatation should be had recourse to. During fifteen years that the author has practiced this method he has not met with one unsuccessful result. He prefers the speculum to the digital method of dilatation.

Ether as a Parasiticide.

The very simple and effective proceeding of killing pediculi pubis by one single application of ether has first been suggested by Dr. G. P. Thomas, of Alameda, in California. Ether recommends itself in preference to chloroform, which has been employed for the same purpose, as causing less pain and irritation to the skin of this very tender region.

Wonderful Delicacy of the Sense of Smell.

A curious series of experiments has just been completed by Drs. Emil Fischer and Penzoldt upon the sensitiveness of the sense of smell. These chemists used mercaptan and chlorphenol as their odoriferous substances, and experimented in a room of 230 cubic metres capacity. A gramme of the substance was dissolved in a liter of alcohol; 5 c. c. of the solution were again diluted to a known volume, and 1-3 c. c. of the latter solution measured out into a flask from which a fine jet could be directed by the experimenter to all parts of the room, the air of which was subsequently agitated by the waving of a flag. At a given signal a second experimenter stepped into the room, and took his olfactory observation, which was checked by the independent observation of a third person. The astonishing result was arrived at that our olfactory nerves are capable of detecting the 1-4,600,000 part of a milligramme of chlorphenol and the 1-460,000,000 part of a milligramme of mercaptan. The quantity of mercaptan present in the air of the room was 250 times less than the amount of sodium present in the air of

the room in which Bunsen and Kirchhoff made their experiments upon the sensitiveness of the spectroscope, when the sodium lines were just perceptible. — *Scientific American*, June 25, 1887.

NOTES ON CURRENT LITERATURE.

—Drs. Heitzman and Bödecker continue their valuable "Contributions to the history and development of the teeth," in the *Independent Practitioner*. The article for June contains several illustrations of the histology of the foetal tooth.

—Professor Shaler's article on the instability of the atmosphere, in *Scribner's Magazine* for August, will contain reproductions of a number of photographs taken immediately after disastrous tornadoes in the West, which show grades of destruction from centre to circumference of tornadoes, and the explosive effect of air contained in hollow walls.

—Macmillan & Co. announce a work entitled "Romantic Love and Personal Beauty: their development, casual relations, historic, and national peculiarities." The author, Mr. Henry T. Finck (Harvard, 1876), has collected a number of curious facts tending to show that romantic love (as distinguished from conjugal affection) is a modern sentiment, only about six hundred years old. They will publish immediately Sir John Lubbock's volume on "The Pleasures of Life."

BOOK REVIEWS.

Some Preventable Causes of Diseases Among Females. (Supplement Bulletin, North Carolina Board of Health.) By R. L. Payne, M.D., Lexington, N. C.

Our readers may object that the title of this eight-page pamphlet does not make it clear whether the females referred to are of the human species or of some form of lower animals. But on reading the pamphlet they will discover by the warnings against corsets, high-heeled shoes, over education, etc., that it is young women who are intended. The author gives many sensible suggestions—his own and cited from other writers—as to the methods calculated to improve the physical development of American women.

THE
Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The edition for this week is 5,000 copies.

ADULTERATION OF FOOD.

Within the past few weeks the city of Philadelphia has been deeply stirred by the discovery of what is still doubtless going on, undiscovered, in many other large cities,—the use of poisonous mineral salts for the purpose of giving a rich color to bakers' and confectioners' wares. This is believed to have resulted in a number of deaths from lead poisoning, and the matter is being investigated by the authorities.

Sharp competition in trade and small profits have frequently induced manufactures to mix with articles of food cheaper ingredients, which, while not positively hurtful in themselves are less pure and less valuable than the genuine article. This, as a matter of course, is a fraud upon the community. But the selling of a deadly poison, with the knowledge that it is to be used as an adulterant for food, or the use of that poison in such adulteration, is something more than a *fraud*—it is a *crime*.

It will be noticed that we draw no distinction between those who knowingly and wilfully furnish the poisonous adulterants, and those who knowingly and wilfully use them. There may be a legal distinction,

although the District Attorney has not yet announced his decision upon this point; but to our mind, *morally*, if not legally, the crime is the same. There is little doubt but that the law will reach those who, knowing that "chrome yellow" or "chromate of lead" was poisonous, used the same to color their bread and cake; and it is to be fervently hoped that it will extend to those who confessedly furnished the same for that purpose.

Apart from the legal aspect of the case, the druggists and chemists who have been engaged in this nefarious business must be tried before another tribunal, by the standard of professional ethics.

As far as developed by the preliminary investigations, they are divided into two classes: those who admit a knowledge of the use to which the poison sold by them was to be put, and those who admit making sales, but deny all knowledge of the purpose for which the poison was procured. With the former class we have nothing to do. They are self-convicted of moral crime by their own admissions. As to the latter, we have some comments to make.

The profession to which they belong is an honorable one. It has at all times deservedly enjoyed the respect and confidence of the community. The individual qualities of intelligence, capacity and integrity are always conceded to it. When, therefore, any member of the profession so far forgets his high office, and prostitutes his superior intelligence, as to habitually sell, day after day, and week after week, to bakers and confectioners as regular customers a dangerous poison, usually used only in the manufacture of paint, without informing them of its dangerous character, without mark or symbol on the package to indicate its office, and without inquiry as to its future use, he must be held to the strictest measure of responsibility, and the presumptions must be wholly against him. To free himself from the imputation of guilty knowledge and guilty intent, these presumptions must be overcome by the most positive affirmative evidence; and failing in this, he must certainly lose the confidence of the community and the respect of his fellow members. We can conceive of no crime more serious, or more dangerous, than the adulteration of articles of daily food, and we trust that the services of the law will be speedily invoked to punish to the utmost those who are proven guilty, and to relieve from unjust suspicion those who are innocent of the most atrocious offense now charged against them.

THE TREATMENT OF HYDROPHOBIA.

The case of death from so-called hydrophobia, which is briefly reported on another page of the *REPORTER*, prompts us to make a statement in regard to the treatment of this disease, which we believe to be timely.

We have carefully studied this subject and have come to the conclusion that the use of morphia and atropia in the treatment of so-called hydrophobia is positively harmful. It does not appear that these medicines have ever saved the life of a patient, and it does appear that they have increased the excitement and frenzy in many cases, and that they have caused death by overwhelming the respiratory centres in some.

In the case which suggests these comments, the *New York Herald* states, on the authority of the attending physician, that after he and a colleague had concluded the case to be hydrophobia, the patient was "kept under the influence of anodynes administered with a hypodermic syringe," and that from hour to hour his vitality lessened, until he "died very quietly, his dissolution being hardly perceptible." This might suggest to the reader that this process was not unlike that observed in cases of poisoning with these drugs.

It was very hard to tell what was actually the cause of death in a case reported in a daily paper, and it is especially hard to feel confidence in reports about hydrophobia in the *New York Herald*. But it is safe to say that no good is to be expected from morphia and atropia, singly or combined, in the treatment of hydrophobia. They cannot do good and they may do harm.

There are two classes of hydrophobia. In one there is some organic disease, and the hydrophobic symptoms are caused by this disease. In this class of cases a correct line of treatment must rest upon a correct diagnosis of the organic disease present. The second class may be held to include cases of lyso-phobia, or the so-called hydrophobia of the imagination, or cases of grave hysteria, which may develop symptoms of hydrophobia, as well as those of other disorders. For this class of cases the treatment must be largely moral. Violence must be met by patience and forbearance, and not made more severe by counter violence. Fear must be met with confidence, anxiety with calmness. Even a rational diversion may be useful. A story is told of an English physician, who was bitten by a dog supposed to be rabid, and who some time after felt symptoms which he believed to be those of hydrophobia. At first he thought he must die; then he said to

himself: "I will not go to bed and give it up. I will go out, and see if I can shake this terror off." He then took up his gun, called his dog, and went out for a day's hunting. He hunted all day, returned home tired out, went to bed, slept all night, and got up well.

It might be a good idea to take any patient with supposed hydrophobia out of his house, away from his doctor and anxious friends, and see what would happen.

An important point in the treatment of so-called hydrophobia is to avoid giving water or food, or anything which the patient does not really desire.

Of medicine little is needed; but if anything is used we would suggest the treatment usual for acute mania, or even a hypodermic injection of $\frac{1}{4}$ grain of morphia followed in ten or fifteen minutes by chloroform inhalation. Overpowering or repeated doses of morphia are to be wholly avoided. But we believe that all cases in which there is no serious organic disease will yield to moral measures used with judgment and with assurance.

CLUB RATES.

The principle of club rates is a sound one. It is an expression of the fact that in order to increase his business, a publisher is willing to diminish his profits on individual items.

There are several ways of going about this. One way is to offer inducements to new subscribers. This we do not think fair to the thousands who so faithfully stand by the *REPORTER*.

Our way is to offer inducements to *old subscribers*, and is as follows:

Any paid-up subscriber to the *REPORTER* who sends us the name of a new subscriber, (or any number up to twenty), with five dollars for each name, will be credited on our books with *two dollars* for each name.

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This is not unjust to the new subscriber, for, as soon as his name is entered, he can in turn obtain the same benefits by the same procedure.

It is not unjust to ourselves because a subscriber to the *REPORTER* is usually a subscriber for life, and with that fact in view we can afford to send the journal for one year at this price.

THE JOURNAL AND THE ASSOCIATION.

We notice that the *Journal of the American Medical Association* is being published as THE JOURNAL of the American Medical Association. We trust that this does not indicate the Editor's opinion of the relative importance of the Journal and the Association. If it does, we do not wonder that the paper on which the title page is printed has blushed a vivid pink.

NOTES AND COMMENTS.

THE MODERN TREATMENT OF COMMON DISEASES.

Pruritus of the Female Genitals.

The following formula is recommended by Meigs for pruritus vulvæ:

- R Boracis.....3 iv
Morphinæ hydrochlor.....gr. vi
Aque rosæ.....3 viiss
M. Sig.—Bathe the parts affected.

Between the applications, lycopodium or starch flower may be dusted upon the affected parts.

Vaneedem's prescription is:

- R Chloroform.....
Sulphuris.....
Sodii carbonatis.....āā. 3 iv
Morphinæ acetatis.....gr. vi
Vaseline.....3 v
M. Ft. ungt. Sig.—Rub upon the parts.

Lebert's formula is as follows:

- R Hydrargyri bichlor.....gr. viij—gr. xvi
Spt. camphoræ.....f3 viiss
Aque destill.....f3 x
M. S.—Bathe twice daily with the lotion.

For pruritus of the perineum, Hancke gives the following prescription, to be applied by the means of a sponge every two hours. For pruritus of the vulvæ, dilute four-fold:

- R Iodi.....gr. xv
Potass. iodidi.....gr. xl
Dissolve in aque dest.....f3 v
Add alcohol dil.....3 viiss

Pleuck's salve for pruritus pudendorum is made of the following:

- R Ungt. hydrargyri nitratis.....3 viiss
Hydrargyri oxidi rub.....gr. xx
Adipis.....3 iv
M.—ft. ungt.

Cazenave prescribes:

- R Zinci oxidi.....3 ss
Camphoræ.....gr. viii
Amyli.....3 viiss
M.—ft. pulvis. Sig.—Dust upon the parts.

Dr. Thomas, in cases of pruritus due to vaginal leucorrhœa, advises vaginal injections of the biborate of sodium in solution, and once or twice a week he cleanses the cervix thoroughly of mucus, and applies the nitrate of silver occasionally; chemically pure nitric acid is used with the hope of altering the secretion. Copious injections of water are continually used, and a suppository of cocoa-butter containing gr. v. of tannic or gallic acid, is placed against the cervix twice daily.

Trousseau recommends a solution carbonate of potassium (3 iii—f3 iv) for pruritus vulvæ. A formula advised by Fox is as follows:

- R Acetate of ammonia.....3 j
Dilute Prussic acid.....3 iss
Infusion of tobacco.....3 viij

M. Sig.—To be sponged on the part twice a day in pruritus ani or p. vulvæ.

Bartholow recommends the following lotion:

- R Hydrargyri chlor. corros.....1 part
Alum.....20 "
Starch.....100 "
Water.....2500 "

In case the pruritus comes from the presence of animal parasites, a mercurial treatment is advisable. The black or the yellow wash, or mercurial ointment may be used. The common sulphur ointment is powerful enough to kill the ordinary *Acarus scabei*.

Another formula of Thomas is very desirable as a vaginal injection and wash for the vulvæ:

- R Plumbi acetatis.....3 ij
Acidi carbolici.....3 ij
Tint. opii.....f3 j
M. Aque.....0 iv

Another topical application of demonstrated value is:

- R Bismuthi subnitrat.....
Acacia pulv.....āā. 3 ij

M. Sig.—Add water to the consistency of cream, and apply frequently with a brush.

The following is also excellent:

- R Pulv. acaciae.....3 ij
Bals. Peru.....f3 j
Ol. amygdalæ.....f3 iss
Aque rosæ.....f3 j

M.

And the following will be found an excellent lotion:

- R Acidi carbolici.....3 ij
Glycerinæ.....f3 j
Aq. rosæ.....q. s. ad f3 viij
M.—ft. Lotio.

It must not be forgotten that diabetic urine often produces obstinate and severe pruritus, so that examination of the urine is always advisable in such cases.

Hysterical or neurotic pruritus is best treated with a four per cent. solution of hydrochlorate of cocaine.

Ice Cream Poisoning--Electrical Theory.

Dr. George S. Hull, of Chambersburg, Pa., has, after a series of experiments, advanced the theory that ice cream poisoning is due to electrical action which takes place in the ice cream freezer, and which dissolves the zinc.

All of the zinc salts are poisonous, and as the symptoms of ice cream poisoning are those of mineral poisoning Dr. Hull thinks his theory worthy of consideration, and that it is entirely new. The modern ice cream freezer, with its zinc paddle and tin or copper can, would represent a tolerably good galvanic cell, provided the mixture in the freezer would attack the zinc.

Heretofore, the poisonous effects of ice cream have been attributed to impurities to the milk itself, to ptomaines, or to the action of micro-organisms. The most recently accepted theory is that of Prof. Vaughan, of Ann Arbor, the discoverer of tyrotoxin.

Dr. Hull experimented with ice cream materials which were tested and found to be perfectly pure. He reasoned that if any chemical action took place between the zinc paddle and the material in the freezer there would be generated a current of electricity. In conducting his experiments the doctor connected the zinc paddle and tin can by means of a copper wire with a moderately sensitive galvanometer introduced in the circuit. He first experimented with pure cream, which deflected the galvanometer seven degrees at freezing point. Dr. Hull concluded that, if pure cream caused a deflection, the other ingredients of ice cream would probably cause more, and in such case sufficient zinc would be dissolved to make the ice cream dangerous.

As a fact, he found that with half cream and half milk the galvanometer was deflected 25 degrees; with pure milk, 45 degrees; with one half cream, half milk, sugar and vanilla flavor, 58; the same mixture with corn starch, 44; the same mixture with eggs, 80. When these materials were allowed to stand so as to become partially sour, the deflection was greatly increased. Ice cream containing acid fruits or other acids caused still further deflections.

If Dr. Hull's theory is correct, it remains to be explained why most cases of ice cream poisoning occur at picnics. In explanation of this, he states that the cream for outings is generally made the day before, and that the paddle is left in the cream to be re-churned in case of softening. Of course,

the longer the zinc paddle remains in the freezer, the greater the amount of the poisonous zinc dissolved. In making of cream, salt often finds its way into the can, thereby very much hastening the solution of the zinc.

Dr. Hull is still engaged in these interesting experiments.

Surgery of the Spinal Cord.

On June 9th, Mr. Victor Horsely removed a tumor from the dorsal region of the spinal cord. The patient had been seen by Dr. Gowers, who diagnosticated a localised neoplasm, and suggested operative interference. The tumor measured about one inch and a quarter by half an inch; it was situated within the dura mater, and apparently grew from the ligamentum denticulatum of the spinal cord. It compressed the latter severely, causing violent spasms, pain and complete paraplegia. Although the operation was necessarily prolonged, the temperature has never reached 100°, and the wound is now practically healed. The patient has already recovered some power over the bladder, and the spasms and pain are rapidly diminishing. We believe this is the first case of the kind in which an operation has been attempted.

Pasteur's Recession.

M. Pasteur has renounced his intensive method, having found that it did not produce good effects, and has returned to the old system. It would be rather premature to say that, after all, the excitement made about the "radical cure" of hydrophobia was but the impression of the moment; but it cannot be denied that the medical world has considerably cooled down, and that a certain incredulity or distrust has taken the place of the enthusiasm so freely indulged in at the commencement. The papers, strange to say, seldom give any details now, and even cases of hydrophobia cease to be signalized. It would seem that even the canine species has made for the moment a truce with its nobler friends; in any case, such accidents cease to be reported with such effusion as last year. However, the Pasteur Institute has been subscribed to, and the ground bought for its erection. We will see by-and-by if the celebrated *savant* has really found the antidote to such a fearful malady. —Paris correspondent, *Medical Press and Circular*, June 8, 1887.

Death After a Dog's Bite.

On May 25th a little old dog, which had been years in the family, bit Mr. Gurnee, of Haverstraw, on the left thumb. The wound bled freely, and after some delay, Mr. Gurnee called on Dr. W. B. Bayley, who dressed the wound. Two days later, after resting uneasily, the dog died in a fit. Dr. Bayley dissected the body but could not account for the cause of death, and attributed it to a sort of epilepsy caused by old age. The fact that the dog was bitten some time before by a strange cur caused Mr. Gurnee some alarm. On Monday, June 20th, Mr. Gurnee complained of pain in the left hand and side. He slept well on Monday night. On Tuesday his pain was less intense, but his appetite was poor. On Tuesday night he was restless. Thus far only simple remedies had been given, and there was no indication of any serious result. On Wednesday morning he tried to drink, but could not swallow because of the spasmodic twitchings of the muscles of the throat; nor could he wash because of the effect of water on the muscles of his body. After several of these strong spasmodic attacks he recovered strength and was as well as usual. When Dr. Bailey and Dr. W. O. House arrived they agreed that it was a case of hydrophobia. He had some terrific spasms, during which his eyes would protrude and his muscles contract. After a terrible rigidity for about thirty seconds, when his limbs would be like iron bars, he would sink back entirely exhausted. These attacks would be brought on by the sight of water, a slight current of air or other trifling incidents. He was kept under the influence of anodynes administered with a hypodermic syringe. Dr. William A. Hammond, of New York, arrived at eight o'clock Wednesday night and entirely corroborated the diagnosis. The patient kept all night under the influence of drugs.

It was apparent from hour to hour that his vitality lessened. At ten o'clock Thursday morning he died very quietly, his dissolution being hardly perceptible. At no time did he exhibit any symptoms of barking or snapping as such patients sometimes do. The treatment was the administration of morphine and atropia hypodermically, which very materially assisted in quieting the spasms.

Curious Accident.

A drug clerk in Bridgeport, Connecticut, was charging a soda fountain recently, when it burst, and a large fragment struck him, causing a compound fracture of both legs below the knees.

The Thermal Death-point of Pathogenic Organisms.

An exact knowledge of the thermal death-point of pathogenic organisms is desirable, both as a matter of general scientific interest, and from a practical point of view. As biologists, we wish to know whether the vital properties of the living protoplasm contained in the minute vegetable organisms in question are destroyed at a uniform temperature, and if so at what temperature; or whether there is a considerable range in the limits of vital resistance to heat exhibited by different organisms of this class. As sanitarians, we wish to know what temperature can be relied upon for the destruction of disease germs in the excreta of patients suffering from typhoid fever, from cholera, and from other infectious diseases transmitted by means of the alvine discharges of the sick; whether boiling of infected clothing or of drinking water contaminated with diseased germs, is a safe means of disinfection, etc.

Various experimenters have recorded observations with reference to the thermal death-point of different microorganisms, but the paper by Dr. George M. Sternberg in the July number of *The American Journal of the Medical Sciences*, is the first effort to an extended inquiry, by means of a uniform method, with a view to determining the vital resistance to moist heat of the considerable number of pathogenic organisms now known to bacteriologists.

His results permit the following conclusions to be drawn:

The temperature required to destroy the vitality of pathogenic organisms varies for different organisms.

In the absence of spores, the limits of variations are about 18° F.

A temperature of 132.8° F. is fatal to the bacillus of anthrax, the bacillus of typhoid fever, the bacillus of glanders, the spirillum of Asiatic cholera, the erysipelas coccus, the virus of vaccinia, of rinderpest, of sheep-pox, and probably of several other infectious diseases.

A temperature of 143.6° F. is fatal to all of the pathogenic and non-pathogenic organisms tested, in the absence of spores (with the single exception of *sarcina lutea*, which, in one experiment, grew after exposure to this temperature).

A temperature of 212° F. maintained for five minutes destroys spores of all pathogenic organisms tested.

It is probable that some of the bacilli which are destroyed by a temperature of 140° F. form endogenous spores which are also destroyed at this temperature.

Cæsarean Section on a Cow.

Dr. C. Hamilton, of Ringgold, Ga., gives an account, in the *Southern Practitioner* for July, of a successful Cæsarean section upon a cow. The operation was rendered necessary on account of pelvic deformity caused by railroad accident, and was done April 20th last. The calf was saved and the mother recovered without an untoward symptom. No anesthetic was given. The doctor states that he began with the knife a little to the right of the median line, commencing just at the edge of the mammary glands, and cutting up, made an incision six or seven inches long, the cut in the uterus being as small as would possibly admit the escape of the calf. As the membranes had not ruptured, he waited a few minutes for the sac of waters to form (which they did very readily), so as to dilate the cut in the womb. He then ruptured the membranes and delivered the calf, and in a few minutes it was up walking around. He used a catgut suture in closing the cut in the uterus and abdominal walls, and in a few minutes after the cuts were closed the cow got up and let the calf suck. There was very little swelling or supuration. The lochial discharge commenced at once from the vagina and continued the usual time.—*Miss. Valley Med. Monthly*, July 10, 1887.

Pyridin in Dyspnoea.

Kovacz has been experimenting in Nothnagel's clinic on the use of pyridin in dyspnoea. Patients inhaled 5 to 20 drops in about an ounce and a half of water. He finds that it diminishes dyspnoea, though its effects are not constant. It acts best in nervous asthma, and is least efficacious in the asthma of cardiac disease. With care there is no danger in its employment. In one case vertigo, vomiting and diarrhoea followed its use.—*Cent. f. klin. Med.*, No. 46, 1886.—*Medical Chronicle*, July, 1887.

—The Virginia State Medical Society is to meet at Richmond on October 19th, 1887.

—Three young internes of the Newark City Hospital have received a very severe lesson. A patient was brought to the hospital comatose. He was thought to be suffering from alcoholism, and he was treated accordingly, being given a douche and strong cutaneous irritation. The patient died, and on autopsy there was found a tumor of the brain. A coroner's jury investigated the case, and the internes were thereupon arrested for manslaughter.

CORRESPONDENCE.

Laceration of Tendo Achillis.

EDS. MED. AND SURG. REPORTER,

SIRS:—I have a case of laceration of the tendo Achillis, with fracture of a portion of the posterior part of the os calcaneum, which I wish to report to you and ask your advice about treatment.

Mr. P., age 40, on the 24th day June fell from a step, a distance of about eight feet; he struck on the ball of the foot; he says there was a sensation as if something had given way, with a loud snap; he could not keep his weight on the limb; there was much swelling and pain, with a gap of about one and one-half inches. Now, is Monro's apparatus as good a one as I can use? If you will please kindly give me advice, through the columns of the REPORTER, I will be greatly obliged to you. Yours truly,
Elyria, Ohio. J. V. S.

[Monro's apparatus is not so good in the treatment of a case like this as a permanent dressing made of plaster of Paris, or starch, or parafine. Or a tin trough splint can be made to hold the foot at a right angle to the leg. To make this form of splint, take a piece of moderately heavy tin, as long as the foot and two-thirds of the leg, and as wide as the whole circumference of the middle of the leg. At a point as far from one end as the point of the heel is from the toe, cut toward the middle line of the tin with a heavy pair of shears, through one-third of its width on each side; bend the sides up to make a trough, and bend the foot end up at right angles to the leg end. Now punch a hole where the corners overlap at the angle, and fasten them with one of the cheap paper fasteners, which every stationer sells. This will make an admirable splint for any case to which a rectangular trough is applicable.—Editors of the REPORTER.]

Treatment of Stomatitis.

EDS. MED. AND SURG. REPORTER,

SIRS:—1. Will you, or some reader of the REPORTER, furnish formulas, through the REPORTER, for canker, or sore mouth in infants?

2. Will you state if sore mouth is ever caused by the effect of mercury in chalk mixture?
J. E. STILES.

Red Lake Falls, Minn., June 27, 1887.

[In reply to question 1, we would suggest the following line of treatment:

For local and general antiseptic effect :

R. Potas. chlorat. 3 j
Aqæ destillat. f 3 ij
Syr. simplicis. f 3 j

M. Sig.—Use as a wash for mouth and give a teaspoonful every four hours.

Or,

R. Acid. boric. 3 ij
Infus. med. sassaf. f 3 ij
Glycerinæ. f 3 j

M. Sig.—Use as a wash for mouth and give a teaspoonful every four hours.

To regulate the bowels :

R. Ol. ricini,
Syr. rhei aromat. āā f 3 j

M. Sig.—Give one or two teaspoonfuls, according to age.

As a tonic :

R. Ferri et potas. tart. gr. xxiv
Aqæ bullient. f 3 j
Syr. Zingiber. f 3 ss

M. Sig.—Give a teaspoonful t. d.

In reply to question 2, we would say that chalk mixture contains no mercury ; if mercury were *added to it*, it would be very likely to produce a constitutional effect, perhaps a stomatitis.—EDITORS OF THE REPORTER.]

Iron and Salicylic Acid.

EDS. MED. AND SURG. REPORTER,

Sirs: Permit me to lay before the readers of the REPORTER the following combinations of iron with salicylic acid, which I have found useful:

No. 1. For Rheumatism.

R. Water. 3 oz.
Bi carb. soda, ... 80 grs.
Acid salicylic, ... 160 "
Liq. ammon. citrate, ... 1 1/2 oz.
Muriated tinct. iron, ... 160 m.
Glycerine, ... 2 oz.
Elix. orange, ... 6 drs.
Water, ... q. s. ad 8 oz.

Mix and shake well. Dose.—A teaspoonful every three or four hours.

With this mixture can be added either tincture of colchicum, digitalis, or aconite, in proper doses, with great advantage.

No. 2. A Special Tonic.

R. Liq. ammon. citrat., ... 1 1/2 oz.
Soda salicylate, ... 80 grs.
Citrate of iron, ... 80 "
Glycerine, ... 2 oz.
Elix. orange, ... 6 drs.
Water, ... q. s. ad 8 oz.

Mix and shake well. Dose.—A tablespoonful every three or four hours.

No. 3. A Good Tonic.

R. Basham's mixture, U. S. Disp., ... 4 oz.
Sodii salicylatis, ... 1 dr.
Citric acid, ... 10 grs.

Mix and shake well. Dose.—A teaspoonful every three or four hours.

(After the salicylate of soda is mixed well with Basham's mixture, add the citric acid.)

No. 4. A General Tonic.

R. Aqæ, ... 5 oz.
Sodii bi-carb., ... 60 grs.
Ammon. carb., ... 40 "
Acid salicylic, ... 160 "
Glycerine, ... 1 oz.
Elix. orange, ... 6 drs.
Cit. of iron and quinine, ... 40 grs.
Citric acid, ... 10 grs.

Dose.—From a dessert to a tablespoonful every three or four hours.

Mix the soda, ammonia, water, and salicylic acid together in a graduated eight ounce glass measure, stirring well with a spatula until well dissolved. Mix the citrate of iron and quinine in a half ounce of water, and when dissolved add it slowly, constantly stirring, until all is mixed ; then add water to make eight ounces, and finally drop in the citric acid.

Basham's mixture, as ordered by the U. S. Dispensatory, should be made with glycerine instead of simple syrup. It soon spoils when made with syrup, but when glycerine is substituted, it keeps pure a much longer time.

Mixture No. 4, of all other mixtures of salicylic acid and iron, is free from the properties which produce headache and sick stomach ; and is an admirable general tonic, and can be taken a long time without producing any of the physiological effects of salicylic acid.

I have used this formula in painful menstruation, and in cases of neuralgic pains about the ovaries and uterus of nervous, delicate, and hysterical females, with great satisfaction. In combination with eight or ten grain doses of iodide of potassium, it has proved in my hands, an admirable alterative and tonic in secondary syphilis, attended by a debilitated condition of the general system. It combines well with chlorate of potash, hypophosphate of sodium and hypophosphate of calcium. A drachm of fluid extract of cimicifuga, and from three to five drops of Fowler's solution added to each dose, I have found to act well in cases of chorea.

These formulæ were originated by me after great trouble. They all form reddish-brown or wine-colored solutions, and they will mix with Fowler's solution, iodide of potassium, either of the bromides, and with any of the vegetable bitter tonics, either the tinctures or the fluid extracts. The doses can be made or less, and given at longer or shorter intervals, to meet the indications for which the may be prescribed. These mix-should be carefully made in an eight ounce graduated glass measure, and the one most conveniently made is that of the union of salicylate of soda and citric acid with Basham's mixture.

J. B. JOHNSON, M. D.

922 New York Ave., Washington, D. C.

NEWS AND MISCELLANY.

Fiske Fund Prize.

The Trustees of the Fiske Fund propose the following subjects for the year 1888:

I. What changes has the acceptance of the germ theory made in measures for the prevention and treatment of consumption?

II. Antisepsis in medicine and surgery; with original observations and experiments.

For the best dissertation on either subject, worthy of a premium, they offer the sum of two hundred dollars.

Every competitor for a premium is expected to conform to the following regulations, viz. :

To forward to the Secretary of the Trustees, George L. Collins, M.D., Providence, R. I., on or before tenth day of May, 1888, free of all expense, a copy of his dissertation, with a motto written thereon, and also accompanying it a sealed packet having the same motto inscribed upon the outside, and his name and place of residence within.

Cooper Hospital, Camden, N. J.

At a meeting of the staff of the Cooper Hospital, on July 13th, Dr. H. Genét Taylor was appointed secretary and chairman.

The physicians and surgeons who will be on duty at the hospital were divided as follows: July, August and September, Dr. Dowling Benjamin, surgeon; Dr. Mecray, physician. October, November, December, Dr. O. B. Gross, surgeon; Dr. D. P. Pancoast, physician. January, February, March, Dr. J. F. Walsh, surgeon; Dr. W. A. Davis, physician. April, May, June, Dr. E. L. B. Godfrey, surgeon; Dr. H. Genét Taylor, physician.

The graduates who are appointed resident physicians will receive \$100 a year and board.

Fatal Mistake of a Nurse.

At Dayton, Ohio, July 11th, an inmate of the Southern Ohio Insane Asylum, died from an overdose of morphine, administered by mistake by a nurse. The patient was an incurable and in a weak condition. Two bottles, one containing chloral and the other an eye wash, both properly labeled, were sent to the patient's room, and the morphine was given by mistake for a dose of the chloral. The nurse who made the mistake has been in the asylum a number of years, and has always been regarded as faithful and conscientious. She is almost prostrated by the sad accident.

Water Supply of Mount Holly.

The trouble over the water supply at Mount Holly, N. J., has culminated in the formation of a syndicate for the erection of new water works to secure purer water than that now furnished. Already \$10,000 has been offered for the formation of the new company, and one firm has agreed to take half the stock.

A Poor Imitation of Hydrophobia.

A man giving the name of William Doan, and his residence in Philadelphia, was arrested in Camden, N. J., recently. He would bark like a dog, get down on his hands and feet, and finally took his hat and tore it to pieces with his teeth. After he had recovered from the convulsions he stated that he had been bitten by a dog about two years ago. He was allowed his liberty, and directed to Philadelphia.

Death from Pollution of a Well.

A report from Wilmington, Del., dated July 12, states that a man and his wife and their eleven-months old child died of dysentery, attributed to the pollution of their drinking water with decomposing meat.

It was brought out at the inquest that a piece of fresh meat had been placed in an old kettle and suspended by a windlass in the well for preservation. For some cause or other, the meat was forgotten and had putrified and been blown by flies. The tin receptacle in which it was hanging contained numerous holes, and the decaying meat fell into the drinking water. All who used the water were affected. The two surviving children were removed from the house in time to at least prolong their lives.

Parotitis and Pelvic Disease.

Mr. Stephen Paget has collected no less than 101 cases of parotitis consequent upon injury or disease of the abdomen or pelvis. Of this number, 10 were due to injury or disease of the urinary tract; 18 were due to injury or disease of the alimentary canal; and 23 were due to injury or disease of the abdominal, the peritoneal, or the pelvic cellular tissue. The remaining 50 were due to injury or disease, or temporary derangement of the generative organs. Under the latter term are included slight blows on the testis, the introduction of a pessary, menstruation, and pregnancy. This form of parotitis appears to be non-pyæmic, to have no definite incubation stage, and to end very often in suppuration. Mr. Paget considers that the sequence of disease is due to influences acting through the nervous system.

Colorless Tincture of Iodine.

Dr. A. J. Brewer, of Mountain Home, Arkansas, writes to the *Atlanta Med. and Surg. Journal*: "I find a formula in the fifteenth edition of U. S. Disp. for making colorless tincture of iodine. Equal parts of compound tincture of iodine and aqua ammoniæ mixed constitutes the formula. This must stand for twenty-four hours before it becomes colorless. I find by adding four drops of carbolic acid to the ounce, and shaking, it becomes colorless instantly."

Gangrene of Upper Extremities Due to Arteritis.

In gangrene due to arteritis obliterans the lower extremities are usually affected. But WILL has recently reported (*Centralblatt für Chirurgie*, 1887, No. 7), a case observed in Schönborn's Clinic in which the gangrene occurred in the arm. A shepherd, 52 years old, had a blood blister on the third finger of the left hand four weeks before his admission to the hospital, and excessive pains in the whole limb; which did not cease even after removal of the diseased finger. Before the operation, it was noticed that the radial and ulnar pulse was absent on both sides, the arteries felt like rigid tubes. No irregularity of the heart could be ascertained. The gangrene of the left hand advanced slowly, and a similar process developed in the right hand, and rapidly extended towards the forearm. The patient died of sepsis four weeks after admission. The post-mortem showed chronic arteritis with formation of small calcareous masses in the middle coat. The arteries of the forearm were totally obliterated and filled with softening thrombi. The walls of the veins were healthy, but contained puriform degenerated thrombi. The aorta and its descending branches were healthy as far as the origin of the external and internal iliacs. The cause of the disease was unknown.

The Health of Philadelphia.

No epidemic or zymotic disease, with the single exception of measles, has prevailed in Philadelphia for the past six months. There was not a single death from small-pox. The number of deaths from typhoid fever was reduced from 268 in the first half of 1886 to 232 in the same period of 1887. Croup, diphtheria, scarlet fever each had fewer victims this year than in previous years.

High Death Rate in New York.

President Baylis, of the Board of Health, said recently:

"I am informed by Dr. James B. Taylor, of this Department, that since the 1st of January there have been deaths in New York from certain contagious diseases as follows: Diphtheria, 1132; measles, 663; scarlet fever, 246. If this rate of mortality from these causes should continue throughout the year they would cause a total mortality of between 3,900 and 4,000. In a report prepared by Dr. Taylor it was shown that the prevalence of these diseases is due to the ignorance of the people as to their dangerous character, and their carelessness in the matter of the necessary precautions."

State Pharmaceutical Board.

The State Pharmaceutical Examining Board met at Harrisburg, July 12th, and elected the following officers: President, Alonzo Robbins, Philadelphia; secretary, Harry B. Cochran, Lancaster; treasurer, Frederick H. Eggers, Allegheny. The Board consumed its entire session until this evening, preparing forms for applicants for registration. The examination will not begin until next fall.

OBITUARIES.**DR. DAVID DAVIDSON.**

Dr. David Davidson died in Philadelphia, July 14, 1887, of chronic Bright's disease. He was born in this city about forty years ago, and, after receiving a public school education, studied in the medical department of the University of Pennsylvania, from which he was graduated in 1871.

After securing his degree, he served in the Pennsylvania and Orthopædic Hospitals. At the time of his death he was one of the consulting physicians of the Jewish Hospital, and was a member of the County Medical Society.

JARED LINSLEY, M. D.

Jared Linsley, M. D., a graduate of the College of Physicians and Surgeons of New York, of the class of 1829, died on July 12th, in Northford, Conn., in his eighty-fourth year.

GEORGE ENGS, M. D.

George Engs, M. D., of Newport, R. I., died on July 7th, at the age of forty-five. He was a graduate of the College of Physicians and Surgeons of New York, and served on the house staff of Charity Hospital soon after obtaining his degree. For several years he had been one of the leading physicians of Newport.

JOHN S. BAGG, M. D.

John S. Bagg, M. D., of Springfield, Mass., died on July 9th, at Nantucket, where he had gone on account of ill-health. Dr. Bagg was thirty-eight years old, and a graduate of the Medical Department of the University of Pennsylvania, of the class of 1873. He served eight years in the medical corps of the navy, in which at the time of his resignation he was a passed assistant surgeon.

SAMUEL H. HENRY, M. D.

Samuel H. Henry, M. D., of Baltimore, died July 12th, in the sixty-ninth year of his age. He was a native of Somerset county, Maryland, and was graduated from the University of Pennsylvania, Department of Medicine, in 1839. He practiced his profession at Elkridge Landing, Md., until 1876, when he settled in Baltimore. His death is said to have been due to paralysis.

There are no changes in the Medical Corps of the Navy for the week ending July 16, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from July 10, 1887, to July 16, 1887:

Lt.-Col. A. H. Heyer, Surgeon, ordered to Ft. Columbus, N. Y. H.

Major J. H. Janeway, Surgeon, ordered to Benicia Bks. as Post Surgeon; also, as Attending Surgeon at Benicia Arsenal, Cal.

Capt. H. P. Birmingham, Asst. Surgeon, ordered to Ft. Myer, Va.

1st Lt. C. E. Woodruff, Asst. Surgeon, ordered to Ft. Mackinac, Mich.

Capt. C. K. Winne, Asst. Surgeon, ordered to Ft. Wadsworth, N. Y. H.

Capt. Valery Havard, Asst. Surgeon, ordered to Ft. A. Lincoln, D. T.

Capt. L. M. Mans, Asst. Surgeon, ordered to Ft. Schuyler, N. Y. H.

Capt. J. B. Girard, Asst. Surgeon, ordered to Ft. Lowell, Ariz.

1st Lt. J. D. Poindexter, Asst. Surgeon, ordered to Camp Poplar River, M. T.

1st Lt. C. N. B. McCauley, Asst. Surgeon, ordered to Ft. Gibson, Ind. T.

Capt. C. B. Byrne, Asst. Surgeon, ordered to Ft. Washington Bks., D. C.

Capt. T. E. Wilcox, Asst. Surgeon, ordered to Ft. Niobrara, Neb.

Major H. Lippincott, Surgeon, ordered to Ft. Union, N. M.

Major P. J. A. Cleary, Surgeon, ordered to Ft. D. A. Russell, Wyo.

Major D. G. Caldwell, Surgeon, ordered to Assiniboine, M. T.

Capt. G. H. Torney, Asst. Surgeon, ordered to Ft. Robinson, Neb.

Capt. Walter Reed, Asst. Surgeon, ordered to Mt. Vernon Bks., Ala.

Capt. J. H. Patzki, Asst. Surgeon, ordered to Ft. Huachuca, A. T.

Capt. R. G. Ebert, Asst. Surgeon, ordered to Ft. Custer, M. T.

1st Lt. J. E. Pilcher, Asst. Surgeon, ordered to Ft. Monroe, Va.

Capt. J. de B. W. Gardiner, Asst. Surgeon, ordered to Ft. Washakie, Wyo. T.

1st Lt. A. R. Chapin, Asst. Surgeon, ordered to Newport Bks., Ky.

Major W. H. Forwood, Surgeon, ordered to Ft. Snelling, Minn.

Capt. H. O. Perley, Asst. Surgeon, ordered to Wayne, Mich.

S. O. 156, A. G. O., July 8, 1887.

S. O. 159, par. 2, A. G. O., July 12, 1887—assigns Capt. W. Matthews, Asst. Surgeon, as member of Army Retiring Board at Washington, D. C., and relieves Capt. J. O. Skinner, Asst. Surgeon.

Captains S. M. Mans and H. O. Perley, Asst. Surgeons, ordered to accompany the 11th Inf. in changing station from Dept. Dak. to Dept. East. S. O. 158, A. G. O., July 11, 1887.

Capt. R. G. Ebert, Asst. Surgeon, will, in changing station from Ft. Hamilton, N. Y. H., to Ft. Custer, Mont., accompany the 12th Inf. from Dept. East to Dp. of Dak. S. O. 156, A. G. O., July 12, 1887.

Capt. E. F. Gardner, Asst. Surgeon, ordered to accompany the 11th Inf. from Madison Bks. to Duluth, and to return with 11th Inf. S. O. 143, Div. Atlantic, July 13, 1887.

1st Lt. F. V. Walker, Asst. Surgeon, granted leave of absence for 4 months. S. O. 160, A. G. O., July 13, 1887.

1st Lt. Julian M. Cabell, Asst. Surgeon, ordered for duty as medl. officer at Dept. Rifle Camp, near Bellevue, Neb., Aug. 1, next. S. O. 66, Dp. Platte, July 5, 1887.

A board of med. officers, to consist of Major J. S. Billings, Surgeon; Capt. W. Matthews, Asst. Surgeon; Capt. F. C. Ainsworth, Asst. Surgeon, is constituted to meet in this city for the examination of a candidate for admission to the Medical Corps of the Army. S. O. 157, A. G. O., July 9, 1887.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the two weeks ending July 16, 1887:

W. H. Long, Surgeon, granted leave of absence for thirty days on account of sickness. July 16, 1887.

H. W. Austin, Surgeon, granted leave of absence for thirty days. July 16, 1887.

R. B. Watkins, Asst. Surgeon, relieved from duty at Marine Hospital, Detroit, Mich.; ordered to assume charge of service at Evansville, Ind. July 9, 1887.

THE MEDICAL AND SURGICAL REPORTER

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PHILADELPHIA, JULY 30, 1887.

VOL. LVII.—No. 5.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PNEUMONIA; COMPLEX IN ITS ORIGIN AND NATURE.

BY ENOS T. BLACKWELL, M. D., OF CEDAR-
VILLE, N. J.

When our knowledge of diseases becomes so perfect that we can, with unerring precision say of each group of symptoms, however imperfectly some of its factors may be developed, that it constitutes this or that affection; and when all apparent discrepancies are disposed of through the extension of knowledge, there will be less occasion for dogmatism in respect to disorders presenting themselves with signs, whose resemblances are delusive and variable in their character according to the nature of their cause.

Medical writers and thinkers are far from being unanimous as to what constitutes pneumonia; and, until they are, we shall hardly escape criticism if we declare that this or that plan alone is appropriate in the treatment of the condition or aggregation of symptoms which is so denominated.

I am satisfied that there are true pneumonias, definite in their manifestations and amenable to certain lines of treatment. Such are the croupous and catarrhal pneumonias of Juergensen.¹ I am also persuaded that there are certain affections entirely different in their nature, which are not curable by any treatment applicable to inflammation, yet which are characterized by many of the leading features of pneumonia proper. It is,

therefore, not difficult to believe that Doctors Corson and Maxwell may both be right in their judgment of pneumonia, as seen by them; and, that their treatment is suitable in their respective cases. I shall, however, quote from cases of my own to show that all forms of chest trouble characterized by pain, rapid breathing, fever, bloody expectoration, etc., are not alike in their character or cause; and that the treatment successful in one form is useless, nay, injurious in the other.

That there may be a form of pneumonia strictly malarial (so-called); and, that it is quickly amenable to the action of the cinchona salts, I cannot doubt. Notwithstanding, however, that I have practiced much in malarial districts, and have habitually given quinine in all stages of pneumonia, I am compelled to avow that I have never recognized a single case that proved to be distinctly malarial; or, one in which quinine alone sufficed for a cure. Instances may be related of other forms of disease which the malarial element completely dominated; and which, by analogy, give color to the claim that pneumonia may be produced or controlled by this influence. An inflammatory affection of such origin and control is here quoted from a paper heretofore published by me,² July 5th, 1880. T. H. has tenderness of the scalp and inflammation of the left eye, which is particularly painful during the night. He has also tenderness of the liver, and a pain in the top of the right shoulder. There is also fever, of which he had a paroxysm on July 3rd. A former attendant, who dis-

² On quinine in fevers and disorders accompanying them. MED. AND SURG. REPORTER, vol. xliii, p. 355.

¹ Ziemssen's Cyclopædia.

cerned only the intense suffering in the eye, directed his attention alone to that organ; treating it by instillation of nitrate of silver, but ineffectually. I gave him half-drachm doses of iodide of potassium, in one pint of water, in the morning, fasting, as directed by Dr. Guit  ras, in the *Philadelphia Medical Times*, vol. x, page 446. This for the liver. Through the remainder of the day, he had liberal doses of quinidi   sulphas, with opium. July 7th, had pain in the head during the past night, but the inflammation and pain in the eye are less; the tongue is coated, but moist; the urine is free, and the appetite improved. The treatment to be continued as before: a weak ointment of calomel and lead cerate being applied to the eye. On July 10th he was so far recovered as to be discharged, taking only a chinchona tonic.

I have been accustomed to use quinia in the outset of all cases of pneumonia, for its modifying effect on the fever which pertained to it, or was its source; yet, one of my latest cases, which was accompanied by pleurisy, is a conspicuous instance of its failure to check the process going on in the lungs.¹

Mrs. L., a young married woman, was taken with a cold and hoarseness, February 16, 1887. At my visit on that day she had a very high fever and general pains throughout the body; the pulse-rate was 140. The treatment was two grains quinine sulphate every two hours, and two grains opium every four hours. She received the same treatment until February 19, when on account of severe vomiting, she took potassium citrate, creosote-water, and hyocyamus, but no opium. Her skin was constantly bathed in perspiration, yet there was no remission of the rapidity of the heart's beating. She had been using externally from the commencement a remedy of her own—a tar-plaster.

February 20, 10 A. M.—The patient has had a very severe pain during the night, as also a constant cough. The pain occupies the entire area of the left chest from scapula to sternum, and from the axilla to the free border of the ribs. She lies upon the right side, with the left arm close to the affected region, and is unwilling to move either the body or the arm. Early in the morning she commenced to expectorate bloody mucus: the respirations reach 38 per minute, and the pulsations 124; ratio, 1 to 3.3. The skin is moist, the tongue coated, and the stomach

quiet. A plaster of cantharides was so placed as to conform to the painful area, and the following medicines were prescribed, viz., three grains of quinine every two hours, and three grains of opium every six hours.

February 21.—The plaster has caused a perfect blister. The patient is free from pain; the skin is moist; the cough and expectoration moderate; the sputa less bloody. The respiration is 22, and pulsations 102; ratio, 1 to 4.6. She sleeps considerably.

February 25.—Respiration 19, pulse 76.

February 26.—Took leave, the patient having recovered in eleven days.

Here is a patient who, in three days, had received perhaps a drachm of quinine, the influence of which was doubtless continued, with a good deal of force, until the full development of the pneumonia, on the fourth night (February 19). At this time the respirations were 38, and the pulsations 124—a ratio of 1 to 3.3. Twenty-four hours later, when the effect of a full blister had been obtained, the respirations had fallen to 22, and the pulsations to 102, the ratio was much increased—1 to 4.6. Without wishing to belittle the effect of the quinine and opium, which were used during the operation of the blister, no one can, I think, doubt that the last factor arrested *the morbid process*, and put an end to the disease, without any *secondary lesions*.

There is a form of pneumonia very different from the foregoing—different in its origin and nature; different in the course of treatment required; and different in its results. I present the following from a paper on *Adynamic Pneumonia*, published by me in the *Philadelphia Medical Times*, vol. x, p. 549, *et seq*:

“The pneumonia . . . exhibits from its beginning not vigor but great weakness and tendency to prostration. The patient lies upon his back. The pulse is rapid, while the surface may be bathed in perspiration. The sputa, the mucous membranes and the skin are dark-colored. There is great restlessness and speedy loss of strength. This is typhoid pneumonia, or pneumonia with hypostasis, and the treatment useful in the sthenic variety is worthless, if not absolutely pernicious. The pulse rises instead of falling; the difficulty is exaggerated instead of lessened, and the powers of life quickly fail. The cases subjoined are from the paper named.

“Mrs. S., aged about 50 years, of a delicate constitution, was taken January 31, 1875, with chillness and pain in the side, a high fever following. I saw her at 9 o'clock A. M.,

¹ On blistering the surface of the body in internal inflammations.—*Philadelphia Medical Times*, vol. xvii, p. 624.

February 1. She had slept none during the night, and was lying upon the back, profusely perspiring. Her breathing was very quick and shallow, and she was expectorating a bloody mucus. The bowels were shut; pulse, 112. A blister was immediately applied to the whole of the affected part, and the following medicines ordered:

R Hydraz. chl. mit. grs. xij;
Sodii bicarb.
Quinæ s. āā. grs. xij.

Mix, and divide into eight powders, one to be taken every three hours.

R Potassii citratis. 3 j;
Ex. aconiti fl.
Ex. digitalis fl. āā. gtt. xij;
Sp. ætheris nit.
Aquæ, āā. 3 j.

Mix.—A teaspoonful to be given alternately with the powders.

Morphine was prescribed for the restlessness and to procure sleep.

February 2.—I was sent for in haste, arriving at 10 A. M. The breathing had not improved; the tongue was dry; the bowels still closed; the urine hot and red; the skin moist; the voice whispering; the pulse quick and weak; the respiration bronchial; and every movement was attended with exquisite pain. As the epispastic had failed to produce a sufficient blister, the surface was painted with cantharidal collodion. Seven o'clock P. M. the patient had dozed some, and seemed to breathe easier; the urine was freer, and there had been an evacuation by the bowels. Medicine continued as before. On the morning of February 3, the fourth day of the disease, collapse occurred, and she died.

W. R. R., a farmer, about forty years of age, was taken, March 28th, 1875, with chills, alternating with fever and free epistaxis. When I saw him the day following, he had "a catch" in the left hypochondrium, cough, and expectoration of mucus, with some blood. The pulse rate was 100; the skin moist, but red and congested; the soft palate, also, presenting a punctate redness. The bowels were moving freely. No false sounds could be detected over the affected part. The same medicines were ordered as in the preceding case, except the calomel, and domestic applications were made to the chest. The next day he was coughing up rusty mucus; was sweating profusely; his headache continuing; pulse unchanged. The chest was still resonant, and he was careful to show me that he could fully inflate his lungs. Belladonna was added to the medicine to check the sweating. In the night he became delirious and very restless,

complaining of his bowels and head. I was summoned, arriving at 1 A. M. of April 1st. His pulse was unchanged and he was drenched with perspiration. The iodide of potassium was substituted for the citrate, and paregoric elixir was added. At 5 P. M. there was less perspiration, the pulse was 105, and epistaxis had recurred. April 2d, the tongue was cleaning; pulse, 102. April 3d, had had fever during the night, succeeded by free sweating; was very restless, needing morphine; his urine was loaded with straw-colored precipitates; the tongue was moist, but heavily coated, except at the tip; the bowels were tender and tympanitic; the pulse 111 and rather weak. He still raised stained mucus, and auscultation revealed some blowing respiration in the posterior part of the chest, but no râles. Iodine, dissolved in cantharidal collodion, was now applied to the chest, which was enveloped in oiled silk. Yolk of egg, wine, and milk were ordered. At 7 P. M. of same day the patient was delirious, with a pulse at 125. He was in a gentle perspiration. . . . The patient continued to fail, dying on the ninth day of the disease.

August 2d, 1871, took charge of the following case: E. P., farmer, aged 34, took a cold about the preceding holidays . . . and cough, attended by foul corruption, lasting to the beginning of May. . . . His immediate sickness dates from July 24th, commencing with an agony in the loins and hips and a pain in the head, accompanied apparently by congestion, as he says he knew but little. These symptoms in less severity, with a morning and evening paroxysm of fever, prevailed until the date of my visit, which was during an interval; the pulse marking 78. The tongue had a thick, creamy coating, and he had a cough, with mucoid sputa. His urine was nearly thick; his bowels had been costive throughout, but he had taken "salts" twice, with a hypercathartic effect. On physical exploration of the chest, there was found dullness on percussion in the right lung, anteriorly and posteriorly, with prolonged expiration and increased vocal vibration at apex; on the left side there was dullness in front only. He was ordered a pill composed as follows:

R. Quinæ sulph.
Cinchonæ sulph. āā ʒ j
Acid. sulph. arom., q. s.

Mix and divide into ten pills, one to be taken every four hours alternately with a mixture having expectorant, diuretic, and anodyne properties.

The day following, the pulse was as before, the tongue appearing cleaner. August 4, a sub-

crepitant *râle* was heard in the lower part of the right lung, with large bubbling. The cough was tight and the expectoration streaked with blood. The tongue was cleaner. The quinine was continued as before and the iodide of potash added to the mixture, with gentian as a tonic. On August 5th the pulse was 96. A blister was applied to the chest as a counter-irritant. From this time till the 10th the pulse gradually rose, notwithstanding the constant saturation of the system with quinine; the cough was tighter and the breathing shallower. On the 11th the tongue was chapped and the whole pharynx covered with aphthous-looking exudation on a purplish ground. There had been high fever the preceding night, with headache. Death occurred on the 15th, the fourteenth day of treatment and the twenty-fifth of the disease.

A review of the symptoms of the foregoing cases show many which coincide with those of the infectious fevers, *e. g.*, the agony in the head and loins, the lividity of surface, the looseness of the bowels, and the epistaxis; and I have been led to think well of the idea of Juergensen¹ formulated in this question to himself: "Are the pulmonary lesions and the fever due to a common cause?" His reply on a succeeding page is clear and unequivocal: "*Croupous pneumonia is a constitutional disease, and is not dependent on a local cause. The pulmonary inflammation is merely the chief symptom, and the morbid phenomena are not due to the local affection. Croupous pneumonia belongs to the group of infectious diseases.*"

It may not be amiss to quote a paragraph or two, additional, from the paper by the same author. "Croupous pneumonia can no more be produced by the excitants of inflammation than can the characteristic lesions of typhoid fever." Again: "The diseases which I should especially like to have classed in the same group with croupous pneumonia are articular rheumatism and epidemic cerebro-spinal meningitis. These three diseases are undoubtedly non-contagious either directly or indirectly, and should be referred to the category of malarial infections."

Having shown that there are comprehended under the term pneumonia conditions different entirely in their nature, the practice pursued, to be successful, cannot be uniform—each case must have a treatment adapted to its character. Should the temperature take a very high range,—105° F.,

or over,—there can be no doubt that antipyretic measures are imperatively demanded to counteract dangerous effects upon the brain. The material selected must sometimes be chosen with reference to the conveniences and facilities at hand. Cold water is doubtless very efficient and suitable, if the physician can exercise proper supervision. With antipyrin and antifebrin my experience is limited; but quinia did me good service long before these substances were made known. My record of its use as an antipyretic in typhoid fever² in the year 1862, states that the fever daily declined under its use, as evinced by an amelioration of all the symptoms, the reduction in the number of heart-beats per minute being especially noticeable for several days in succession. This was prior to the general use of the fever thermometer. The disastrous effects of high temperatures on the brain and nervous system are shown by the convulsions of children, which are often directly traceable to paroxysm of fever. The case of pneumonia, detailed by Professor Pepper, in the first number of the current volume of the REPORTER, is one which fully illustrates these views. I quote, italicizing what I wish to call special notice to:

"F. C., a boy aged three and a half years, . . . in the fall (1885) had a violent attack of dysentery, which was ushered in with high fever (105°), and a fully developed convulsion. He made a good recovery . . . returning to Philadelphia from the sea-shore, in October, 1886, in unusually good condition. In November, he began to exhibit catarrhal symptoms, affecting in a slight degree the respiratory and digestive mucous membrane. He was confined to the house for at least two weeks prior to the onset of the attack now to be described, which occurred on December 2d.

"He was noticed to become suddenly very hot, and, at the same time, to grow dull and heavy. I was summoned hastily, but before I reached the house he had a severe convulsion. The rectal temperature was 107°. After the convulsion he was heavy and dull, and almost unconscious, but this state was disturbed by recurrence of severe convulsions at short intervals. He was immediately placed in a tepid bath, the temperature of the water being reduced until it was quite cool, and until the temperature fell to 104°. It rose again almost immediately after his removal from the bath, and the repetition of this measure did not produce any more

¹ *Art. Croupous Pneumonia, Ziemssen's Cyclop.*, v., p. 143.

² New Jersey Medical Soc. Report for 1863.

lasting effect. Antipyrin was then given in the dose of three grains, repeated in three hours. The effect was very prompt and satisfactory. The temperature fell to $103\frac{1}{2}^{\circ}$, the skin became moist and relaxed, and the rectal temperature did not rise above 105° for several days."

A treatment that so evidently averted the danger of immediate death, can but receive our hearty commendation. This for the excessive temperature. For the development in the lungs, my views are elsewhere made known.¹

It will greatly simplify our notions of pneumonia, and make our treatment of it much more satisfactory, if we shall be able to relegate the affection, which I have heretofore described as adynamic pneumonia, to the category of infectious fevers, with a pneumonic development; and the disorder treated by Doctor Maxwell to that of the pernicious fevers, with a pulmonary complication. The following quoted from Juergensen,² on the malarial complication of croupous pneumonia will, I am sure, be interesting and timely.³ "There are two forms of this complication which must be distinguished from each other—a simple co-existence of croupous pneumonia and intermittent fever, and a malarial infection localizing itself in the lungs. In the first case there is a mere complication, the symptoms run their course alongside of each other, and when the intermittent fever is cured by quinine, the pneumonia, which still remains, continues its progress undisturbed. *The malarial infection localizing itself in the lungs exhibits itself, according to Grisolle, as either intermittent or remittent pneumonia, and both belong to the group of pernicious forms.* Thus, cases are characterized by the occurrence of pain in the side and bloody expectoration, coincident with the ushering in of the attack by an unusually severe and long-continued chill. At the same time, the physical examination reveals dulness of the percussion note, and fine, dry, abundant crepitant râles sometimes mixed with blowing sounds. These local symptoms continue through the hot stage of the intermittent, and then quietly subside, together with the pneumonia, during the profuse sweating, at least in the first and second attacks. Occasionally, however, a slight amount of pulmonary lesion can be detected even during

the apyrexia, which is said to be complete. The tertian and quotidian types are more frequent than the quartan. If the return of the attacks is not prevented, the patients commonly die in the third or fourth paroxysm; in many cases both lungs are affected, and severe brain symptoms are also present. The remittent form is distinguished from the intermittent by the fact that during the remission a resolution of the local process does not always take place. . . . In both forms the whole disease, including the pulmonary affection, may be controlled, and perfect health restored by quinine."

Juergensen adds this pithy statement: "It appears to be fairly well proved that a severe disease of the lungs may be produced by malarial poison, but *it is by no means demonstrated that this affection is croupous pneumonia.*"

Let us not, therefore, be discouraged at the divergence of views respecting this disease. Observations made in the true spirit, and interchange of opinions honestly expressed and courteously maintained, must sooner or later establish the truth. In medicine, as in other realms of knowledge, "we know in part"; and if "we prophecy in part," we shall be in a happy state of mind to enjoy the inauguration of the time when

"Error wounded writhes in pain,
And dies among his worshippers."

PHLYCTENULAR OPHTHALMIA.

BY EDWARD JACKSON, M. D.

Adjunct Professor of Diseases of the Eye in the Philadelphia Polyclinic.

The acute inflammations of the eye are apt to demand the attention of the general practitioner, and phlyctenular inflammation of the conjunctiva and cornea is so common and so generally amenable to proper treatment, that it is of especial interest and importance. The phlyctenule, which is the lesion characterizing the affection, may be single or multiple, and situated on either the scleral portion of the conjunctiva or the cornea, or both, the corneal margin of the conjunctiva being a favorite location. It consists of a swelling two or three millimeters in diameter, due to semi-solid exudation under the epithelial layer, and appears rather suddenly, with a good deal of stinging and smarting in the eye. Generally, after two or three days the centre breaks down, forming a superficial ulcer. The hyperemia is mainly confined to the immediate neighborhood of the

¹ Art. on Catarrhal Pneumonia, *Phil. Med. Times*, Vol. XII., p. 887. Art. on Blistering the Surface in Internal Inflammations, *idem*, Vol. XVII., p. 623.

² Ziemssen's Cyclopædia, Vol. V., p. 121.

³ The italics are mine.

phlyctenule; but in the conjunctiva lining the lids, the vessels will almost always be found enlarged and tortuous, while the tissue between them is transparent and free from the exudation which marks catarrhal and purulent conjunctivitis. There is an excessive secretion of, sometimes acrid, tears, but very little muco-purulent discharge. There is usually a strong tendency to keep the eyes tightly closed, and to avoid light; but this does not start as a true photophobia. The morbid irritation primarily involves the nerve filaments of the fifth and not of the optic nerve, and the patient may as violently resist the opening of the eye in a darkened room as in a bright light. Still, by the continuous avoidance of light, in many cases, a true photophobia is presently developed.

Commonly but one eye is attacked at a time; and if both suffer, as they are eventually apt to do if repeated attacks occur, one is generally much worse than the other. The disease is one of childhood and youth. Of 32 cases seen during the last year in private practice and in the eye service of the Polyclinic, 11 were five years of age or less, 10 were between five and ten, 5 between ten and fifteen, and 5 between fifteen and twenty. In adults but a single case occurred, which was in a woman of twenty-eight. Of these cases 13 were in males, 19 in females. The writer is inclined to think that the disease is generally more liable to affect girls, though such a tendency has not been noted by others. Children of pure or mixed negro blood are especially subject to it.

Phlyctenular ophthalmia depends most obviously upon some diathesis or cachexia, some general vice of nutrition. It is a common sequel of the acute inflammatory diseases of childhood. It has long been regarded as a manifestation of "scrofula," and Arlt in his last work retains for it the designation conjunctivitis scrofulosa. It is most frequent among the poorer classes, especially in towns and cities; but, like the constitutional condition upon which it springs up, it is by no means strictly confined to them. Owing to this dependence on general disorders of nutrition, difficult or often incapable of complete removal, relapses and repeated attacks are very common.

When the phlyctenules are confined to the conjunctiva, the disease is properly a phlyctenular conjunctivitis, and usually responds promptly to treatment; recovery occurring within one or two weeks, without great inconvenience, or serious danger to vision. When, however, some or all of the

phlyctenules are situated on the cornea, as was the case in 14 of the patients above referred to, it is much more obstinate; and there is great danger of permanent impairment of vision through alterations in the shape or transparency of the cornea, and the danger increases with the extent of corneal surface involved, and its nearness to the centre of the cornea. If the ulceration extend much in front of the pupil, some impairment of sight is inevitable; and often when this region is not directly invaded, considerable astigmatism may result from the cicatrization of other parts, and as astigmatism from this cause is more or less irregular it cannot be wholly relieved by glasses.

When the phlyctenule is situated on the cornea it cannot be immediately surrounded with hyperemia; but the redness is manifested in the enlargement of the nearest conjunctival vessel, and of that net-work of extremely small vessels which surrounds the margin of the cornea, whose hyperemia occasions the so-called peri-corneal zone. Sometimes this zone of redness entirely surrounds the cornea, usually it is most marked in the part nearest the phlyctenule, and often it is limited to that locality. If the case is at all obstinate the nearest conjunctival vessels are very apt to send out branches, which extend upon the surface of the cornea to the ulcer. Thus is formed the opaque vascular band, indicated by the terms fascicular, or superficial vascular keratitis.

The differential diagnosis of the disease is not usually difficult if attention is given to the great irritability of the eye, with the absence of purulent discharge, or general visible lesions, the localization of the hyperemia and the tendency to recurrence of the attacks.

In the *treatment*, bandaging of the eye is to be avoided unless there seems danger of an ulcer perforating the corner. Blisters, setons, and other such counter (?) irritants are to be mentioned only for condemnation. It is usually best to begin by placing the eye under a mydriatic. A single drop of

R Atropiæ sulphat.....gr. j.
Aq. destillat.....f ʒij.

or the same quantity of

R Duboisiiæ sulphat.....gr. ss.
Aq. destillat.....f ʒij.

may be instilled three times a day. In the lighter cases of conjunctivitis this is not necessary. But in the severer cases, and in all which involve the cornea, it should be done. Although in this affection we need

not invoke the greatest power of the mydriatic, I prefer the above solutions in small quantity, to weaker ones, more profusely applied, because the increased and excessive lachrymation, provoked by even the gentlest interference with such an eye, causes the immediate dilution, and to some extent, washing away of the solution applied. In mild cases which require no mydriatic, and as an addition to the more severe,

℞ Acid. boric. gr. x.
Aq. camphoræ. ℥j.

may be freely instilled every three hours.

A most important part of the local treatment is the dusting of calomel upon the open ulcers, or the application daily of an ointment containing:

℞ Hydrarg. oxid. flav. gr. j.
Petrolatum. ℥j.

placing it on the inside of the lower lid, and gently rubbing the lids over the globe until it is diffused throughout the conjunctival sac. The proportion of mercury in this ointment may sometimes with advantage be doubled.

Most cases of phlyctenular conjunctivitis can be cured by local treatment alone, and often in a very few days. But to effect a cure where the cornea is involved, and to prevent a repetition of the attack, it is necessary to bring influences to bear upon the general processes of nutrition. In the first place, the child should secure several hours of out-door life every day. To accomplish this it is necessary to control the photophobia. It may be lessened by cold-douching of the eye-lids, or applications to them of *very hot* fomentations, for five minutes at a time. The mydriatic allays it very much, and a broad-brimmed hat or dark glasses may be worn. Everything should be done to induce the child to overcome it. Next after out-door life, with suitable clothing, and a proper temperature when in the house, the alimentary canal demands attention. In most cases errors of diet have to be corrected; and a mild purge is often very beneficial. After all these matters have been attended to, cod liver oil, reconstructives, tonics and alteratives may be thought of. Iron is most frequently indicated, and the syrup of the iodide finds here one of its best applications. It is well to commence with one drop for each year of the patient's age, given with plenty of water upon an empty stomach, three times a day; and to rapidly increase the dose until its therapeutic influence is manifest, or indications of gastrointestinal irritation are noted. Constitu-

tional treatment should be continued a considerable time after the attack has subsided.

The resulting astigmatism of phlyctenular keratitis usually continues to alter in degree for some months, during which time close eye-work should be avoided. When it has assumed its permanent condition, it should be carefully studied, both with and without a mydriatic; and, in so far as it is capable of it, corrected by the appropriate lenses.
215 S. 17th St.

HYSTERICAL BLOOD-SPITTING.

BY STANLEY M. WARD, M. D., ELLENVILLE,
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In an article on Hysteria which I had the pleasure of preparing for the REPORTER (Vol. LII, No. 15) I referred incidentally to a case of hysterical blood-spitting which I had then had under observation for two years. I propose now to give a complete history of this case from April, 1883, the date of my first visit, to February, 1886, when I last saw her, prefacing it with the following note from her mother written under date of May 23, 1887: "Gertie has had no attack of bleeding since last September and it was not bad then. She does not complain of her side troubling her very much and her nervousness is nearly gone. She can eat more of a variety, but vomits at times. She is now attending school in Brooklyn."

April 18, 1883, saw Gertie B., aged 17, decided blonde. Her family history is good.

The patient was healthy until 1882, when she fell and struck her side against a stump. This blow was followed immediately by vomiting, vertigo and insensibility, and later by the appearance of a tumor(?). In a few days she regained her usual health. On April 15, 1883, after some extra exertion and mental excitement, she had a severe attack of epistaxis accompanied by vomiting and followed by diarrhoea. On April 18, she suffered with diarrhoea and was so weak that her discharges were received in napkins. She was given sub-nitrate of bismuth and a little brandy occasionally. At 8 A. M., the 19th, Dr. J. J. Ward saw her; she had no diarrhoea but was vomiting continually. The emesis was not brought on by food or medicine. The matter ejected was a darkish green liquid, and sometimes contained shreds which resembled mucus.

Under the use of small pieces of ice, minute doses of calomel, bismuth, with lime water, her symptoms improved by next morning; but in the afternoon they returned

with greater severity than before. I saw her at 11 P. M. Administered nutrient enemata every four hours and interdicted all medication and food by the mouth. On April 24, I began giving her small quantities of food by the mouth instead, and three times daily she had two drops of Fowler's solution of arsenic, combined with three drops of the tincture of *nux vomica*. She complained bitterly of hunger on the occasion of my last visit on the above date.

It was not easy to make out the exact nature of the attack, but, whatever the condition of the alimentary canal, it was relieved only by giving the stomach absolute rest.

May 10, sixteen days from my last visit, the patient was again attacked with diarrhœa. I found her limping around the house favoring the left leg by throwing most of her weight on the right. She said the tumor, above referred to, had pained her considerably of late but was now much smaller than formerly. She did not wish to have it examined. I prescribed a simple astringent and left her. At 11 P. M. I was summoned with the news that the girl was vomiting blood. About noon she had something warm in her mouth and spat it out, to find it blood. She had repeated the act several times during the afternoon and evening, and had fainted once after raising a large quantity of blood. There was pain over the "tumor" and in the epigastrium. She spat the blood and did not vomit it. There were no attempts at emesis except at long intervals. The blood was not aerated and it did not show any signs of having been acted on by the gastric juice. Her lungs were acting well. A close inspection of the fauces and posterior nasal passages convinced me that the source of the blood was not there.

She continued to spit blood thus until midnight of May 11th. The longest period between the attacks was half an hour, the shortest ten minutes. I have no means of knowing the quantity. At this time, midnight, she had some localized peritonitis, pain in the back, cold extremities and conjunctivitis, pulse 120, temperature 96°, no movement of the bowels had occurred in six hours. There had been administered morphia in small doses, ergot and ergotine, nitrate of silver, oxide of zinc, hamamelis, and Monsels' solution of iron. She slept for three hours. On awakening she soon began vomiting. The matter ejected was a greenish liquid, of a horrible odor and unmixed with blood. Great relief was experienced after vomiting, although there was severe

pain before and during the act. All medication by the mouth, except small doses of morphine, were discontinued and nutrient enemata were given every six hours. The vomiting and nausea were almost constant until the night of the 15th. The enemata failed to be retained on the 13th and were discontinued. On this day she began to complain of numbness, and of tingling sensations in various parts of the body, and also to tell outrageous lies. Bowels moved copiously on the 13th and 14th, the stools being semi-fluid and resembling decomposed blood. They were very offensive. The vomited matter was a darkish-green liquid, emitting a horrible odor. May 16, she is vomiting at long intervals. Is much brighter. Is retaining a half teaspoonful of Murdock's food every three hours given with a little brandy, and at night she takes an eighth of a grain of morphine.

May 19, Dr. J. J. Ward and I saw her. Complains of a sense of fullness in the epigastrium and is very hungry. Has vomited nothing since the night of May 16. Bowels confined since May 15. She was kept gently under the influence of morphine and a pill of aloin, gr. 1-6; strychnia, gr. 1-20; and belladonna, gr. 1-8, was exhibited every six hours. After taking three of these pills she had several watery passages. She was given one drop of Fowler's solution of arsenic every four hours. Beef tea and milk were also allowed.

May 21. She still complains of hunger. Allowed a little more latitude in eating. May 25. Is around the house. Limp badly while walking. Has no pain. Appetite voracious. May 29. Tendency towards diarrhœa. Otherwise doing nicely. Stopped arsenic and gave opium and bismuth p. r. n. June 6. Severe diarrhœa. No appetite. She has passed several restless nights since my last visit. Refuses to take any more of the Murdock's food, as it sickens her. She was ordered suppositories of opium and tannin, and by the mouth is to have six teaspoonfuls of elixir of gentian and iron during the twenty-four hours.

June 8. Limp badly. Bowels move three times daily, even while taking the astringent suppositories. Intense conjunctivitis. She says that blood oozes from her eyelids at times. Is not emaciated in the least. On the left side I felt a hardened mass, which was painful on pressure. Patient has spit up blood four times to-day. Ordered her to bed. Murdock's food with milk thrice daily, a pill of ergotine and opium thrice a day, and also a tonic pill thrice daily. On the 10th

I decreased the opium, as it produced drowsiness.

June 15. Patient is gaining in flesh; has had no bleeding in a week; walks more erect, and thinks the "tumor" is diminishing; complains of headache and pain in the back. The tonic pills were discontinued and dialysed iron substituted. Continued Muddock's food with milk, a pill of ergotine and opium at night, and twice daily bismuth and opium, as there was a tendency to diarrhoea.

June 16. On June 16th substituted suppositories of gallic acid, tannin, and opium for bismuth mixture. The diarrhoea was lessened under this treatment and her bowels moved naturally on June 20th.

June 22. Patient complains of excruciating pain in the top of her head and of aching limbs. Her mother states that there is oedema of both ankles at times. Her last menstrual flow was scanty. The dialysed iron was continued and three grains of quinine given every three hours. She refused to allow an examination of her side, but said that the "tumor" was gone.

June 23. Began bleeding from the mouth to-day. Menstruation also commenced. Dr. J. J. Ward saw her. He failed to find any evidence of a "tumor" after carefully examining her side. All former treatment stopped. She had five drops of hamamelis combined with five of ergot every hour, and an occasional pill of morphine, gr. $\frac{1}{4}$, and atropine, gr. $\frac{1}{20}$, both to be continued until symptoms were relieved.

July 6. Note from patient states that the bleeding stopped on the night of June 23d and had not resumed. She had taken four of the atropine and morphine pills in twenty-four hours. Had recommenced the dialysed iron and felt "much improved."

July 29. Her general appearance is indicative of health. She limps somewhat while walking. Bowels move at least twice daily. Appetite capricious and irregular. There is no "tumor," but there is soreness over its former site (?). The treatment was continued.

On July 31st and August 1st, there were copious attacks of epistaxis, but no blood passed this month.

On August 9th she had some hemichorea. The choreic movements stopped on August 12th, and were followed immediately by partial paralysis of the tongue, which lasted a few minutes.

In February, 1886, a sister was married against her wishes. Brought herself into prominence, on the day of the wedding and the night before, by spitting blood again. She bled for three days, and had the same

intense headache and tenderness along the spine. She was treated with the combination of valerian and assafoetida with morphine and atropine, as indicated. This is my last note. The communication received from the patient's mother, already quoted, partially fills the hiatus between that time and the present. It will be observed that the intervals between the attacks of bleeding are lengthening, and it is to be hoped that in time the attacks may cease. I doubt it, however, for as some persons under undue mental or physical excitement suffer from excessive urination or diarrhoea, so I believe my patient will have blood spitting.

I have called this a case of hysterical blood spitting. I may state that such a diagnosis was not arrived at until every possible cause for the hemorrhage had been carefully considered by the consulting physician and myself.

In concluding, I may be allowed to call attention to an extract from an address delivered by M. Auguste Ollivier before the congress at Nancy, an extract which has appeared in several periodicals, but which I cannot find entire. He says hysterical hæmatemesis is too often considered as symptomatic of gastric ulcer, and that "in reality it is a form of local hysteria, with gastralgia accompanied by hemorrhage."

MALIGNANT LYMPHOMA, OR HODGKIN'S DISEASE, WITH PNEUMONIC COMPLICATION.

BY JAMES MACREADY, M.D., MONROE, OHIO.

Aug. 26th, 1885, I was consulted by J. E. L., a farmer aged 50 years, in reference to a general enlargement of the lymphatic glands of the face and neck. The history which he gave was, that during the previous June he noticed a gradual enlargement of the glands in the submaxillary region of each side, the region of each ear and the post cervical region.

The submaxillary glands were the first to enlarge, from whence there was a gradual extension until the post-cervical became involved.

The submaxillary region of each side was occupied by a cluster of glands, five of which on the right side, and four on the left, were each about the size of a hazel-nut. These were the first to enlarge. When the hand was passed over the lateral and post cervical regions, the sensations communicated to it were those of numerous hard globular

bodies, varying in size from small shot to that of a buck-shot lying loosely under the skin. No amount of manipulation caused pain.

His general health was apparently unimpaired.

An examination of the family history showed no hereditary tendency to scrofula or phthisis.

I did not see the patient again until Nov. 28th, 1885. During the interval which had elapsed since Aug. 26th, the glandular enlargement had advanced until, seemingly, each gland had increased in size until it was about twice its size at the former examination.

The face in consequence was hideously deformed. He now complained of a cough and sore throat.

An inspection of the throat showed the tonsils to be enlarged, and the uvula was greatly elongated. Auscultation and percussion revealed no lesions of the lungs, which led me to conclude that the cough resulted from laryngeal irritation by the elongated uvula. There was no history of syphilis; the absence of struma and of a syphilitic history excludes them from the causation of the glandular enlargement.

I was, therefore, led to conclude that I had one of the forms of lymphadenoma to deal with, and whether benign or malignant only time would determine.

The patient's general health at this time was apparently unimpaired. The appetite was good, and nutrition of the various tissues seemingly well performed. His capacity for the performance of labor was as vigorous as formerly. He had not been seriously sick during the past twelve years.

The plan of treatment adopted was, for the relief of the sore throat, the following, to be used as a gargle:

R	Tannin,.....	3 j
	Ammon. muriat.....	3 ij
	Aquæ,.....	f 3 iv
M.		

As a resolvent to subdue the glandular enlargement I gave, tinc. iod. comp. six drops three times a day, and as an external application to the enlarged glands I prescribed:

R	Potass. iod.	3 ij
	Aquæ, ...	f 3 iv
M.		

Each evening before retiring pledgets of cotton saturated with this solution were applied to the enlarged glands, and kept in place by an external covering of rubber cloth.

A favorable experience in the treatment of glandular enlargement of strumous origin, by the constant electric current, induced me to try it in this case.

Each of the largest tumors, on every second or third day, was subjected to electrolysis. An insulated needle attached to the negative pole, was introduced into the gland. The positive pole enveloped in wet sponge was passed over the adjacent tissues, during a period which varied from five to twenty minutes. The time required for thorough electrolysis varied with the quantity of the current that could be used, sometimes only six elements were intensely painful, while at others sixteen elements were well borne. If the cutaneous surface was saturated with the iod. potass. solution, the application of a feeble current was intensely painful.

Each time the electricity was continued until the withdrawal of the needle was followed by an aqueous discharge, untinged by blood. Puncture of a gland without thorough electrolysis was always productive of a flow of blood, which continued until arrested by pressure.

During the latter part of December, this treatment was interrupted by an attack of facial erysipelas. At the expiration of ten days, the patient was again able to visit my office, when the treatment was resumed, and continued through Jan. and Feb. 1886. During the three months that had elapsed since beginning treatment by electricity, there was no perceptible change in the size of the various glands. They rarely became painful after treatment.

On March 7th, he was again attacked by erysipelas, which began at the end of the nose, and spread rapidly until the whole face became involved and enormously swollen.

At the end of a week the erysipelas was under control. The subsidence of the swelling showed the enlargement of the glandular structures to be on the increase, especially in the post-cervical and lateral regions, and extending to and beneath the clavicle. The axillary glands and those in the inguinal regions now began to enlarge rapidly, and soon formed large clusters in those regions.

The advent of the latter enlargements, and their rapid growth, gave to the case an unfavorable aspect.

After recovering from the erysipelas, he did not regain his usual strength, though he was able to return to his business. Anemia now began to be apparent, and the cutaneous surface assumed a tawny, unwashed appearance that contrasted with the former healthy color. When performing labor which re-

quired him to stoop much, he complained of dyspnoea.

The remedies which have been used to this time (March 20) were proving to be unreliable. The iodine treatment was discontinued, and potass. arsenite substituted as follows:

R Liq. potass. arsenitis, ... f 3 ss.
 Aqueæ. f 3 iij ss.

M.

Of this a tablespoonful was taken three times a day. The electricity was used as often as he was able to visit my office.

April 3, he visited my office for treatment. At this visit there was evident subsidence of the glandular enlargement in all parts of the neck; but those in the axillary and inguinal regions were unaffected. This was the last time electricity was applied.

April 12, I was summoned to visit him at his residence. I found him much exhausted and unable to leave his bed. He informed me that he had been having a chill each day at about 10 A. M., during the three preceding days.

My visit was made at 10 A. M. His temperature now was 102°, pulse 90. Complained of pain in the right subscapular region. Auscultation over this region revealed crepitation. Coughed some, but this was not annoying. The urinary secretion was abundant and highly colored—almost blood-red. Its specific gravity was 1030. The cervical glands were much diminished in size. Six days after this the glandular enlargement in the different cervical regions had so far diminished that it was necessary to closely inspect the parts involved to detect any enlargement. Gradually the crepitant râles gave place to tubular respiration, while percussion over the right lung elicited the signs which denoted consolidation over the whole right lung. The urinary secretion continued to be abundant, and maintained a specific gravity of 1030 as long as I was able to secure it for examination. Its color was blood-red. A portion of the coloring matter subsided to the bottom of the chamber, and stained the surface a deep pink color. Though it looked as if it contained blood, no red corpuscles were detected by the aid of the microscope. Analysis showed the coloring to be *free urohæmatin*, which, when it appears in the urine in a free state, or in considerable quantity, is of great clinical importance, denoting rapid destruction of red blood globules, and excessive retrogressive tissue metamorphosis. Accurate analysis will almost always discover *urohæmatin* in the urine in small quantities. It is a normal ex-

cretion, resulting from blood corpuscles whose term of life has ceased, and as dead matter are removed, that others which are being constantly called into existence may take their place. "With every respiratory act, with every pulsation of the heart, thousands of blood corpuscles are destroyed and thousands reappear."

April 18, the patient became delirious.

April 19, the mental condition alternated between delirium and semi-coma. He seldom coughed. Up to the past two days he was able to move himself over the bed, and to assume any position desired of him. He now has to be assisted to turn in the bed, and passes his urine involuntarily. Death occurred April 20.

Seventy-two hours after death an autopsy was held. This was delayed to secure the consent of absent relatives. The body had been embalmed by the undertaker, who had introduced his embalming fluid into the brachial artery, without removing any of the fluids of the body.

There were present at the examination Dr. T. A. Dickey, of Middletown, O., to whom I am indebted for assistance in the work, and Dr. August Eckert, of Trenton, O.

The deceased, when in health, had possessed a fair amount of muscular development, and adipose tissue. Each of these had become greatly attenuated. Before opening the body, inspection showed the glands in the axilla and those of the groin to be enlarged. Only the abdomen and thorax were opened. The contents of the abdomen were first inspected. The right lobe of the liver was enlarged in all directions, its inferior margin extending not less than two and one half inches below the border of the ribs. It was indurated, but not nodulated. The left, or transverse lobe, was apparently atrophied, its border scarcely reaching to the median line. The spleen seemed to be uniformly enlarged in all directions, probably three times its normal size, and was quite hard to the touch. Beneath the capsule there was seen a whitish or grayish deposit, which, when the fingers were rubbed over the capsule, communicated a sensation of roughness. The stomach and intestines were normal in appearance, except a general enlargement of the lymphatic glands of each. The glands along the greater and lesser curvature of the stomach, and those of the large and small intestines and mesentery, were all in a state of enlargement, and varied in size from that of a hazel-nut to that of a large hickory-nut. The deep lymphatic glands of the abdomen and pelvis were all hypertrophied. So far as

the unaided eye could determine, the pancreas and kidneys were not diseased.

The left lung was slightly congested, evidently hypostatic. The right lung was hepatized in all its parts, and was of a dark gray color. When cut into, serum, and not blood, exuded. Small deposits of calcareous matter were found in this lung. Between the pleura pulmonalis and pleura costalis there were extensive adhesions of recent origin. The pericardium contained only a small amount of fluid. The heart was normal in size, but its muscular tissue was softened, and was easily broken up.

The bronchial glands were enormously enlarged. Some of them were in a state of softening, the capsule breaking easily and giving exit to a variously colored matter, resembling lard with coloring matter mixed with it. Others contained calcareous concretions. From the degenerations which were taking place in the glands they were probably the first to enlarge. The cadaver contained but little blood—much less than usual.

I think there can be no doubt that the immediate cause of death was pneumonia. How long life would have continued, had not this complication intervened, is a question on which we can only conjecture. The pathological anatomy, except the pneumonia, is that of *malignant lymphoma*, or Hodgkin's disease. The literature relating to the latter disease shows it to generally end fatally. Gower, who writes the article relating to it, in *Quain*, says: "Where the disease is widespread or the local growths considerable in size, a fatal termination is almost certain." This author designates it by the term, *lymphadenoma*.

Birsch-Hirschfeld says: "In some cases it lasts only from two to six months; in the majority, about one year; cases of over three years' duration are very rare."¹

This writer is probably the author of the term *malignant lymphoma*. He seems to doubt that any case has recovered. He refers to the cases treated by Winnewarter, and at the clinic of Billroth, by arsenic.

In the *Canada Med. and Surg. Journal* for July, 1883, two cases are reported, which were treated by arsenic, and decidedly benefitted, but not cured. In the case which I have reported the glandular enlargement on the neck and face continued to increase from August 26, to Nov. 28, 1885. On the last date treatment by electricity was commenced.

During the three months following there was no perceptible increase in the size of the

glands. After the second attack of erysipelas a rapid growth began.

March 20, Fowler's solution was first administered. April 3, a diminution in size was perceptible in those regions to which electricity had been applied. All those glands had not been punctured by the electric needle; only the largest ones. But those thus treated did not disappear faster than the adjacent glands. All the glands in those regions began a retrogressive movement about the same time. Did electrolysis of one gland influence adjacent glands? is a question not without interest. When we reflect that no enlargements except those of the face and neck were diminished, and that in other localities, where they were accessible to the touch, the glands continued to grow, it would seem that the change was affected not by either electricity or Fowler's solution alone, but by a combination of the two, the former being *catalytic* and the latter *eutrophic*.

While we are ignorant of the essential pathology of a disease, all treatment must, of necessity, be empirical. All we know of this disease is, that certain states of hematosis accompany or follow the glandular enlargement. But whether the cause is in the glands, the blood, or the nervous supply of the glands, we are ignorant.

If the empirical administration of arsenic leads to success in treatment—and there is evidence that this has been partially attained—cannot this be regarded as presumptive evidence that in the ganglionic nervous system is the *fons et origo mali*?

ABORTIVE TREATMENT OF TYPHOID FEVER.

BY F. MCTAGGART, M. D., OF SAN FRANCISCO,
CALIFORNIA.

Much has been said relative to the abortion or abbreviation of the course of enteric fever. Remedies of only ordinary utility have been vaunted as of special importance in this direction. New agents have been put forward with such praise that although prefaced by the writer with the expression of a non-belief in specifics, their overrating has given to them no other color than that of admirable specifics, and led to such reliance upon their employment as to produce much mischief. Drugs enthusiastically presented to-day are rejected to-morrow. A course of treatment plausibly advanced in the medical journals by some confident experimenter as of unwonted value, is denounced at once by

¹ Ziemssen, Vol. xvi. p. 844.

medical authority as of but little utility, or of no value whatever. Valued results from scientific investigation by eminent men in the profession are not unfrequently examined by those of equal prominence, only to be consigned to oblivion. What one famous teacher has found of paramount importance in abbreviating the duration of the disease, another absolutely fails to find of any virtue. This clashing of opinions and disagreement of conclusions opens such a field of doubt and uncertainty as to the nature and virtue of medicinal agents that the tendency is to such skepticism in medicine that the most palpable facts receive but passing attention. The conviction that medicines can only modify or mitigate violent symptoms, deters one from giving results of his own experience, however successful they may be.

It is, therefore, with hesitancy that I suggest a method of treatment which I have found to act as an abortive—in some measure at least—of this disease.

As I regard the cause of typhoid fever to be a germ which permeates the system through the breathing passage, and deranges the whole alimentary canal, I begin by charging the atmosphere of the patient's room with what I conceive to be antagonistic to the previously inhaled source of the disease; as spirits of turpentine and liq. sodii chlorinati are deadly to animal and vegetable parasites, the air is well charged with these. The former is not only destructive to disease germs, but is, when sprinkled about the room, productive of ozone. Be this as it may, a room thus deodorized is better for both patient and attendants. Next, whenever the strength of the patient warrants the procedure, I wash out the stomach with the following preparation, after cleansing with warm charcoal water:

R. Liq. sodii chlorinati.....f 3 ij
Vini gallici.....f 3 j
Aque destil. q. s. ad.....O j

M.

The process does so much good and causes so little fatigue, that I withhold it only when life is threatened, or the disturbance is but slight. The washing having been thoroughly but gently done, I give enemata of charcoal water, well charged with the charcoal, and follow the dejections with enemata of sweet oil, to which has been added naphthalin, 15 to 20 grains to the pint. Subsequently the bladder is washed with warm water holding in solution two drachms of boracic acid to the pint, and one thirtieth of a grain of biniodide mercury is given every two hours. If diarrhea is present the mercury

is not given; if it comes on the mercury is withheld, and naphthalin is administered in from five to seven grain doses every two hours. With an irritable stomach the initial dose should be smaller, till a tolerance of the medicine is established. Failing in this, I select benzoate of soda with ergot, and employ strychnine during the whole course of the disease.

For reducing fever I have found an excellent agent in the nitrate of ammonia. It was suggested to me by Dr. A. B. Stuart, of Santa Rosa, Cal., who with much show of reason ascribes to it still other virtues in the treatment of typhoid fever. It should not be employed with the mercury, nor with Labarraque's solution. Frequent washings of the stomach are not necessary as the first has already reached the seat of the disease so far as washing the stomach can; and subsequent morbid deposits are dislodged with sufficient frequency by the washing every second or third day. As feculent matter readily accumulates in the lower bowel, the enemata of naphthalin and olive oil are repeated once or twice a day, not forgetting the previous cleansing with charcoal water. Cleansing the bladder or medicating it with the boracic acid solution, is done as often as the condition of the urine indicates. Epistaxis, if serious, may be controlled at once by forcing tincture of benzoin well up the nostril with a small syringe. Injections of equal parts of milk and spts. of turpentine, thrown up well, control hemorrhage from the lower bowel, and act favorably in ulceration. But, as it is uncertain whence hemorrhage proceeds, I give by the mouth benzoate of soda with fluid extract of ergot, and Bartholow's pill of sulphate of copper, quinine and morphine alternately.

Now, while placing some reliance upon the medication by the mouth here presented, I attribute the abbreviation of the disease chiefly to the other mode of treatment. Not that the adoption of one to the exclusion of the other would prove efficient, but my experience leads me to believe that both combined will abort typhoid fever, if taken at the beginning, and at a later period would be attended with great success.

—A recent estimate shows that about one-fourth of the population of New York, Boston and London receive free treatment at the medical clinics; in Philadelphia, one-fifth, and in Liverpool over one-half the population.

REPORTS OF SOCIETIES.

THE CLINICAL SOCIETY OF
MARYLAND.*Stated Meeting, held May 5, 1887.*

DR. HIRAM WOODS read a paper entitled,
Review of Some Recent Literature on Chloroform and Ether,

the concluding part of which is as follows :

DR. SAYRE allows his patients to inhale only air which has passed through chloroform. He produces narcosis by giving from 15 to 30 drops. While I am unfamiliar with the inhaler used by Dr. Sayre, there has been in constant use at the Presbyterian Eye Hospital for some months an inhaler constructed on the same principle. All inspired air passes through a small sponge moistened with chloroform. I have seen chloroform used almost daily at the hospital for the past five years by the old towel-cone method. The first time that I used this inhaler, I was surprised to find my patient narcotized by about 20 drops of chloroform. Has this method any advantages over the old plan, or is it more dangerous? I have already given Dr. Sayre's opinion that it is safer because more chloroform must be given by the old method to produce anæsthesia, and there is more danger of the patient's system becoming saturated with it. I can hardly think that Dr. Sayre means to say that by the old plan a patient can inhale one atmosphere of pure air and another of chloroform. The inspired atmosphere is a *chloroform* atmosphere of greater or less saturation. There are several factors which will determine the degree of chloroform saturation. The most important are the amount of chloroform poured on the towel cone, the distance it is held from the patient's face, and whether the anæsthetizer moves it about or keeps it still. Chloroform vapor has a greater specific gravity than air; consequently it displaces air downwards. The farther it is held above the patient's face the more air it must displace, and hence, the more of its own antidote will it meet before it is inhaled. Hence it will be weaker when inhaled and have less physiological effect. The same course of reasoning will apply to moving it about and bringing it into contact with a greater amount of air, and to the amount poured on the towel. Rarely less than 3ii to 3ss of chloroform are poured on the towel. If this is held *still* an inch or so from the

patient's nose and mouth, it is easily seen how he may be compelled to breathe an atmosphere which is almost pure chloroform, and so the system may become, as Dr. Sayre says, saturated with the anæsthetic. I do not, however, believe there is as great danger of saturating the system by the old method as Dr. Sayre implies. If the towel-cone is held at a proper distance (four to six inches) from the face and moved to and fro, undoubtedly more chloroform is *used* in producing narcosis. The excess has little, if any physiological effect. Air is its antidote, and it is the admixture with air which necessitates the extra amount of chloroform. The chloroform vapor must be absorbed before it affects *any* physiological function, and the air antagonizes it *before* it is absorbed. Hence, its action is modified all along the line, and if the large amount of air postpones narcosis, it must also lessen the influence of chloroform on the rest of the system. The advantage of the inhaler lies in the *certainty* which it gives as to distance and dose. Even a careful man may occasionally hold his towel-cone with its 3ii of chloroform very near the patient's nose, and force him to breathe an atmosphere which can kill him. The danger of this is reduced to the minimum by the inhaler. We have seen that by *any* method of inhalation it is only a question of the degree of chloroform *saturation*. A definite amount (15 drops), poured on a sponge through which the same quantity of air passes at all times, gives the patient a *fixed* and *definite dose*, which can be repeated or not, according to the effect it may have. "If," as Dr. Sayre says, "any peculiar disposition or some other unknown cause" interferes with heart action, this small amount may easily be eliminated, and we have not given an unknown overdose.

A word may be said about the value of statistics. Dr. Weir based his defence of ether largely on the statistical argument. Dr. Gerster, on the other hand, would not admit its value because it is impossible to get all the facts. He knew of *five* ether deaths in one hospital which had never been reported. As to the contradictory evidence of statistics, there was a good example at the very meeting of the New York Academy at which Dr. Gerster's paper was read. Dr. Weir reported 1 death in 2158 cases in defence of ether. Dr. Knapp, also in defence of ether, reported from his own practice 3000 cases of chloroform anæsthesia and no accident. In Ashhurst's Surgery, Prof. Chisolm is quoted as having collected, up to 1877, 250,000 chloroform cases with 12

deaths, or 1 in 20,834. From other sources the average is put to be nearly one death in 23,000 from ether, and one in 2800 from chloroform. The latter is generally supposed to be near the truth. Part of the bad showing for chloroform is to be explained by the diligent search which is made for chloroform deaths, the readiness with which the blame is put on chloroform, and the equally great reluctance to blame ether if anything else can be found as a scapegoat.

Again, many deaths are unquestionably due to faulty administration. But this of itself is something of an argument for ether. It takes *time* to get *experience*, and comparatively few *young* men have a chance to get instruction in a hospital where chloroform is habitually used. Hence an anæsthetic which is "not so inexorably followed by disaster" if badly given, or improperly selected, is to be preferred for general use.

In estimating the value of statistics, doubt is sometimes thrown on the cases furnished by the eye surgeon on the ground that he does not have to use much chloroform in his operations. If the *Medical News* is correct in its interpretation of Dr. Knapp's "primary anæsthesia" (*i. e.*, "before profound narcosis"), his remarks would seem to give support to this assertion. I think, however, that Dr. Knapp means the *first profound* narcosis which is induced. In other words, that he has seldom to renew the anæsthesia on account of his patient waking up. It is a common thing to see the arms drop to the sides, and *apparently* total relaxation, while the slightest touch of the cornea will be followed by spasmodic closure of the lids. With the exception of the rectum and female genital organs, operations on the eye probably require deeper anæsthesia than those on any other part of the body. The chloroform deaths which are absolutely unavoidable are those which come from heart failure. These usually occur *early in the anæsthesia*; either during the stage of muscular rigidity or at the first appearance of relaxation. The eye-surgeon is as apt to have these as any one. He does not, however, run the risks of prolonged anæsthesia which the general surgeon does. These risks I honestly believe depend, as a rule, more on the anæsthetizer than on the anæsthetic. Even if ether be used, its primary effect of stimulation soon gives way to its secondary effect of sedation as the *dose* is increased, and it has to be given with extreme care. The deaths in *prolonged anæsthesia* do not generally occur *suddenly*, but slowly from embarrassment of the respiration and gradual failure of the heart. Important

factors which must determine the result in such cases of collapse are the ability of the anæsthetizer to detect the first and slightest signs of danger, and the character and promptness of the means which are used for resuscitation.

In conclusion a few words may not be inadmissible on the preparation of the patient for anæsthesia and the treatment of collapse. We have seen that with both ether and chloroform there is danger of sudden death from heart paralysis. To sustain the heart over the period of anæsthetic depression is the problem. The oldest and most common practice is to give from $\frac{3}{4}$ ss to $\frac{3}{4}$ i of whiskey twenty minutes to half an hour before anæsthetization. Objection has been made that the secondary effects of alcohol are depressing. Unless the operation be a very long one, this is hardly a strong argument against its use, because the anæsthetic is administered during the stage of stimulation. More forcible objections are (1), that the whiskey is given by the stomach and may produce vomiting if it is not all absorbed, and (2) that it may not be absorbed rapidly enough to have effect. To overcome these, we want something which will stimulate the heart and yet will not have to enter the stomach. Such an agent many surgeons think is found in morphia. Its primary effect in small doses subcutaneously is to stimulate the heart. Then again its sedative secondary action helps the anæsthetic, of which a smaller quantity has to be given and largely prevents the vomiting and suffering which is incidental upon the recovery from an anæsthetic. To the morphia (gr. $\frac{1}{2}$ to $\frac{1}{4}$) a small amount ($\frac{1}{16}$ gr. to $\frac{1}{8}$ gr.) of atropia is added. An editorial in the *Medical News*, Vol. XLI., No. 12, explains the use of atropia by quoting the demonstration of Vulpian: "The excitability of the pneumogastric is increased by anæsthetic agents—whence the vomiting and sometimes cardiac arrest. Morphine, while it increases the anæsthetic action, does not to any considerable extent lessen the effect on the pneumogastric nerve; but atropine by removing the inhibition exerted by the vagus, removes the most important source of danger." There is abundance of clinical evidence to support the administration of morphine and atropia before the administration of anæsthetics. It seems to accomplish all that alcohol can, and to do more: prolong anæsthesia and lessen the danger of vomiting.

There are only one or two points in reference to collapse to which I would allude. One is that the best evidences of approach

ing trouble are to be gotten from the condition of the respiration, the action of the pupil and the complexion. If the first warning comes through the pulse the trouble is usually one for which we can do little or nothing. If the heart once stops, it is generally for good. The best and indeed only treatment for heart failure of this kind is the administration of a heart stimulant before anæsthetization is commenced in hopes of preventing collapse altogether. Even then it will sometimes occur although more rarely than if nothing at all is given. I know that there is often a *gradual* weakening of the pulse which portends danger; but this is accompanied by shallow and slow respiration and pallor of the face. These latter usually precede the weakening of the pulse, and should have the anæsthetizer's attention. The least change observed in the complexion or depth and regularity of respiration demands prompt treatment. The same may be said for the condition of the pupil. If it dilates while the patient is inhaling the anæsthetic or during narcosis, means of resuscitation should at once be used.

Promptness in interfering is all important. This was one trouble with the first case narrated by Dr. Packard. After the radial pulse became weak, the operation of perineal section was continued and efforts to resuscitate postponed because some one imagined the pulse in the *posterior tibial artery* was good.¹

The reporter of this case also criticises the *suffocating manner* in which a large amount of chloroform was given by a "raw-dresser," and the fact that the man was treated for suffocation by tracheotomy instead of for heart failure. Had he been treated for the latter trouble, he believes "the chances for recovery might have been increased."

Next to *promptness* on the *slightest evidence* of trouble is *position*. The patient should be turned head down. I mention this specially because in some of the reported deaths it was evidently omitted. The head should be kept down during artificial respiration if this latter is necessary. In the chloroform cases at the Eye Hospital during the past six years, I have seen many patients with pallor and bad respiration revive as soon as their heads were lowered. In only two was artificial respiration necessary. One was a boy of 12 and the other a feeble old man of 84, with mitral regurgitation. Prof. Chisolm, whose large experience is known, tells me he has never seen a

patient fail to respond if inverted on the first appearance of *pallor* and has never had to resort to artificial respiration. As to hypodermic injections of stimulants, they are, it seems to me, only useful if the circulation is good. But with a fair circulation the above means are generally sufficient. With a very feeble, or no circulation, I doubt if the injections are even absorbed. In some reported cases from collapse from *ether*, I notice that more ether has been injected—probably on the ground of its primary effect being that of a cardiac stimulant. This seems to me to be wrong. Alcohol also is a stimulant; yet no one would inject more whiskey to revive a man who was dead-drunk. The case seems to me to be the same with ether. If it is absorbed at all, it can only add to the collapse. Atropia or ammonia would be the proper remedies, if any would be useful.

In the foregoing I know I have given no facts that are either new or original. From time to time the subject of anæsthesia comes up for discussion among all surgeons. The papers from which I have largely drawn in the preparation of this put this discussion on a new basis. It is now not: "Is one anæsthetic safer than another;" but "what are the clinical indications which are to be our guides in making the selection!" This method of discussing the subject is comparatively new.

Discussion.

DR. G. J. PRESTON said he felt very much interested in the paper of Dr. Woods. He remembered a discussion in this Society a few years ago, when chloroform was decided to be the better agent. The physiological action of the two drugs is an important factor. With chloroform the effects are sudden. With ether we can see the danger coming. The fact that oculists have been so successful with chloroform is due to the stimulating effects which chloroform first produces and that the operations are short. He thinks that the cases should be selected for the anæsthetic. Where there is bronchitis and other affections of the air-passages chloroform should be given. For prolonged operations without these complications, ether is best.

DR. J. G. WILTSHIRE said he was very much pleased to hear the paper. Chloroform depresses the heart, and stimulants are indicated. If chloroform inhibits the action of the pneumogastric nerve, does not atropia stimulate the excito-motors?

¹ *Medical Times and Gazette*, Oct. 15, 1853.

DR. ROBERT JOHNSON said such discussions should come up every year, because administrators of anæsthetics become so taken up with the one that they use, that they become careless as regards their danger. He called attention to two cases. One was a case of hare-lip. He gave chloroform, and the child died on the fourth day with capillary bronchitis. The other case was a man with Bright's disease, to whom he gave ether, and he made a good recovery. Atropia stimulates the respiratory centers; amyl nitrate is also a good stimulant.

DR. J. T. SMITH said the subject under discussion is an old one, but it is constantly recurring. The tide fluctuates in both directions; when men of great experience give such diverse opinions, both agents must be good. Ether is now more used than formerly, so more deaths have been reported. The safety of anæsthetics in ophthalmic practice is due to the fact that the operator is at the face of the patient and can observe more clearly any changes that might take place. He was glad that the subject was brought forward for discussion.

DR. W. B. PLATT said ether had won its way into England, where at one time prejudice was greatly against it. Chloroform is used more in Germany. Morphia was advocated by Prof. Tieste, of Leipsic. It was thought by its use less anæsthesia would be required. There will always be some cranks against the use of one or the other of the anæsthetics, just as similar individuals oppose vaccination, for example. He thinks that we will soon settle down to the use of ether again.

DR. G. H. ROHE said that he had had a good deal of experience with ether, and never had failed to anæsthetize his patient. He had one patient who died on the third day after operation for vesico-vaginal fistula, from pneumonia. What the cause of the pneumonia was he could not say. He now always has patients well protected by covering during ether administration. He never believed in Dr. Emmet's statement about the danger of ether in Bright's disease. He believes it is not good to give it in bronchitis. Ether increases the bronchial secretions, and the accumulations may be so great in the lungs as not to be thrown off. He believes that Dr. Sayre's method of giving saturated chloroform vapor is a dangerous one. Death usually takes place upon the addition of more chloroform. Both ether and chloroform depress the heart, as sphygmographic tracings have shown. He has not given alcohol for ten years, but uses

morphia and atropia before the anæsthetic. It reduces the reflex irritability of the larynx to the ether vapor.

DR. W. P. CHUNN said he had given both anæsthetics and never saw a life lost. Five or six years ago chloroform was in more common use than ether. Chloroform is more powerful in its effects and likewise more rapid, consequently more dangerous. Even if the chloroform is stopped before the muscles are relaxed anæsthesia will increase for a time. Chloroform in certain cases is fairly safe. A great deal depends on how it is given. In regard to ether he had never seen an accident.

DR. W. H. NORRIS thought that a great deal of the trouble which comes on from anæsthetics is due to the quality of the drug. He had given chloroform many times and he had only seen one case where it acted badly. Chloroform was used during the late war by all army surgeons and they agreed that it was the best anæsthetic. He had had little experience with the use of ether. He related a case of puerperal convulsions where he gave four ounces without effect. He asked the opinion of the members as to the use of the combination of chloroform and ether.

DR. W. WINSEY said, as to which is the safer of the two drugs, that those who use them will be guarded by the effects of either. He prefers ether. A patient under the influence of an anæsthetic is never free from danger, the administration of which should be entrusted to competent hands.

DR. C. W. MITCHELL said he had given both agents for the past seven years—though chloroform has been in more general use. He began its use at the Presbyterian Eye and Ear Hospital. He finds now that ether is more generally given than chloroform. Anæsthetics should be given as other drugs are; ether is not comparatively safe nor comparatively dangerous. Care should be practiced in the selection of cases. He had seen two deaths from the effects of each drug. The fact of concentration should be considered in ether as well as in chloroform. The bronchial secretions increased by the influence of ether, should be allowed to escape by turning the head to one side and pulling the lips apart by placing the fingers in the patient's mouth. The snoring of ether is the result of the accumulation of mucus in the pharynx. Of the two deaths from chloroform, in the first case the drug was given by an inhaling apparatus and only $\frac{2}{3}$ of one teaspoonful was used; in the second case a towel was used for the administration and the chloroform was only poured on once;

both patients died suddenly. In the first case of death from ether the patient died on the ninth day from pneumonia. He thinks that chloroform would have been better. The second case was a patient with cavities in both lungs, upon whom laparotomy was performed. The fifth day afterwards acute pulmonary trouble came on, producing severe pulmonary hemorrhage and finally death. Kidney trouble renders both drugs dangerous.

DR. L. E. NEALE was glad to observe the practical turn which Dr. Mitchell had given to the discussion in trying to select special anæsthetics for special cases and special conditions. Just here he thought it interesting and important to note that chloroform had thus far held the lead as an anæsthetic during parturition, and out of many hundred thousands times it has been given not a single well authenticated case of death is on record. This was possibly explained by the physiological hypertrophy of the heart preventing cerebral anæmia.

DR. L. McLANE TIFFANY said the question is not between chloroform and ether, but when we have to produce anæsthesia, how can we best bring it about? It is wrong to think we have only two drugs to select from. The recognition of the disease, the choice of the remedy and its application are the essential points to be considered. There is no such thing as a best anæsthetic. Then it comes to the indications; contra-indications to the use of ether rest largely in the lungs. It has occurred to him to change the anæsthetic even while operating. Chloroform is better in such conditions. He related a case where he removed a tumor from a patient's neck. He began anæsthesia with ether, the secretions from the bronchial tubes began to pour out so fast that the ether was discontinued and chloroform used instead. The patient did well after the change. In the aged, say 70 years, he always gives chloroform, and also in the young. In all other cases, other things being equal, he gives ether. He then related a case where the patient had both bronchitis and heart trouble. He gave chloroform and the patient did well. He always precedes the anæsthetic with morphia and atropia.

DR. J. E. MICHAEL said it is fortunate that this subject does recur for discussion. The tide is very apt to turn with experience. He is not given to ether alone nor to chloroform, for experience shows that both are dangerous and must be carefully watched. In both cases of death from chloroform reported by Dr. Mitchell there was found disease of the kidneys. If other things are equal in a pa-

tient with kidney disease he does not know which he would choose of the two anæsthetics; where there is much bronchial secretions ether is contra-indicated. Chloroform is best in tracheotomy. Select the anæsthetic according to the indications. The death from ether in the case related by Dr. Mitchell was caused by hemorrhage which it excited. These discussions will compel us to look at the matter from a clinical standpoint. The tendency seems decidedly towards reviewing the ground and to determine which is the better agent to use under certain circumstances.

DR. R. WINSLOW said that he was struck while abroad by the faulty methods employed in Billroth's clinic in administering the A. C. E. Mixture. It was frequently given in the upright position. One patient died from such methods of administration.

DR. HIRAM WOODS, in conclusion, said: What has been said by the gentlemen who have spoken recalled a remark he heard Dr. Tiffany make in this Society about four years ago, when this same subject was under discussion. He said: "No matter what anæsthetic you give you put the patient in a position greatly resembling death, and it always needs care to avoid stepping over the line." The main stay in the use of any anæsthetic is the recognition of danger. Drs. Preston and Smith have alluded to the pallor of the face as being more apt to be noticed when the operation is about that part of the body, and this, to an extent, explains why the oculist does not have many accidents. Another reason is that it is impossible for the operator to be at work on the eye while the anæsthetic is being given. Dr. Chisolm was the first he heard give this reason. When the operation begins, giving of the anæsthetic stops. If the patient awakens the anæsthetic has to be renewed, the operator stops, and as he wants to get back to his work as soon as possible, there is not much danger of the patient getting an overdose. Dr. Smith has also alluded to operations about the peritoneum as being specially dangerous. In the remarks made by Dr. Weir at the New York Academy, deaths during operations on the peritoneum are excluded by the speaker from deaths due to anæsthetics, because, I suppose, any injury to the peritoneum is so apt to be followed by shock. He thought Dr. Wiltshire must have misunderstood him, or he must have used the wrong word. Vulpian's experiments showed that anæsthetics increase, not decrease the inhibition of the vagus, hence atropia antagonized them. As the doctor says, part of the good effect of atropia

undoubtedly comes from the direct stimulation of the cardiac ganglia. Dr. Johnson's case of capillary bronchitis following the use of chloroform in an operation for hare-lip and cleft-palate is open to the objection that the operation involved the respiratory tract. Dr. Gerster thinks that all such operations should be excluded when we are speaking of the effects of anæsthetic agents on the lungs. The reason for the occurrence of lung troubles after operations was thought by Dr. Weir to be due to free use of antiseptics in surgical practice and to the prolonged exposure of the patient. Dr. Platt says the use of morphia is not as common abroad as it formerly was. It has been found that large doses depress the heart and add to the danger. This is just what one would expect from large doses. The larger the dose the more transient is the stage of stimulation and more profound the stage of depression. The dose should be small, not over $\frac{1}{8}$ gr. to $\frac{1}{4}$ gr. at most. Drs. Mitchell and Rohé each report fatal cases of pneumonia after the use of ether. Dr. Mitchell says the pneumonia is always catarrhal. One of the cases reported by Dr. Gerster was lobar pneumonia in the stage of engorgement. Neither of these gentlemen think ether is contraindicated in nephritis. He knows nothing of ether experimentally, but a reference to Dr. Gerster's paper in the *Medical Record* will show that many cases have occurred which show that ether is very dangerous in Bright's disease. He could not see how Dr. Rohé can find, in Dr. Sayre's remarks, teaching which advises the administration of a saturated chloroform atmosphere. Dr. Sayre gives a summary of the principles he advanced in 1876, which are substantially the same as those which he holds now. He is not acquainted with the article which Dr. Rohé says was published by Dr. Sayre some years ago in which he recommends the administration of a saturated vapor. His present paper and the extract he gives from his teachings in 1876 are directly against such practice. He agreed with Drs. Rohé and Chunn that many of the chloroform accidents occur just after more chloroform is poured on the towel. He believes this is so, because the anæsthetizer often puts the towel with the fresh chloroform just where he had it before. Dr. Sayre's method of using an inhaler prevents this accident from occurring. As regards Dr. Pancoast's case he did not wish to acquit chloroform of its share of the work. All that he claimed was that it is clearly shown that Dr. Pancoast gives chloroform for slight operations in a manner which many recognized authorities

consider wrong. If the interview from the daily papers which he quoted is correct, the man died apparently from shock due to the performance of a slight but painful operation during partial anæsthesia. There was of course more danger under the chloroform than there would have been without any anæsthetic. There was also more danger than there would have been had the chloroform been pushed to full narcosis.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, June 22, 1887.

H. AUGUSTUS WILSON, M.D., in the chair.

DR. B. F. BAER, read a paper on

Cystic Enlargement of the Vulvo-Vaginal Gland.

This case is specially interesting because of the size of the tumor, and of a mistaken diagnosis which had been made.

The patient, thirty-six years of age, married, but sterile, presented herself at the Polyclinic, and stated that she had "a rupture which would not go back," although she had been kept upon her back as long as two days at a time, and had been bandaged and compressed until she could no longer endure the suffering. Truss after truss had also been adjusted, but all to no purpose. On inquiry, it was learned that about one year before coming under observation, she noticed a small lump near the posterior commissure of the vulva, corresponding with the location of the vulvo-vaginal gland. It was painless, and gradually increased from below upward. At the time she presented herself it was as large as a duck's egg. During the first nine months' of its presence it produced no symptoms, except slight inconvenience from the swelling, but about three months before coming under my notice the tumor began to occasion difficulty on account of its size, and the friction produced in walking, and from a most interesting symptom, namely, obstruction to the flow of urine. During the act of micturition the urine would flow regularly for a short time, and then it would suddenly cease, to be followed by great pain. By an effort she could again start the flow, and then it would again abruptly stop. During the last few months, the tumor had so increased in size as to approach the symphysis pubis.

On examination, I found an elastic tumor making compression upon the urethra, and the mechanical interference was at once ex-

plained. When the bladder became full, the effort to empty the organ overcame the obstruction from pressure of the mass for a time, but as soon as the straining ceased the urethra would be again suddenly closed by the tumor. It required considerable force to displace the tumor so as to see the urethra. The tumor was not tender on pressure, and there were no signs of inflammatory action about it. There was marked fluctuation, and its size was not affected when the patient was in the recumbent position. The inguinal canal was empty, and there was nothing in the shape or character of the tumor which would indicate that it contained intestine. The diagnosis lay between hernia and hydrocele of the labium majorum, both of which are exceedingly rare, and abscess or cystic enlargement of the vulvo-vaginal gland, although the tumor was much larger than any I had ever seen from the latter cause. I advised its removal by extirpation, because my previous experience in the treatment of this disease has taught me that radical measures are necessary. The patient entered the hospital, and in the presence of the Polyclinic class I proceeded to operate. An incision was made at the lower and inner surface of the tumor, my intention being to try to enucleate it entire. But the cyst was ruptured by the effort, and a yellowish fluid escaped of the consistency of thick cream, but without odor. I next passed my finger within the collapsed sac, and found that it occupied a very extended surface—from the upper portion of the labium down to the ischio-rectal space. The secreting surface or membrane was very thick. It was not likely, therefore, that anything short of removal of the gland would effect a permanent cure.

This has been my experience with these cases, as I have said. But hemorrhage is sometimes great, and this has caused most authors to advise simply evacuation of the fluid, and injection or packing with iodine, or some other agent, to destroy the surface. It will be remembered that the gland is in close relation with the transverse perineal artery below, and with the bulb of the vestibule at its upper extremity. When, however, the organ is diseased and hypertrophied, the blood-vessels become greatly enlarged, as during pregnancy, making this locality much more vascular. Then the gland, as the result of its increased size, extends much further up, and becomes surrounded by the network of veins called the bulb of the vestibule, and there is closer contact with the vessels at the lower surface of the gland.

In pursuance of my original plan, I en-

deavored to separate the sac from its close attachments with the handle of the scalpel; but this I was unable to do, and I was compelled to dissect it out with the edge of the knife. The extent of surface was much greater than I had anticipated, even, and the hemorrhage very considerable; that from the arteries was controlled by ligation, but I found great difficulty in checking the venous. Hot water and compression failed, and I was finally compelled to pack the cavity with pledgets of cotton saturated with Monsell's solution, and supplement this with pressure applied by vaginal tampon and with a compress held in position by means of a "T" bandage. The dressing was permitted to remain in position twenty-four hours (there being no untoward symptoms), when the bandage and compress were removed. I now ordered the constant application of lead-water and laudanum, which gave great comfort, as the parts were hot and somewhat swollen. Very little pain was complained of, however.

The next day a part of the packing was removed, and a little more each day after—as much as came away easily. Irrigation with carbolyzed water every four hours, and the constant application of the lead-water and laudanum, constituted the after-treatment. At the end of a week the last pledget of packing came away, and in another week the patient left the hospital, the wound having almost entirely healed. I was much gratified with the rapid recovery, for I feared that there might be extensive sloughing and granulation.

The operation occurred some months ago. The patient is entirely cured.

In simple retention cysts I have succeeded in curing the case by incision and packing. In abscess of this gland, treatment of that kind will usually be sufficient. One word in regard to the cause of these cysts. In the present case I do not know the cause. A common cause is injury from coition or from childbirth, the former most commonly. It sometimes occurs as a result of the first coition. There is no doubt that some of the cases have a gonorrhœal origin, but I do not believe that this cause is as common as is often stated.

Discussion.

DR. J. C. DA COSTA said: I remember distinctly two or three cases seen within a few months. In one case a large quantity of fluid was removed. Another case was of chronic inflammation in the left labium. I opened it, and treated it in the ordinary way, but it rapidly returned. I then thought of dissecting it out, but fearing just what Dr.

Baer met with, tried another method of treatment, which has succeeded well in some cases. After emptying the cyst, I took a curette and scraped the inside; then, with a swab, applied a strong preparation of iodine, consisting of pure iodine with iodide of potassium dissolved in glycerine. I next took two or three deep sutures, bringing the walls in close contact, and in that way succeeded in obliterating the whole sac.

DR. J. B. DEEVER said: With regard to the causation of these tumors of the vulvo-vaginal gland, my experience is not in accord with that of Dr. Baer. I have not found injury a common cause. The majority of cases which I have seen have apparently arisen without any special cause. I cannot understand the difficulty experienced in the arrest of hemorrhage. I should simply pack the sac, and stitch the edges of the wound over it.

DR. W. S. STEWART said: I have had some experience in operating on these cases. I do not use a general anæsthetic, but prefer to employ cocaine solution. I find that cocaine, in from a five to ten per cent. solution, has an astringent effect. In a case in which I employed this in the removal of

one of these glands, I had expected hemorrhage, for the arteries in this location are numerous, and the veins valveless. During the removal of the gland I had no difficulty in controlling the bleeding by applications of the solution. After the operation the use of sutures brought the surfaces accurately together, and there was no subsequent hemorrhage. In order to keep down inflammatory trouble, I made applications of phenol sodique.

DR. BAER said: The arrest of hemorrhage would not seem to be a difficult matter where the gland is of normal size, but when the organ increases to a large size the vessels become much larger. If Dr. Deaver had seen the efforts which I made to check the hemorrhage by pressure, I think that he would have agreed with me that it was difficult to control. I had feared that I might have a granulating surface and some sloughing. The wound, however, healed nicely, and I have not had a better result under the best antiseptic precautions. Cocaine would not have arrested the bleeding, for the hemorrhage did not come from the incision, but from the vessels beneath the tumor.

EDITORIAL DEPARTMENT.

PERISCOPE.

Operation for Intra-Cranial Hemorrhage.

On June 21 Professor Thornley Stoker, of London, operated on a man about 50 years old, who had sustained an injury to his head on June 12. His symptoms pointed to a fracture of the skull with intra-cranial hemorrhage engaging the motor area of the right hemisphere. He had left hemiplegia, was comatose, and had such interference with the functions of respiration and deglutition as pointed to the existence of pressure at the base of the brain. He was getting worse, and sinking rapidly. Two large trephine openings were made over the parts of the motor area indicated by the paralysis, and a clot, due to rupture of the middle meningeal artery, was removed without much difficulty. It was an inch thick, and over four inches in diameter. The patient recovered consciousness and partial use of his arm and leg while on the operating table. In three days he had fully recovered all his faculties and has since progressed uninterruptedly towards health. The case was treated all through with antiseptic measures.

Examination of Urine by Country Practitioners.

Dr. James Ware, of Marksville, La., in a paper read before the Louisiana State Medical Society, and published in the *New Orleans Medical and Surgical Journal*, July, 1887, says:

"Within the last few years I have been very much impressed with the necessity of examining the urine as a means of diagnosis. It is to be supposed that city physicians, whose opportunities for study and improvement are so great, never leave this important matter undone; but in the country I believe the urine is examined systematically by very few physicians. Even in cases of disease of the urethra, bladder, or kidneys, it is not always done; and frequently, when the necessity of it is felt, the urine is bottled and sent to some town or city where the necessary knowledge and instruments may be found. The risk of changes occurring in the fluid by time, temperature, etc., always ought to prevent the adoption of this method.

"The lack of practical skill on the part of country practitioners in important surgical

cases, and in cases of gynecology, and in those instances of profound disease requiring a high order of mind and long experience to diagnose correctly, I say the lack of skill here on our part is certainly to a great extent excusable. What we want to know is how unerringly to tell the common diseases of the country, and then successfully to treat them.

"It would undoubtedly be better for us and our patients to know how to treat properly, and bring to a favorable issue, the varied forms of malarial disease, the ordinary maladies of inflammation, the common diseases of women and children, than to be able skillfully to perform ovariectomy or lithotomy. Many country physicians treat these diseases remarkably well. As a class we are acute, industrious, and observing, and receive less for what we do than any other body of intelligent men in the world."

He urges and illustrates the importance of knowing how to examine the urine, and of doing it:

"In my opinion the time is rapidly approaching when physicians will consider it their duty every year carefully to examine the urine of every member of all the families under their medical charge. Conscientiousness on our part and increasing knowledge on the part of the people will demand it. It must be done for the same reason that we vaccinate—to protect against the inroads of fatal disease. The value of an early discovery of many diseases is indisputable. I ask you to look at tables prepared by medical examiners for life insurance companies, and note the large percentage of cases of incipient Bright's disease and diabetes discovered by this necessary examination.

"My principal object in writing these few pages is to call attention to the number of times that the urine is left unnoticed in cases where it should be closely examined. This paper is designed, not for those who know more of this subject than I do, but for those who know less. 'I came to call, not the righteous to repentance, but sinners.' Dr. Graves said that he wanted as his epitaph: Dr. Graves—he fed fevers. I want mine to read: Dr. Ware—he examined the urine."

Insanity and Oophorectomy.

Dr. William M. Leszynsky, in a paper in the *New York Medical Journal*, June 25th, 1887, says:

In only a small percentage of the insane can we discover a somatic basis for the mental derangement, although a multitude of abnormal physical conditions have been

credited with a causative influence in the production of insanity.

Insanity at times occurs in persons who are the subjects of phthisis, chronic nephritis, alcoholism, syphilis, and numerous other morbid conditions.

That the existence of any of these diseases does not render such individuals exempt from the development of mental symptoms is unnecessary to mention. If they do not act as an exciting cause, they are usually contributory elements in aggravating or increasing the gravity of the situation.

As is well known, the psychical causes are generally the predominating factors in the production of insanity, the constitutional predisposition and an unstable nervous organization being the fertile soil for its development.

The fact that the exciting cause of an attack of insanity can occasionally be justly attributed to reflex irritation arising from uterine or ovarian disease, cannot be questioned.

The premature and indiscriminate removal of the ovaries in cases of insanity and other neuroses has of late become so frequent and flagrant a procedure as to demand an emphatic protest against such reprehensible measures and such illegitimate practice.

He then gives the history of two cases in which the ovaries were removed for insanity, death following in one case, and the other patient continuing to be as insane as ever.

He adds: These two cases that have been under my immediate supervision amply demonstrate the fact that the removal of the ovaries was an illegitimate and unjustifiable operation, and wholly unwarranted under the circumstances.

Practical utility and conservative principles should never be sacrificed on the altar of presumable brilliancy and self-glorification. The jeopardizing of human life and the nullification of physiological functions should never be instituted through irrational enthusiasm.

Physicians who are dominated by their specialistic proclivities, thereby being frequently misled into irrationality in their procedures and methods, are, fortunately, not a preponderating element in the ranks of the medical profession.

If in any case of insanity the existence of a pathological condition of the uterus or its appendages can be unequivocally demonstrated, and such morbid state be by logical process and clinical evidence indubitably proved to be either the exciting cause or a preponderating contributory influence in the

production of the mental derangement, then, *and only under such circumstances*, after all other methods of treatment have been exhausted, can surgical interference such as oophorectomy be considered a legitimate procedure.

A Sexless Being.

In the *Gazette Médicale de Paris*, Dr. Polaillon describes a remarkable case of malformation in a patient aged 31, who died of hepatic abscess in the Hôpital de la Pitié. The patient had been a tailor, then a general dealer. He presented the external appearances of a woman, being completely beardless, and bearing small but distinct mammae. His voice was feminine, his stature low, and he was a great coward, displaying much mental perturbation at the prospect of dressing his abscess, and shrieking during the process. The pelvis was broad, and quite of the female type. From a distinct and prominent mons veneris ran two cutaneous folds, corresponding precisely to labia majora; they joined posteriorly in front of the anus. The penis was hardly an inch and a half long, but perfectly formed, and the relations of the corpora cavernosa, glans, and urethra were normal. The prepuce was long, and formed a phimosi. The scrotum was small and perfectly empty, and there was no depression or cavity representing a vaginal or vulvar orifice. The most remarkable feature of the case was the entire absence of testes, spermatic cord, and vesiculæ seminales. The neck of the bladder was of the male type; no trace of ovaries or uterus existed. The rectovesical pouch was very deep.

Boracic Acid for Leucorrhœa.

From the excellent results which are yielded by boracic acid packing in chronic suppurating otitis, Dr. N. F. Schwartz (*St. Louis Courier of Medicine*, June, 1887) was led to employ it in a case of leucorrhœa which had resisted the most persevering use of the ordinary remedies. The experiment was successful within a fortnight, and the patient has remained well for several months since. Dr. Schwartz states that he has been equally successful in a number of other cases. His manner of using it is as follows: Having first irritated the vagina with water at as high a temperature as can well be borne by patient, a cylindrical speculum is introduced, and the vaginal walls very carefully dried, first with a soft sponge and then with absorbent cotton. This done, boracic acid in crystals is poured into the mouth of the speculum, and pushed up against the uterus and vault of the vagina

with a clean cork caught in a uterine sponge-carrier, sufficient acid being used to surround and bury the intravaginal portion of cervix, filling the upper part of vagina. A tampon of absorbent cotton is then firmly pressed against the packing, and held *in situ* until the folds of the vaginal walls close over it as the speculum is withdrawn.

This should be allowed to remain three or four days, or even longer, as after this time there still remain some undissolved particles of the acid, nor will the tampon seem at all offensive. The ostium vaginae, if examined in twenty-four hours, instead of being besmeared with the leucorrhœal secretion or discharge, presents a clean appearance, and bathed in a watery fluid, which begins to appear several hours after the packing has been placed, and in his cases this was the only discharge noticed afterwards.

However, a second or even a third repetition may be necessary, but in none of his cases, numbering nearly a score, has he found more than a second packing called for, and in many one sufficed; and in no instance has its use occasioned pain, not even inconvenience.

Apomorphine and Morphine in Whooping-cough.

Dr. P. F. Fedoroff states that he has obtained good results in whooping-cough by the internal use of the following mixture:

℞ Morphine, muriat. gr. ij
Apomorphine, muriat. gr. j
Acid. muriatic. ʒ ss
Aq. destil. ʒ vāj

M. D. S., a teaspoonful four times a day.

The paroxysms are lessened both in number and frequency after the few first doses of the mixture.

New Views on Prurigo.

Dr. Tom Robinson, in the *Jour. of Cutaneous and Venereal Diseases* for July, 1887, sums up his observations in the following postulates:

I.—There is not such a disease as *prurigo*.

II.—That all cases of itching skins have a recognized and discoverable cause.

III.—That all the group of symptoms which are known as prurigo are the result of scratching, and are simply symptoms.

IV.—All scratched skins which have advanced to an elephantoid state, and which have set up enlargement of lymphatic glands, are beyond the reach of remedies or hope.

V.—That the pruriginous skin of children has its origin in developing hair follicles, which progresses from birth to puberty, when it stops.

VI.—That excessive itching does not occur in those situations where the hair grows luxuriantly.

VII.—That what is known as winter prurigo is due to imprisoned hairs.

VIII.—That an irritable state of the skin is always associated with an irritable state of the mucous and synovial membranes.

Localised Facial Sweating.

Dr. N. A. Parfianovitch, of Kaluga, relates two instances of this rare affection, one occurring in his own person. About six years ago he went through an attack of typhus fever, complicated with suppuration of the right parotid gland; this left behind it a considerable impairment of sensibility in the masseter muscles and the skin of the right cheek, with marked liability to localised sweating. The perspiration, which is so profuse that large drops run down the cheek, is limited to the right temporal region, and invariably occurs during mastication. Another case is that of a lady, who also had a right parotid abscess, with subsequent formation of a deep scar, and who sometimes suffers from sweating limited to her cheeks, and coming on only on mastication.—*British Med. Journal*.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

—Ticknor & Co., Boston, announce "Home Sanitation," a manual for housekeepers, by the Sanitary Science Club of the Association of Collegiate Alumnae, edited by Ellen H. Richards and Marion Talbot. The object of this manual is to arouse the interest of housekeepers in the sanitary conditions of their homes, and to indicate the points requiring investigation, the methods of examination, and the practical remedies.

BOOK NOTICES.

[Those sending Books for Review will oblige our readers by always stating publication price. In the case of Reprints, authors are requested to state the conditions upon which copies may be obtained by those of our readers interested in the subjects treated.]

Transactions of the American Gynecological Society, Volume II, for the Year 1886. 8vo, pp. 516.

It is impossible, in the space which we can spare, to do more than notice this volume of transactions, which contains a large number of elaborate papers by the most eminent gynecologists in America, and a very hand-

some phototype of the late Dr. Albert H. Smith, of Philadelphia. As unusually interesting, we might mention a paper on *The Influence of Maternal Impressions*, by Dr. Fordyce Barker, which, with the discussion, occupies forty-five pages of the volume. The general conclusion was in favor of the belief—which has often been scouted as absurd—that strong maternal impressions may induce physical changes in the fetus *in utero*.

For other very interesting matter, we refer our readers to the book itself.

A System of Gynecology. By American authors. Edited by Matthew D. Mann, A.M., M.D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N. Y. Vol. I, Illustrated. Royal Octavo, pp. 789. Philadelphia: Lea Brothers & Co., 1887.

This magnificent volume not only contains a summary of the present knowledge in regard to the various subjects of which it treats, but it is also a splendid monument to the achievements of American practitioners in this department of work. There is probably no field of medical practice in which American skill and ingenuity have attained such signal results as in that of Gynecology, and the volume before us, with those which are to follow may be regarded as especially an American work for American readers. At the same time it will doubtless become indispensable to gynecologists all over the world.

The Curability of insanity and the individual treatment of the insane.

By John S. Butler, M. D., late Physician and Superintendent of the Connecticut Retreat for the Insane, etc. 6¾x5 inches. Pp. 59. New York and London: G. P. Putnam's Sons, 1887.

This admirable little book contains the earnest plea of an experienced man for careful and kindly individual treatment of the insane. The whole scheme of the book is founded upon the idea that insanity is a disease of the brain. "Whoever," the author quotes from Sir James McIntosh's *Life of Robert Hall*, "has brought himself to consider a disease of the brain as differing only in a degree from a disease of the lung, has robbed insanity of that mysterious horror which forms its chief malignity." With this as a guiding thought, Dr. Butler has written a book so full of wise council and humane purpose that we can with assurance recommend it heartily to all who have dealings with the insane.

THE Medical and Surgical Reporter.

**A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.**

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The edition for this week is 5,000 copies.

THE TREATMENT OF VARICOSE VEINS OF THE LEG.

Ordinarily, persons afflicted with varicose veins of the leg expect nothing more than some amelioration of their condition, or some means of getting along with it. The trouble is regarded as incurable, just as a hernia would be. For a hernia a truss is worn, and for varicose veins an elastic stocking is generally used. In many cases nothing whatever is done for varicosities of the leg, and the sufferer has to bear the distress, and run the risks of his condition as best he can.

If the veins are not very much enlarged, this may not be an unwise plan. But in a case in which the varicosity is very pronounced the risks are too great to warrant letting the veins alone. The risk of ulceration, of rupture and hemorrhage, of phlebitis, of extension of the varicose condition, is so great that something ought to be done.

This something should consist in the adoption of proper medicinal, mechanical or surgical treatment. Under the head of medicinal treatment may be classed the use of general tonics, the relief of constipation, and the employment of drugs which act upon the walls of the veins. Of these, none now enjoys a better reputation than hamamelis, strongly recommended to the profes-

sion for this purpose by Dr. J. H. Musser a few years ago. It can be given in teaspoonful doses of the fluid extract three or four times a day.

Mechanical treatment consists in the use of a well-fitting elastic stocking, which should extend from the heel to a point well above the highest dilatation, or of a carefully applied bandage. Martin's rubber bandage serves a good purpose, if well put on and if kept clean. It usually produces free sweating, but the discomforts of sweating can be much lessened by putting the bandage on over a clean white cotton stocking.

Surgical treatment of varicose veins consists in injecting them with some coagulating substance, in ligating them, or in excising a portion of them.

If injection be selected, it is best performed as follows: The circulation is controlled with an Esmarch's rubber tube, applied round the leg above the point where the injection is to be inserted, while the patient is standing up. At first only a few turns should be put on, in order to fill the veins up, and then the tube should be wrapped tight enough to cut off all the circulation. Then a single drop of pure carbolic acid should be injected into the veins at several points about an inch apart, and the site of each puncture should be touched with collodion and covered with a little cotton and collodion.

The Esmarch's tube should be left in position for fifteen minutes, and then be gradually removed, so as to avoid the risk of having an embolus swept into the heart. After the operation, the patient should keep his bed for at least a week.

The operation of ligation of varicose veins of the leg is best performed by distending them fully, and then slipping a strong cat-gut thread carefully under them and over them—passing in and out at the same openings on each side—just as is done in ligating varicose veins in the scrotum.

The operation of excision is the most radical and the most curative of all. To perform this operation it is necessary to distend the veins with a bandage, to make a clean cut down upon them, and to pass a strong cat-gut ligature around the lowest point. The vein must then be seized above the ligature with a strong pair of forceps, and lifted up and cut off below the forceps. It is then stripped up, each radicle met with being ligated and divided, until several inches are clear, when the main vein is to be ligated at the highest accessible point, and cut off below the ligature. The wound

should be treated aseptically, closed up, and covered with an aseptic dressing.

Several veins may be operated upon in this way at one time, and even both legs may be operated upon at once. After the operation the patient's leg, or legs, should be bandaged, and he should be confined to bed for eight or ten days.

This operation we can recommend to our readers, if it be performed with care and with correct aseptic precautions. By this we do not mean Listerism, but the improved aseptic method of the present day.

SPECIALISTS' SLANG.

In every approach to scientific exactness there is an outcropping of new words to express the new ideas and finer distinctions which thus arise. The Greek conglomerates which learned neurologists employ to split hairs with are certainly distressing; but for general inscrutability we would commend the case records of the modern ophthalmologist. It is only justice to the members of this most valued and affluent guild to say that their specialty presents, perhaps, the nearest approach to an exact science of any branch of medicine. Nevertheless, the hieroglyphics in which they express the exactness of their observations are eminently depressing, and by nine readers out of ten they are looked upon with a curious resentment not unmingled with awe. We feel, therefore, greatly favored in that we could present, in this and in the preceding number of the *REPORTER*, two plain, common-sense, practical papers on the methods of treating common disorders of the eye, and we are sure that our readers will join us in thanking Drs. Turnbull and Jackson for their self-restraint in avoiding these objectionable words and symbols which they would have undoubtedly employed, with great propriety, in talking with each other.

GAS IN THE BLADDER.

M. Charles Tisné reports in the *Annales Médico-Chirurgicales*, of Paris, June, 1887, the case of a man, 77 years old, who had had high fever for several days, and at the time of M. Tisné's visit was profoundly prostrated. For a long time he had micturated only with great and prolonged effort, and drop by drop.

At this time his bladder was much distended, and M. Tisné drew off half of the ammoniacal and purulent urine with a catheter, and injected nearly a pint of boric acid solution. By the next day there was a considerable quantity of gas in the bladder

which escaped through the catheter when it was introduced. This happened five times in ten days, and ceased as the character of the urine improved.

Three months later an abscess broke over the region of the left kidney, and the amount of pus in the urine diminished very much, and no more gas was found in it.

The development of gas in the bladder has been attributed by Guiard to the change of sugar in the urine into alcohol and carbonic acid by fermentation. This explanation may apply to diabetic patients, but cannot apply to non-diabetic. And in a number of cases mentioned by Tisné gas from the bladder has been analyzed and found to be like atmospheric air.

In his own case, the gas may have been disengaged from an alkaline and ammoniacal urine by the action of boracic acid upon some of its ingredients.

In any similar case it would be interesting to make some experiments with the patient's urine and the antiseptic solution used to wash out the bladder, so as to note any chemical reaction between them. It would be interesting also to have an analysis of the gas made. But this would not be easy to accomplish, except in a hospital. If it were done, however, it would clear up a very obscure subject, and throw light on a very curious phenomenon.

A QUEER THEORY.

At the last meeting of the German Surgical Society, Prof. Albrecht said that after the progenitors of mankind had gone for millions of years on all-fours, the sudden resolution to use the anterior extremities only as organs of prehension and the posterior extremities only for locomotion, could not go unpunished. Bow-legs, knock-knees and hunch-backs are to be attributed to the fact that mankind adopted this unnatural posture. To this also is to be attributed the dislocation of many of the viscera. The descent of the testicle is an example of this, and the scrotum is nothing but a normal inguinal hernia.

All these dreadful things Albrecht charges to going on two feet instead of four. He sees no flaw in his argument; although others might suggest that there is as yet no evidence that man's progenitors ever went on four legs, or that it is more natural for the testicles to remain inside of the belly than to be outside of it. Nor does he seem to recall the fact that almost all four-footed beasts carry their testicles in a scrotum, and have the same general arrangement of viscera as man has.

On the whole, we would not recommend mankind to take to creeping again, with hope that they would cure their bow-legs or get their pelvic viscera into other positions, or that they would be any better off if they did.

If we were to offer a suggestion to Prof. Albrecht, it would be that in Vienna knock-knee is more likely to be prevented if the inhabitants among whom this deformity is found were better fed and better housed, than if they were to act upon his interesting, but groundless theory.

NOTES AND COMMENTS.

The Abuses of Milk Diet in Therapeutics.

Dr. Roberts Bartholow presents the following timely paper in the *Journal of Reconstruction* of July 12, 1887:

The therapeutical employment of milk, not only has been popularized and the lay public made familiar with its various adaptations, but in the wake of the general appreciation have followed the usual exaggerations, and hence it is prescribed with little regard to the conditions properly requiring it. Under these circumstances it seems desirable to indicate the limitations of this therapeutical food, and to show wherein it may be hurtful rather than beneficial.

In certain disorders of the digestive functions, milk causes a sense of discomfort, decided uneasiness, oppression—sometimes even pain, and it prolongs the morbid condition. The cases of this kind may be grouped into two classes: those in whom the casein is the offending material; those who cannot properly digest the cream or butter. We find examples of the first class more frequently amongst children, but they are by no means uncommon in adults. They are detected the more readily in early life, because the curds are rejected by vomiting, or appear undigested in the stools. Adults unable to digest casein, or who digest it slowly or painfully, have epigastric distress, heaviness and oppression for several hours after meals, stupor and disinclination for exertion coming on after an hour or two, and continuing until the offending material has passed well down the intestines.

An excellent substitute for the milk when the casein disagrees is barley-water with cream. The barley-water should be carefully strained and have the density of good skimmed milk, and one sixth or one-fourth cream added, so that the mixture has the consistency of rich milk.

The second class of subjects to whom milk is unadapted are the cases of duodenal, hepatic and pancreatic diseases, because of the deficiency in the secretions necessary to the process of emulsifying fats, and preparing them for entrance into the lymph vessels. Fats decomposing form very irritating fat acids, and the change in the reaction of the intestinal juices is the cause of various secondary troubles in the biliary functions and elsewhere. To fit milk for use under such circumstances, it must be skimmed, and about the time the stomach digestion is completed, aids to the intestinal digestion should be administered. Such aids are a soda alkali, and it may be, some pancreatic solution to effect complete digestion of the fatty constituents.

The mere bulk of the milk is an objection to its use in certain diseases. In dilatation of the stomach, the space occupied by the necessary quantity perpetuates the disease. The reflex effects of distension of the stomach in cases of weak heart, and in angina pectoris, may not only cause distressing symptoms, but may even prove fatal. It cannot be too strongly stated that milk is a highly objectionable aliment in heart diseases, whenever the motor apparatus of the organ is diseased, and whenever its movements are readily influenced by morbid states of the stomach through the reflex channels.

In no malady, as I conceive, is milk more abused than in acute rheumatism. It is very often the chief—sometimes the only aliment employed during the whole course of this disease. Besides the objection inherent in its mere bulk, certain theoretical considerations of its nature should have considerable weight in deciding the question of use. The very obvious objection that milk furnishes lactic acid as a product of its fermentation, should not be ignored. All the world knows the intimate relation between lactic acid and the rheumatic poison. By the introduction of lactic acid, a form of endocarditis not distinguishable from the rheumatic, is set up, and of those diabetics treated by lactic acid, a considerable proportion suffered from attacks of rheumatic fever (acute rheumatism). It is difficult, of course, to determine this point with certainty, but I have reason to believe that patients with rheumatic fever do not get well so quickly, and are much more apt to have relapses when they consume much milk during the course of the disease. Surely, sufficient reasons exist for undertaking a thorough investigation of the question. My

own practice, in the cases in which I am consulted, is to advise against the use of milk as an aliment in acute rheumatism.

In typhoid fever, milk is the one food now given, irrespective of the character of the cases. Of late, this almost universal practice has come to be challenged. It has been depended on, without investigating the state of the digestive functions, and quite unmindful of the effect it may have on heat production. It is often given in too great quantity at a time, or so frequently that the stomach has not disposed of one quota before another is thrust upon it. Unless the gastric juice has preserved to a considerable extent its power of converting the albuminoids into peptones—which we have no right to expect—the casein resists its action; hence it follows that the materials of digestion should be administered soon after the milk is taken, and to prescribe it without reference to the ability of the stomach to dispose of it is to insure increased fever and delirium, and more frequent stools. Beside supplying the means for proper digestion of the milk, attention should be given to its administration at such intervals that every portion given may be disposed of before another is permitted to enter the stomach. It is a trite observation, which is not therefore less true, that it is more important to the nutrition if some food be well digested rather than a large amount be merely swallowed.

Notwithstanding, since Donkin's first reports, milk has entered largely into the dietary of diabetics, its utility has recently come to be seriously questioned. If conversion of milk sugar into grape sugar does not take place, there can be no doubt of the value of milk in this disease, since it possesses so great a number of alimentary constituents. If, as is now asserted, this conversion does take place, the free administration of milk in diabetics, must be regarded as an abuse.

Mistletoe.

E. W. Lane, M. D., writes as follows in the *Atlanta Medical and Surgical Journal* of July, 1887: "What Dr. Todd says of mistletoe is true, so far as my experience goes, and it is a remedy much used in this section by the country doctors. We find it to be a sure and safe remedy. Its action seems to be directed more on the fundus of the uterus than to the whole organ. Ergot is not a safe remedy, as its action takes in the whole organ. Mistletoe is the remedy to expel a retained placenta—it has never failed us. Ergot is the remedy not to give in such

cases. Mistletoe was the subject of discussion at our last meeting of the Ogeechee Medical Association. It was brought out that Dr. T. E. Johnson had successfully treated a case of hydatids of the uterus, the remedy expelling the tumors in a few days. It is used also to expel a dead foetus."

The REPORTER would be glad to have the experience of such of its readers as are familiar with this drug.

Indigo as an Emmenagogue.

Dr. S. T. Yount, of La Fayette, Ind., in a paper read before the Tippecanoe County Medical Society, recommends very highly the employment of indigo as an emmenagogue. He writes: "It is perfectly safe, thoroughly reliable, and painless in its action. It is insoluble in water or alcohol, but readily dissolves in strong sulphuric acid. This so changes its character that it is then readily soluble in water without changing its color.

"It is odorless and tasteless, and may be given in doses of $\frac{3}{4}$ j to $\frac{3}{4}$ ss. The great difficulty is the nausea and vomiting which the crude drug produces when given in very large doses. There are three varieties of the crude drug: Bengal, Turkey, and Chinese.

"The Bengal is richest in coloring matter, containing about fifty per cent., and inasmuch as the virtue resides in the coloring matter, the best effects are obtained from this variety. As an emmenagogue it has been used in my practice about a year and a half. My attention was first directed to it on one occasion when I was called to remove a retained placenta in a case of abortion at the third month. Naturally inquiring what had been taken to produce the abortion, I was told that the lady had taken indigo in teaspoonful doses three times a day, that she had taken it several times, and always with a most satisfactory result to her.

"She informed me at the time that it always produced great nausea and watery discharges from the bowels. Acting on the suggestion offered by this case, I tried it in many and various cases. In one case, where a young lady, aged eighteen, had missed for thirteen months, the menses returned after she had taken the crude indigo for two weeks; but the disgust and nausea produced by the bulky powder rendered her unable to continue it longer, and she menstruated three more months and then stopped again. After using the remedy for eight or nine months in this crude state, I set about to find some way of condensing it, or rendering it less bulky, for it is the bulk of the dose,

not the remedy, that disturbs the stomach and disgusts the patient. About a month later Mr. O. G. Zerse, an apothecary of La Fayette, turned over to me a concentrated extract, as he called it, five grains of the extract equalling twenty-six grains of the crude drug. I have since then used it in forty-eight cases of amenorrhœa, of all kinds and causes, with but three failures, and a colleague has used it in six cases without any failure. To test its effect I have given the remedy in the amenorrhœa of phthisis, and have always had a definite result, namely, the appearance of the menses, the menses stopping again when the remedy was stopped. The effects with the crude drug and the concentrated preparation are identical, except that the nausea does not occur when the extract is used. Then the menses come on painlessly and very suddenly. There is no warning given. In thirty cases the effects occurred about two days after the last dose, the menses coming on without any warning, gushing out and running often to a flow. The hemorrhage in none of the cases was dangerous or alarming. During the administration of the drug the os uteri becomes soft and patulous, admitting the end of index-finger. There is often a serous discharge from the vagina. The urine becomes of a brownish-green color and offensive odor. The stools are of a bluish color. The passages are watery and offensive.

"To summarize, indigo is an emmenagogue of decided value in any case. It should not be given to pregnant women. It should not be given where there is an irritable stomach. It should not be given in cases in which there is a history of previous pelvic inflammation. It should not be given in cases where there is marked cerebral anæmia. It may be given in doses of $\mathfrak{z}\text{ j}$ to $\mathfrak{z}\text{ ss}$, two or three times a day, of the crude drug, or in five-grain doses of the concentrated extract. The powder of the crude drug should be given mixed with a little subnitrate of bismuth, and the patient should drink a little whiskey afterward. In cases in which it is given continuously for a long period, give tr. gentian comp. after each dose. Give the concentrated extract in capsules mixed with extract of gentian and subnitrate of bismuth."

—*Medical Record*.

—Sir William Gull treats his aristocratic patients, as he wishes the profession to believe, by leaving them to their warm bed and nature's efforts.

For Vomiting of Pregnancy.

Professor H. C. Grosvenor (homœopath) says: "My usual treatment is sulphate of hydrastia, dissolved in water, sufficient to give the water a straw color. To be taken *ad lib.* If heartburn accompanies the nausea, put salicylic acid in the same glass. For pyrosis use Apollinaris water. When nausea is very severe two grains of svapnia [a preparation of opium] in half a glass of water is to be taken in teaspoonful doses." Professor John W. Streeter [homœopath] spoke upon the same paper as follows: "I have had some unmanageable cases. My best remedy is chicken's gizzard [ingluvin], ten grains, as often as necessary. My second best remedy is skunk cabbage, 400x. Look out for some local cause. Examine the pelvic organs." It will be seen that the above professors recommend only one homœopathic remedy, viz., skunk cabbage.—*N. Y. Medical Record*, July 16, 1887.

CORRESPONDENCE.

Plugging the Nostrils.

EDS. MED. AND SURG. REPORTER:

Having lately read of a fatal case of epistaxis (something that should never occur when the nostril is properly plugged), I am prompted to give some of my experience. The lint plug, tied through the nostril with a string, is hard to remove; and I have known it, especially in typhoid fever, to excite so much nausea that it could not be retained.

The plan I have followed for many years is to take the cæcum of a chicken, turn it inside out, and scrape the mucous and muscular coats away, leaving the peritoneum. This makes a sack that when passed through the nostril and distended with water and tied in front makes a very efficient plug—large enough to evenly fill the nostril, preventing hemorrhage very effectually. It does not irritate nor stick fast, and is very easily removed by snipping off the outer end, allowing the water to escape, when the gut is very easily withdrawn. I do not claim this as original.

When a chicken is not handy, I have used a gum condom in the same way; and the smaller one of a set of Barnes' bags has answered the purpose very well in a large nostril.

I have tried to have gum bags made on purpose for checking hemorrhage from the nasal cavities, but have been unable to get it done as yet.

With the chicken gut or gum sack thoroughly distended with water and tied to prevent it escaping, I do not believe it possible for a patient to bleed dangerously from the nose.

A. ADY, M. D.

Muscatine, Ia.

Carbon Bisulphide.

EDS. MED. AND SURG. REPORTER :

In the last REPORTER I observe, in a communication from Wallace A. Briggs, M. D., that he commends the use of carbon bisulphide in solution with an aromatic water and milk. Am I right in assuming that this mixture is to be given by the rectum? And if so, is it not likely that so frequent a repetition as he advises would cause diarrhoea? Would it not be well to add some pancreatine to the milky solution?

D. E. MATTISON, M. D.

Warsaw, N. Y.

[The solution mentioned is intended to be given by the mouth. The solubility of bisulphide of carbon in water is very slight, and the water may be many times renewed before the bisulphide is exhausted. Before administering, care should be taken to see that the bisulphide has fully subsided in the bottle, leaving the supernatant water clear. So far as we know, rectal injections of water thus impregnated have not been given. They would present no advantages over administration by the mouth, except in cases of very irritable stomach.—EDS. OF THE REPORTER.]

Base-Ball Injuries.

EDITORS MED. AND SURG. REPORTER :

Sirs : In the REPORTER of July 9 the subject of base-ball injuries is taken up and quite thoroughly treated of, at least so much is said of our national game as to lead one to think that the injuries spoken of were almost miraculous in their healing. We are given to understand that the ball moves oftentimes with the velocity of a moderate cannon ball; that if it were to strike against any part of the person, the resulting injury would be of the most serious character; but that if medical science lets the injury alone, and unenlightened comrades come to the rescue, the cure will be so complete and rapid that the player can nearly always go on with the game uninterruptedly. The weak starting point is the writer's description of the ball. First, a rubber sphere; 2d, wound with *woolen* yarn; and 3d, covered with two thicknesses of leather. When "boys" we used to play "sock" with a solid rubber sphere and never were in danger of being killed, either; but then the locality attacked was not so sensitive

as hands and faces. Nothing is said about bats. But there are two reasons why balls are covered with wool. First, to make them springy and comparatively harmless, and 2d, so they will not dent and tear the bat to pieces. Bats being made of light tough wood, are easily "battered up." The fact that one man receives a "foul tip" on his chest and is killed, while another is not harmed from a whack on the head, counts for nothing. How many cases do we see and read about who have succumbed from a light blow on the chest, shocking the movement of a weakened heart, while another has his head pounded almost into a jelly without permanent injury? But that base-balls can accomplish a serious injury we cannot believe, for a variety of causes. Its weight is only five ounces; its bulk nine inches in circumference—certainly out of proportion for very great velocity. The outer surface and intermediate packing are of such a nature to obviate serious contusions. The ball *from atmospheric resistance* can only reach a certain amount of velocity with the most skillful players. The player's hands, from habit, should become so hardened as to not only catch the regulation ball "hot" from the pitcher or fellow-baseman, but even a solid rubber ball.

I had the honor to serve several years as first baseman when Capt. Kepner, a noted athlete, was pitcher, and hundreds of balls have I taken from his hand which came with all the force of his mighty arm; and to-day, although my service was "hot" while it lasted, I cannot point to a joint injured or a cut received, and although it has been several years since I held my "right foot on the sand bag," yet I will wager, that unaccustomed as my hands now are to the "horse skin" cover, I will take the "hottest" ball and not wince.

Injuries are injuries, and if a substance which has the power to break one's skull, strikes the body, serious consequence must arise, and the cure is slow, if at all. We all know that subluxations of phalangeal joints are the simplest of injuries upon which the surgeon is called to show his skill.

We have known shoemakers who could strike the bare knee with the steel head of a shoe-hammer, hard enough to crack walnuts or hickory nuts, yet without pain or injury. We have seen men, the inside of whose hands were so hard and horny that it was difficult to push a needle through the skin. Base-ball players by cultivating the art of catching a ball should become so accustomed to the work as not to feel a "hot" ball in any disagreeable manner. The inside of the hands

being naturally hard and dense, can by constant contact with a hard object, become almost insensible to pain. The ease and rapidity with which base-ball injuries are healed is proof positive of their trivial nature.

One source of injury in base-ball playing not mentioned is the careless manner in which the bat is handled by an excited player. After having made a strike, instead of dropping the bat, he often, in excitement, will throw it with such momentum that coming in contact with a neighbor, injury has resulted.

In closing, I wish to say that I have read Dr. Leuf's article with much interest and pleasure, and hope he will write again upon the game of games, this note being written merely to suggest some points which seem overdrawn.

Truly yours,

JAMES BATES, M. D.

NEWS AND MISCELLANY.

A Question of Ethics.

Last Spring, Surgeon General John S. Hamilton, of the Marine Hospital service, preferred charges to the Medical Association against Dr. Sowers of unprofessional conduct in criticising publicly, from a medical point of view, the manner of living of the President. Dr. Sowers has now preferred charges against Dr. Hamilton of having violated the association's regulations, in having shown to Ex-Representative Hazleton the charges which he was about to prefer against him (Dr. Sowers) last April. This was done, it is charged, with the full knowledge that Mr. Hazleton and his family were patients of Dr. Sowers, and was intended to lower him in the estimation of his patients.

The case of Dr. Sowers has not been formally disposed of, but the result of the investigation by the Standing Committee is equivalent to an acquittal. It requires two-thirds to convict, and unless this number favor conviction it is not deemed necessary to make a report to the association. Two-thirds did not vote guilty. A minority and majority report were prepared, and there the matter rests.

French Toilet Preparations.

In a report submitted to the Hygienic Council of Paris by Drs. Dubrisay and Chatin, the authors state that the perfumery and toilet products now sold contain so many noxious substances that it is desirable the factories should be placed under special surveillance. They give a number of instances

in support of their statement. The so-called "harmless and purely vegetable" hair dyes, they say, are all poisonous. "Progressive dyes" are ammoniacal solutions of nitrate of silver. The "instantaneous dyes" are a solution of litharge in lime water. "Eau des Fées" is a solution of sulphate of lead in hyposulphite of soda. "Eau Figaro" consists of three solutions: (1) of nitrate of silver and sulphate of copper; (2) sulphide of sodium; (3) cyanide of potassium (to remove the silver stains). "Eau des Fleurs" is composed of rose-water, 95.5; flowers of sulphur, 2.7; acetate of lead, 2.8. Passing to cosmetics, they say "Lait antiplelique" is composed of corrosive sublimate, 1.7; oxide of lead, 4.22; sulphuric acid and camphor. "Lait de Manille" is a mixture of borax, copper, tincture of benzoin, and essence of bitter almonds; "Lait de Ninon," of bismuth and zinc; "Eau Magique," oxide of lead and hyposulphite of zinc; "Eau de fleur de lys," protochloride of mercury; "Eau royal de Windsor," glycerine and oxide of lead; "Eau de Castille," hyposulphite of soda and acetate of lead. The "Poudre Pilivore de Laforet" contains mercury (?) 60 grs.; sulphide of arsenic, 30 grs.; litharge, 30 grs., and starch, 30 grs. "Epiteine" is simply sulphite of calcium, and "Antibolbos" hypophosphite of soda. Pomades against baldness all contain cantharides and croton oil.

Northeast Virginia Medical Society.

At a meeting of this society, held June 27th, 1887, Dr. Frederick Horner made an address in which he said that the success of a society depends mainly upon its officers, and that all the members ought to take a deep personal interest in the society to which they belong. He called attention to the study of inebriety as a disease.

The Northeast Medical Society has been in successful operation for ten years, meeting monthly at Warrenton, a town named in memory of the great patriot, Dr. Joseph Warren, of Revolutionary memory, and the birth-place of the late Professor W. E. Horner, of Philadelphia. Among its Fellows representing a portion of the Piedmont section of Virginia, and including the counties of Fauquier, Prince William, Culpepper, and Loudoun, are three distinguished physicians, Drs. Henry Trist and Clarkson and Dr. Hicks, late of North Carolina and Charleston. The Committee on Publication propose at an early day to publish a medical monthly.—*From a special correspondent.*

No Crown for Æsculapius.

It was expected that the tacit understanding which excludes the members of the most useful and beneficent of the professions from the peerage would come to a timely end in the Jubilee year, and that Sir William Jenner would be made a baron. However, it seems that the satirical poet wrote with some truth:

"Forbid it! forbid it! ye barons and earls;
Oh, Rank, how thy glories would fall disen-
chanted,
If coronets glistened with pills 'stead of pearls,
And the strawberry leaves were by rhubarb sup-
planted!"

—*From the London World.*

Electrolysis in Angeioma.

Dr. Julian Alvarez speaks favorably of electricity in the treatment of angioma. He uses Onimus's apparatus, the positive electrode being plunged into the tumor, while the negative is moved about over the surface of the latter.

Items.

—Dr. Packard has removed to No. 1926 Spruce Street, Philadelphia.

—"Hello, Major," said the Judge, "I haven't seen you for a week; where have you been?" "Been home sick as a dog," replied the Major. "You! Why, you are always as healthy as could be. What in the world made you ill?" "Well, I tried to follow some rules on health I saw in the papers."

—A patent medicine man has frightened a good many people by announcing, in big type, that to want to sit down after walking all day is an infallible sign of kidney disease. There are only a few people who don't want to sit down after walking all day, and most of those who feel this insidious symptom of a dangerous disease will be astonished to learn that they are not merely tired.

—A doctor in an eastern city was recently convicted of criminal abortion and sentenced to seven years' imprisonment. His defence was that he thought he was treating a case of dropsy. But he did not explain why a dropsy should be treated through the vagina.

Mrs. Foshay (to prospective nursery maid) —You are fond of children, of course? Applicant—Fond of em? I should say I was, ma'am. If I hadn't been I wouldn't a nursed my sister's nine young ones that was down with scarlet fever till every blessed one of them died, ma'am; and buried the last of 'em a week come Friday.

OBITUARIES.

DR. GEORGE LITTLE.

Dr. George Little died suddenly in Philadelphia, July 19th, from extreme prostration, caused by overwork. He was born in England about thirty-four years ago, and, coming to this country with his parents when twelve years of age, he settled in Philadelphia. A few years later he began the study of medicine in the Medical Department of the University of Pennsylvania, from which he was graduated in 1878. Since then he has practiced his profession in this city, and was well known in the locality in which he lived. He leaves a widow and two children.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ending July 23, 1887:

C. S. D. Fessenden, Surgeon, granted leave of absence for thirty days on account of sickness. July 18, 1887.

F. W. Mead, Passed Asst. Surgeon, granted leave of absence for thirty days. July 19, 1887.

H. W. Yeomans, Passed Asst. Surgeon, granted leave of absence for thirty days. July 23, 1887.

S. D. Brooks, Passed Asst. Surgeon, promoted and appointed Passed Asst. Surgeon from July 1, 1887, to July 21, 1887.

J. H. White, Asst. Surgeon, to proceed to Washington, D. C., as escort to an insane seaman. July 18, 1887. Ordered to examination for promotion. July 23, 1887.

R. B. Watkins, Asst. Surgeon, leave extended fourteen days on account of sickness. July 20, 1887.

G. M. Magruder, Asst. Surgeon, to proceed to Galveston, Texas, for temporary duty. July 21, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from July 16, 1887, to July 23, 1887:

Par. 13, S. O. 167, A. G. O., July 21, 1887, assigns Lt.-Col. A. Higer, Surgeon, to duty as member of Army Retiring Board Command, at Governor's Island, N. Y. Harbor, N. Y., vice Col. Chas. Sutherland, Surgeon, hereby relieved.

By par. 43, S. O. 162, A. G. O., July 15, so much of par. 1, S. O. 156 O. S., A. G. O., as directs Capt. Jno. de B. W. Gardiner, Asst. Surgeon, U. S. Army, to report for duty at Ft. Washakie, Wyo., is revoked.

Capt. R. Barnett, Asst. Surgeon, sick-leave still further expended six months on account of sickness. S. O. 162, A. G. O., July 15, 1887.

By par. 42, S. O. 162, A. G. O., July 15, so much of par. 1, S. O. 146, C. S., A. G. O., as relieves Capt. Geo. Tomey, Asst. Surgeon, U. S. Army, from duty at Ft. Monroe, Va., is revoked.

Capt. A. W. Taylor, Asst. Surgeon, now at Ft. Laramie, Wyo., is ordered for temporary duty at Ft. Robinson, Neb. S. O. 162, A. G. O., July 15, 1887.

THE MEDICAL AND SURGICAL REPORTER

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ORIGINAL DEPARTMENT.

LECTURE.

DETAILS OF ANTISEPTIC DRESSING.¹

BY DR. J. M. BARTON,
Surgeon to the Jefferson College Hospital.

When your President invited me to your meeting, and asked me to make some remarks on this subject, I thought that almost enough had been already said and written about it, and that further argument on the subject was unnecessary, as antiseptic surgery has undoubtedly been fully accepted by the scientific world.

But as antiseptic results are only to be obtained, with certainty, by very careful attention to details, it might be of service if I were to describe in full the methods I now use; which, though perhaps not the best, give almost invariably full antiseptic results.

It will probably be best to describe some particular operation; take for instance the excision of a breast, for cancer or other tumor, at my clinic at Jefferson College.

The night before the operation the patient takes a warm bath, has clean clothing, and is placed in a clean bed. Early in the morning the axilla is shaved, the breast, the axilla and the surrounding parts are washed with turpentine, then with soap and water, and lastly with a solution of bi-chloride of mercury (1 to 1000). The entire front of the chest is then covered with several layers of cheese-cloth wrung out of the same solution. Waxed paper is placed over this to

prevent evaporation, and the patient remains in bed until the hour for operation, which is about noon.

The operations at the hospital are performed either in the clinic room, or in the private operating room; these rooms being used for nothing else, are quite separate from the hospital and its wards, are constantly ventilated, the windows being usually kept open, and only closed just before an operation. Soiled dressings are not permitted to accompany a patient into these rooms, and if they should, accidentally, are quickly removed.

In the private operating room no unnecessary furniture is permitted, one operating-table, two rolling instrument tables, and one chair being all the furniture in a very large room. There is no carpet on the floor, the walls are painted, and both walls and floor are frequently washed.

All instruments that may be needed are placed for a short time in a vessel of boiling water, and are then placed in shallow tin vessels in a three per cent. solution of carbolic acid. They are not placed in the mercurial solution, as that would quickly tarnish them and spoil their edges.

The surgeons and assistants wash their hands, wrists and fore-arms thoroughly with soap and water. After drying them they are washed in the 1 to 1000 mercurial solution, which is not wiped off.

The surgeons and assistants at the time of operation all wear clean white linen coats, fresh from the wash, which are never used elsewhere.

All sponges have been carefully prepared; those that are new have been beaten and

¹ Read before the Delaware State Association at its meeting in Smyrna, June 14, 1887.

then soaked in dilute muriatic acid to get rid of the sand, and subsequently soaked for several days in the mercurial solution. Those that have been used, have the blood washed out at once, and are then soaked for some hours in a solution of soda to get rid of the fibrin, then again washed in water, and lastly placed in a jar in the mercurial solution, with a date placed on the jar, so that they may not be used too soon.

Just before the operation, the sponges are taken out of the antiseptic fluid and squeezed dry, are then placed in a basin that has been washed with the same fluid, and covered with a towel wet with it.

At the operation no sponge is used after it is once saturated with blood, but is at once thrown aside, and does not re-appear at an operation for at least a week, during which time it has gone through the above-described process. If a sponge falls on the floor, or has laid for a moment on any place that has not been rendered antiseptic, it is at once thrown aside. The patient is now etherized, with the pad of antiseptic gauze still on the diseased breast.

The operator and assistants, after preparing their hands, are careful to touch nothing, nor to handle the patient if she struggle, nor even to touch a chair or a blanket or anything. If they should accidentally do so, the washing of the hands must be repeated.

When the patient is fully under ether, the antiseptic gauze is removed, towels are wrung out of a three per cent. solution of carbolic acid and placed all around the field of operation. They are spread over every thing, over the blanket, over the arms of the patient and under the side to be operated upon, so that a sponge or an instrument may be laid down without danger of becoming contaminated. Carbolic acid is preferred for these towels as mercury would spoil the instruments.

After the diseased gland is removed the bleeding vessels are all tied with catgut, which has also been kept in an antiseptic solution. Three knots, at least, are placed on each ligature, and both ends are cut off short. The wound is now thoroughly flushed with the 1 to 1000 mercurial solution, and for this purpose a large stone-ware jar, holding several gallons, is placed on an elevated shelf in one corner of the clinic room, with a long rubber hose attached, which reaches to the operating table and terminates in an ordinary Davidson's syringe, with which the pressure of the fluid can be increased if desired. In private practice, a rubber fountain syringe answers the purpose. Considerable time must be spent in this process, especially if it

should have been an infected wound previous to operation, as for instance, an open suppurating joint, for which amputation or excision has been performed.

After the hemorrhage has been controlled, and the wound has been thoroughly flushed with the Mercurial solution, a rubber drainage tube, suitable for the case, is taken from the jar filled with Mercurial Solution 1 to 1000, in which they have been kept, and laid in the bottom of the wound; the flaps, if there be any, are brought together with catgut. One stitch at the end is carried through the drainage tube to keep it in place, and then a continuous suture of catgut is made from one end to the other. If the wound is a small one, like that made in trephining, or in operating for strangulated hernia, a few large threads of catgut are laid in the bottom of the wound to serve for drainage.

The closed wound is now dusted with Iodoform and covered with folded pieces of common cheese-cloth, large enough to fully cover it. These should be eight or ten layers thick, and should be thoroughly saturated with the Mercurial Solution. In the Hospitals, large specimen-jars are kept filled with such pieces of cheese-cloth lying in the Mercurial Solution. Over the wet cheese-cloth, a piece of mackintosh, slightly larger than the cheese-cloth, or a piece of rubber, or of waxed paper is placed. A strip of adhesive plaster holds this in position, and then some oakum, jute or cotton, kept in place by a bandage.

A wound from an amputation of a limb is dressed in precisely the same way.

On the following day, if there is reason to suspect that there has been any oozing, and there generally is some, the dressings are removed; the wound is not washed nor touched, only fresh mercurial cloths laid on, and the external dressings re-applied. At this time the drainage tube may be removed, though this is rarely done.

From this date on the dressings are left undisturbed, unless the temperature goes above 101°.

At the end of about ten days the wound is looked at; if it is solidly healed and the ligatures have been absorbed, the external portions of the stitches are brushed off. The drainage tube is found loose, and is removed, if of rubber; if catgut has been used, this will have been absorbed.

The patient can be discharged a few days later.

It is nothing unusual to send out a solidly healed amputation of the thigh in 18 days,

an amputation of the arm or leg in 14 days, a patient after the removal of a large breast tumor in 14 days, and an excision of the hip in a month. These patients frequently have not had one drop of pus form. They are not ill and do not require sick diet. Three days after an extensive operation they are often able to eat solid food. They are not tortured by daily dressings. Septicæmia or pyæmia rarely develops from such an operation.

In cases of severe compound fracture, the surgeon, assistants, and patient are prepared as before, the wound is enlarged, small and loose fragments of bone are removed, and the larger fragments put accurately in position. If they do not readily remain in place, they are wired with heavy silver wire. All hemorrhage is controlled by catgut ligature. The wound is then thoroughly flushed again and again with the mercurial solution, the lips of the wound are held together, while with a syringe the solution is pumped in so that all parts may be fully distended and brought in contact with the fluid.

In a case of compound fracture, where supuration had already occurred, and where the temperature was 103° , I have succeeded by this method in at once bringing the temperature to normal and checking all further supuration. After the wound is flushed, drainage tubes are introduced, the wound closed and dressed as before described; appropriate splints or apparatus must then be applied, as though the case was one of simple fracture.

In laparotomies I prefer, when it is possible, to perform the operation at the patient's home; though I have opened the abdomen several times in the hospital with success.

The patient is prepared as before; bath and clean clothes the night previous; abdomen shaved, washed with turpentine, soap and water, and carbolic solution. When operating in a private house, I choose a room where there is a good light, and, a few days before the operation, I have the carpet, the pictures, and most of the furniture removed, and the floor and paint scrubbed.

The instruments are prepared as before, and the field of operation surrounded by cloths wet with carbolic acid. When the abdominal cavity is reached, I try to make the operation an aseptic rather than an antiseptic one.

If the abdomen to be opened is free from germs, I try to free my sponges first from germs, and next from the antiseptic, before using them.

Carbolic acid, $2\frac{1}{2}$ parts to the 100 of boiled water, is used to wash the hands and to place the instrument in.

The sponges are wrung out of the same

solution, and then out of boiled water. If there is much bleeding in the abdominal cavity, and a careful toilette of the peritoneum has to be made, the sponges, when saturated with blood, are washed in boiled water, then in the carbolic solution, and lastly in clean boiled water, before being returned to the scene of operation.

If any septic material has entered the peritoneal cavity, as, for instance, when the intestines have been wounded by a stab or gun-shot wound, sponges wrung out of a 1-10,000 mercurial solution are used. If much of the septic material is present, it is customary to flush the abdominal cavity with this weak mercurial solution. This is done by emptying several basinsful of warm mercurial solution, 1 to 10,000, into the cavity, while the wound is held open by an assistant. Then, turning the patient on the side, the fluid escapes, while the bowels are prevented from protruding by the hands of an assistant.

If the abdominal walls are fat and apt to suppurate, or if their natural tension be not lessened by the removal of any growth, I close the peritoneum with catgut, and the external wound with deep and superficial sutures. On the contrary, if the walls be lax, as after the removal of an ovarian cyst, and if there be but little fat, I close the wound in the usual manner with silk sutures, passing through the abdominal wall and including the peritoneum.

Mercurial gauze is placed over the incision, and, as there is little probability of any oozing, this is left undisturbed, until either the temperature rises or the time arrives for removing the stitches.

COMMUNICATIONS.

PRELIMINARY REPORT OF A SERIES OF CASES OF PURPURA TREATED BY GASEOUS ENEMATA, WITH REPORT OF CASES TREATED BY OTHER METHODS.

BY WM. DUFFIELD ROBINSON, M.D., PHYSICIAN
TO EASTERN STATE PENITENTIARY,
AND HENRY SKINNER, M.D.

During the last two years there have occurred twenty-three cases of purpura in its different forms in the Eastern State Penitentiary. During the same time we have had but two cases of the disease in general practice outside of the prison. The one point especially noticeable in the aetiology, is that in every case there has been, for rather pro-

longed periods, an almost entire avoidance of meats in the dietary of the subjects. One pound of good well cooked meat, beef or mutton alternately, is given daily to each convict in the Penitentiary. On Sunday pork is the meat served; a bountiful and varied supply of vegetables is also daily served. These are well cooked and given in a sort of stew made in the liquor in which the meat has been boiled. Sauer-kraut, tomatoes, apples, stewed peaches, cabbage, potatoes, beets, onions, parsnips, soup, herbs, etc., etc., are abundantly supplied to every convict in sufficient variety every day. It can be seen by this that a deficient or insufficiently varied food cannot be a cause of the disease here. In spite of a good dietary, clean and well cooked and served, and sufficient air and exercise to induce appetite, it is noticed as stated, that the victims of this disease here for some time before and during its continuance, had rather an abhorrence of all meats, and had lived on bread, coffee and vegetables. There was, before the development of the disease, in no case any indication of much anemia or reduction in physical health. The development was rather sudden, in each case being preceded by general malaise and lassitude, loss of appetite, etc. They all had requested a tonic, saying that they felt run down and altogether out of sorts. Elixir of iron and gentian was usually prescribed.

In from four to fourteen days after the first complaint, the purpuric spots began to appear on the arms and limbs. With the appearance of the spots a condition of excessive anemia became very evident. Three of the cases occurred in insane subjects (delusional lunatics) two of whom died of the disease.

CASE I.—Male, aged 26 years, received in good mental and physical health, had served about forty months of a five-years' sentence, and had been in fair health. He had long been a masturbator to an injurious degree, and about this time began to look badly, lose flesh, and show a weakness of his mind, demonstrated in morbid suspicions and delusions, so very frequently noticeable in those long addicted to this habit. He claimed that the meat was bad or poisoned. He could not be induced to eat it, and therefore lived on bread, coffee and vegetables. In a few weeks the purpuric spots began to show, and he ran down rapidly in health. His mind became more deranged. The purpura increased, spots as large as a man's hand appearing on different parts of the body. Anemia was very marked, puffing cedema was noticeable in the extremities, slight hemor-

rhages occurred from the gums, nose and bowels. All the symptoms grew gradually worse, till death, which occurred three months after the first appearance of the disease. The autopsy showed the cadaver to be quite bloodless, with serous effusions into the brain cavities, but no other noticeable brain lesion. Limbs and face quite dropsical. Kidney and liver healthy. Open-air exercise and stimulants were the only remedies this man could be induced to use.

CASE II.—Male, aged 44 years, had served a number of years in prison before reception here. History was very similar to Case I. He was a masturbator, became insane, avoided meat, etc., and was before death at least one-fourth covered with the purpuric spots, would not take medicine. Died after four months of the disease and autopsy revealed same condition as found in Case I.

CASE III.—Female, aged 26 years, single. This case occurred in private practice. A young lady, in affluent circumstances, had been an excellent specimen of perfect health and womanhood. Previous to this attack, she had nursed a near relative through a long siege of Bright's disease, during which she was closely confined to the house. She had irregular meals and sleep, and was quite tired out. She ate but sparingly of meats for some weeks, and for six weeks previous to the attack did not eat any meat at all. After the death of her charge she did not recuperate well, complaining most of general weakness and exhaustion. She was pale, but had not lost much weight, though her flesh had become flabby. At this time she began feeling quite badly, and expressed herself as having caught a general bad cold, but knew of no indiscretion or exposure to account for it. She kept her bed, and full doses of quinia following a stimulant to the biliary secretions were administered. Temp., 102 $\frac{3}{4}$; pulse, 128. This continued with little change for four days, when a profuse crop of purpuric spots appeared. During their development there was much nervous weakness and excitement, fever, rapid pulse, and loss of appetite. The cessation of the appearance of the first crop was followed by a general improvement in temperature, pulse and in the feeling of the patient. Iron, quinia, strychnia, phosphoric acid, light wines, massage and general faradization, constituted the treatment. A rheumatic element in the disease rapidly developed and a new crop of purpuric spots appeared every few days. Proper diet was most carefully looked after. She gradually grew worse by relapses, and in a month was in a very low condition indeed. At

that time, during temporary improvement, she was removed to the sea-shore for a couple of weeks, but did not seem to gain much. After her return home she slowly improved, the crop of purpuric spots being farther apart and smaller. After four months the menstrual functions became re-established, and at present writing, after five months, she is almost cured. The same treatment was pursued in Cases IV, V, VI, VII, VIII, IX and X. They are all convicts and were treated with the same medicinal remedies as were used in Case III. Cures resulted in all in from three to six months, except in case VII, in whom the anemia was very marked for fully a year. The foregoing convict cases all occurred during 1886. In the present spring a selected series of cases of phthisis were placed under treatment by Bergeon's method of gaseous enemata. We noticed that one of our worst cases of phthisis had a purpuric spotting, covering both limbs and thighs and that it improved very noticeably from the beginning of gaseous enemata. This led us to select some cases of purpura then in the prison and to place them under the treatment by gaseous enemata. Of the six cases we report, three were free from other diseases. In all, the improvement was immediate, marked, and rapid. Two are entirely cured of the purpura after four weeks' treatment: one of these was a consumptive and one was without any other complicating disease.

CASE XI.—Aged 32 years, white, male. The purpuric spots appeared on this man about April 15, being very thickly distributed over the arms, thighs and legs, and penis. He had none on the trunk. They varied in size from that of a pin-head up to half a dollar. It was the first attack of the disease he has had. It produced systemic disturbances; he had headache, felt languid and lost his appetite. He did not care for meats, and rarely ate any. The cervical glands were swollen. The gas treatment was commenced June 11 for phthisis, and is still being used. He has had no other treatment for the purpura. He has wonderfully improved in every way. The purpura has been entirely cured.

CASE XII.—White, male, aged 33 years. The disease commenced about five weeks ago, and was most marked about the ankles, and extended from this articulation up the legs for about five or six inches. The extravasations had coalesced and the ankles were of the color of claret, very painful and much swollen, and the hemorrhagic spots indurated. There was no general effect, the patient feeling well, though standing on his feet caused pain. He has enlarged cervical

glands, does not eat much meat, was taking tincture of chloride of iron, which did not benefit him. He was put on gas treatment, and is improving fast and will probably soon be well. The swelling has disappeared, and all the extravasated blood has been absorbed.

CASE XIII.—White, male, aged 44 years. This was his first attack, and began about May 1; he had loss of appetite, languor and headache, and said he felt very badly all over. The cervical glands were enlarged. He was put on Fowler's Solution, and said that he grew worse under it. He cannot eat meat. The general effect of the disease was well marked in this case. It was about five days before the patient could retain the gas. The ankles were greatly swollen and indurated and the hemorrhagic patches entirely covered them. They were of purplish color. Under the gas treatment for about a month he has improved in every way, looks better and feels better. The swelling in the lower extremities has disappeared, and the blood has been absorbed, leaving only some of the coloring matter.

CASE XIV.—White, male, aged 22. Has enlarged glands in the groin, is in very poor condition generally, and would never take much gas, claiming that he could not hold it. It is his first attack of purpura, and extends over the whole body excepting the hands, face and feet; and it is of the variety known as purpura papulosa or the small papules, round the hair follicles. He does not eat meat and has had no treatment but gas. He has not improved much.

CASE XV.—White, male, aged 22. Has had purpura about three months, this being his first attack. Cervical glands are greatly hypertrophied, and he has rheumatism badly. The purpuric spots were on the legs in large numbers and were about one-fourth of an inch in diameter; also one large extravasation on the inside of the thigh, about four inches long and two and a half wide. He says he is not much of a meat-eater. Under gas treatment his purpura has been cured and his general health greatly improved.

CASE XVI.—Aged 29 years. The present is the fourth attack of purpura in two years, and commenced about April 1 of the present year. It began with headache, languor and general malaise. The purpura is very extensive and there has been no improvement until the commencement of the gas treatment. The spots are large and numerous. No enlarged glands. Previous attacks were cured by long continued course of tonic treatment. He for years has avoided meat in his food. He is rapidly improving with the gas.

PURPURA HÆMORRHAGICA AS A COMPLICATION.

BY ENOS T. BLACKWELL, M. D., OF CEDARVILLE, N. J.

It is a fortunate circumstance that thoughtful physicians, on witnessing complications of disease which are unfamiliar from their rarity, send their description to medical journals for their submission to the profession in general.

Dr. Nefe, of Whetstone, O., has done a meritorious service by publishing an account of purpura as a sequel of pneumonia. While this is quite unique, authors tell us that "there is no form of disease with which pneumonia may not be associated, especially when the powers of resistance have been enfeebled by previous illness."¹

Dr. N. has intimated a desire "to see such cases written upon, so that we may know what has been tried and with what success."

The description and treatment of purpura hemorrhagica are given, I suppose, by most systematic medical authors. Drs. Watson and Flint each give it a short notice; and excellent portrayals of it are to be found in "Wood's Practice of Medicine," and in "Wilson on the Skin." "The Handbook of Diseases of the Skin," edited by Von Ziemssen,² gives perhaps the best statement, and embodies the most recent observations. The causes, characteristics and treatment are given with more or less fullness by each. In a recent case treated by me, the purpura was clearly a result of the degeneration of the blood. The disorder in which it was an incident appeared to be a relapsing peritonitis, adynamic in its character, and having many aspects of infectious fever. The petechiæ, which appeared about the shins, at the close of the illness, were of a clear violet color, without perceptible elevation, and about one line in diameter.

It is a pity that so clever an observer as Dr. Nefe should speak of his case as "cerebral pneumonia." As the brain symptoms were doubtless the result of elevated temperature, which is incidental to the disease, it seems unnecessary to burden nomenclature with this additional title. The inscription of Professor Pepper's paper in the first number of the present volume of the *REPORTER* affords a valuable hint in this direction. In addition are these prominent remarks by Juer-

gensen:³ "It would be difficult to assign any reason why these symptoms, which are common to all febrile conditions, should be ascribed in pneumonia to any other cause than the fever. And yet some have distinguished one form of pneumonia as 'cerebral,' 'meningitic,' etc., on account of the strong predominance of the cerebral symptoms . . . the brain symptoms depend essentially on the fever.

Again: "We might as well deny that alcohol will intoxicate, as reject the evidence that an increase of temperature will produce cerebral symptoms."

WOUND OF PERINEUM AND URETHRA; RETENTION OF URINE; TRAUMATIC STRICTURE; ASPIRATION OF BLADDER; RECOVERY.

BY O. L. ABBEY, M. D., OF WATERFORD, PA.

H. L., aged 13 years, of Union City, Pa., in 1879 was thrown over the head of a horse, and the horse jumping over him, struck him with one foot at the attachment of the scrotum to the perineum, making a bad wound.

Five hours later I attempted to empty the bladder with a catheter, but did not succeed. The next forenoon, with the assistance of Dr. Sherwood, I chloroformed the boy, after we had each tried in vain to introduce a catheter; but even when he was under the anæsthetic we had no better success. In the afternoon it became evident that the bladder must be relieved. So I procured an aspirator, and in the evening I aspirated the bladder and drew out the urine. I used a Peaslee's aspirator, and blistered my hands in the operation. I aspirated the bladder for two succeeding days.

The fourth night after the injury, a fistulous opening formed in the urethra at the seat of the wound, and the urine dribbled through it and emptied the bladder. A traumatic stricture was formed, through which we were unable to pass the smallest catheter of any kind. All of the urine ran away through the fistulous opening as fast as it was secreted.

The opinion of some of the oldest and best surgeons of the county was solicited. One recommended crowding a small silver catheter into the bladder and letting it remain, hoping the wound would heal over it. In the meantime the swelling was subsiding,

¹ Juergensen: art. croupous pneumonia. Ziemssen's *Cyclopædia*. Vol. v. 106.

² New York: Wm. Wood & Co.

³ Ziemssen's *Cyclopædia*. V. 106, 102.

and with the opinion of Dr. Sherwood coinciding, I concluded that I would wait and not interfere until we were obliged to. I also had the opinion of Dr. Bonsteel, of Corry, to that effect.

After the swelling was gone and the wound was nearly healed, I discovered that the bladder retained the urine for awhile, and when the boy urinated, a little passed the whole length of the urethra. The fistula finally closed entirely, and the urine seemed to act upon the stricture as a dilator. The young man has never had any trouble with it since.

Twenty-three years ago I lost a patient with acute inflammation of the prostate gland, who, I think, might have been saved by aspirating the bladder.

NOTE ON THE USE OF ANTIPYRIN IN THERMIC FEVER.

BY MORRIS J. LEWIS, M. D.,

Physician to the Episcopal and the Children's Hospitals, Philadelphia.

In antipyrin we possess a very valuable addition to our means of treating thermic fever. This should be given hypodermatically in simple solution, as follows:

R Antipyrin..... 5 ij
Aq. dest. q.s..ad.....f 3 ss
M.

℥ xx of this solution contains about gr. x of antipyrin; and this amount, or in severe cases double the quantity, should be injected beneath the skin as soon as it is possible to do so. This solution should be kept on hand during the heated term by all those who may be likely to be called upon to treat heat-stroke, for by the timely administration of this drug lives may be saved that otherwise would be lost; for much time is often lost in conveying the patient to a place of safety. This applies especially to patients before they are taken to the hospitals.

A very small vial may be carried in the pocket with the syringe, holding a sufficient quantity for any emergency.

Compressed tablets of 5 or 10 grains could easily be prepared, and readily dissolved in a few moments in water.

The hypodermic use of this drug is far preferable to its internal use, even if the patient should be able to swallow, or to its use by injection into the bowel as reported by Dr. Orville Horwitz, (Transactions of the College of Physicians, 1885), on account of the greater certainty of its speedy action. The possible danger of collapse after its free use

should be borne in mind, but the immediate great danger of the hyperpyrexia far outweighs this possibility.

As soon as possible the treatment by the bath, wet pack or rubbing with ice, should be employed, as it will not do to trust to antipyrin alone; although subsequent injections should be given should the temperature not show signs of falling, or should there be a decided rise after the temperature has been reduced by other means. This drug should be considered as a most valuable adjuvant to the ordinary treatment to be mainly relied upon.

Antifebrin can not be used in this way on account of its insolubility.

A SIMPLE WAY TO APPLY FLUIDS TO THE NASAL CAVITY.

BY CHARLES W. DULLES, M. D.,
OF PHILADELPHIA.

In practice it is sometimes far from easy to make application of fluids to the inside of the nose and the posterior nares. Douches are not quite safe, because the fluids are sometimes forced into the Eustachian tube, and set up an inflammation of the middle ear. On the other hand, it is very hard to teach patients how to draw a fluid up into the nose without producing strangling or coughing.

A way which I have found very successful is the following: Take a test tube about four inches long and half an inch wide, and place in it the solution to be used. Open the mouth and breath through it. Put the open end of the tube into one nostril, catching the rim against the ala so as to make a good fit. Then bend the head back, and raise the closed end of the tube, so as to *pour* the fluid into the nostril. All the while keep breathing through the mouth. The fluid will now run into the nose, pass back to the naso-pharynx, and can be made to go around behind the septum and on top of the soft palate, and come out of the opposite nostril. By moving the head about in various directions, the fluid can be made to reach any point in the nares, in front or behind, and to remain in contact with it as long as may be desired.

Any one who will try it will be surprised to find how thoroughly and easily this can be done.

Of course, all fluid applications to the nares must be well warmed and of a proper specific gravity. If, for example, Dobell's Solution be warmed to about 100° (Fahr.),

and used in this way, it will be found a most soothing application. The quantity to be used may easily be as much as such a test tube as I have referred to will contain. And it may be filled several times and used again and again at a single sitting.

The method just described may not be new to others, but it is new to me; and I publish it for the benefit of those who are not acquainted with it.

HOSPITAL NOTES.

MEDICAL DISPENSARY OF THE UNIVERSITY OF PENNSYLVANIA.

Chronic Rheumatism—Treatment by Tonics. Reported by M. HOWARD FUSSELL, M. D.

Mary F., age 32, married, good family history and habits, presented herself at the Dispensary, August 19, 1885, with the following history:

Three years previously, had a prolonged attack of chills and fever; two years previously, suddenly attacked with severe pain and swelling of almost all the smaller joints, especially of the fingers and toes. This resisted treatment, and the ailment gradually involved the larger joints.

At the time of her appearance at the University, she was almost helpless, owing to the extreme pain and swelling in the great number of joints, large and small. She was pale, emaciated, and the picture of distress; appetite poor.

She was immediately put on an emulsion of cod liver oil and syr. of hypophos. of lime, with a mixture of iron and arsenic: tr. ferri chlor., f 3j; liq. arsen. chlor. f 3 ss. 15 drops t. d.

She returned in a week, better. The treatment was continued without alteration until October 15, 1885; at that time she expressed herself better than she had been since the beginning of her illness.

She made frequent visits to the dispensary for one year; for the greater part of the time the oil was taken, but the arsenic was discontinued after four months' use.

At the present writing she has scarcely any pain, is able to do her housework, has good appetite, and looks the picture of health. Save for occasional outbreaks of the trouble in the phalangeal joints, she would consider herself entirely cured.

This is a striking example of a large number of cases that yearly present themselves at the hospital. They are all classed under the comprehensive title, chronic rheumatism.

Many have gone the rounds of doctors and dispensaries, have received ounces of iodides and salicylates, but no permanent relief. Many are in need of tonics, such as those used in the case reported, and will recover without a single (strictly speaking) anti-rheumatic remedy.

Build up the strength of the patient, and nature will take care of the rheumatism.

SOCIETY REPORTS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, Tuesday, July 5, 1887.

The President, W. T. BELFIELD, M.D., in the chair.

DR. E. WESTON reported

"Cases of Synovitis of the Knee Joint."

Synovitis, though a surgical disease, is one which the general practitioner often treats—is often compelled to, if he have a country practice—and there is no reason why he should not treat it well and successfully.

A slight synovitis may recover rapidly without treatment, and so these cases get well when treated with a poultice, or when painted with tincture of iodine. But the physician who makes this his routine practice will not have many "flattering successes," and the number of cripples in his neighborhood may be monuments to his want of thoughtful attention.

I have four cases of synovitis of the knee to report. Not that they present points of peculiar interest, but to emphasize their importance, even though I disclose my own mistakes in doing so:

CASE I.—A. B., Irish, aged about 50, laborer. I met him on the street Jan. 1, 1885, when he told me he had pain in his left knee; that he did not know of injuring it in any way. Having a physician's dislike for using "all out doors" for his office, and being consulted wherever he chances to meet a would-be patient, I gave the man little attention, and advice of a very general nature. One week later he sent for me. I found him in bed suffering severe pain, knee distended with fluid in joint cavity, leg flexed. He refused to have the fluid evacuated, or even to have his leg put on a splint, although I told him plainly of the probable consequences of not doing so. Then instead of leaving the case, I allowed him to be his own physician, while I continued to make daily visits and suggestions.

I have no full notes of the case, but it went from bad to worse. Abscesses formed in the thigh, which were opened as they developed, drainage tubes were passed in various directions, the limb becoming honey-combed by the burrowing pus. The cavities were frequently syringed with carbolyzed water and the limb kept on a pillow of oakum. He was given a nourishing diet, with stimulants and tonics. But he gradually lost flesh and strength, his temperature increased, and on the 1st of March he died of sepsis and exhaustion.

CASE II.—C. D., American, aged about 45, by profession a lawyer. I saw him first March 4, 1886, when he told me his left knee had pained him quite constantly, but not very severely, for about ten days. He thought he had taken cold in it while sitting at his desk, under which he had felt a draught. I found the knee moderately enlarged, the joint distended with fluid, and hot and painful. I ordered him to bed, and had an anodyne liniment and warm fomentation applied.

This treatment was continued for three days without benefit, when I opened the synovial cavity with a bistoury and evacuated about eight ounces of light straw-colored, probably nearly normal, synovial fluid. He was at once relieved of pain. The limb was put on a well-padded posterior splint, and an elastic bandage was applied. The fluid gradually reaccumulated, and in four days the joint was again full, hot and painful. I now aspirated it, and reapplied the bandage. There was again a slight filling, but not sufficient to necessitate opening. The patient steadily improved, and in a few weeks had perfect use of the joint.

CASE III.—E. F., a Swede, aged 25, painter. Feb. 19, 1886, at noon, while on his way to work he fell, striking his right knee on the ice. It caused him severe pain for a short time, but he worked the whole afternoon, standing on a step ladder, without much discomfort. At night the knee began to swell and pain him intensely. When I saw him the knee was hot, very painful, and moderately distended, and the leg was flexed. A liniment composed of opium, aconite and menthol was applied, with warm fomentation, and opium was given internally. No improvement taking place, and the joint becoming much distended, on the 22nd inst. I opened it with a bistoury, letting out a large quantity of blood-colored fluid. He was at once relieved of his intense pain. He made a steady recovery, and in about two months had perfect use of the joint.

CASE IV.—S. H., aged 38, a carpenter. He had been at work on the outside of a building most of the winter, and of late had been obliged to kneel on scaffolding a good deal. When I saw him on Feb. 3d, he told me his left knee had been painful and getting stiff for some time. It was then painful, and contained a small amount of fluid. I could not convince him of the importance of giving it rest. I saw him occasionally during the following weeks, during which he was working about and simply using a liniment. On Feb. 11, the condition of the knee being decidedly worse, I told him unless he was willing to give me absolute control of the case, I should do nothing more for him. He was unwilling to submit, and I did not see him again for four days, when he sent for me. The joint was now moderately distended, and the patella floating. I applied a posterior splint and elastic bandage, and the patient went to bed. Three days later, the joint being very full, I opened it with a bistoury, letting out a quantity of apparently unchanged synovial fluid. Immediate relief followed, and the bandage was reapplied. The patient was given quinine and iodide of iron, and the kidneys and bowels were kept active. But the improvement was not permanent. The joint slowly refilled, and in three weeks it became necessary to evacuate it. This time I used the aspirator, and an accident happened which I am quite sure will not occur to me again. Being ready to introduce the needle, I asked my friend, who was assisting—a most careful and intelligent physician—to exhaust the aspirator bottle. All being ready, I passed the needle into the tissues until the opening near the joint disappeared, when I requested my assistant to turn the stop-cock, and as he did so I thrust the needle into the cavity of the joint. I was startled by a shriek of pain; and I have rarely seen such an agonized expression on any face. The muscles of the leg instantly became rigid and prominent, and the joint increased in size, but no fluid appeared. Fortunately the probable cause of the trouble at once occurred to me. The bottle had not been exhausted, but filled with compressed air. The needle was withdrawn, the aspirator made ready and the fluid evacuated as intended. The air which had been driven into the joint bubbled out with the liquid. But the cellular tissue of the thigh contained air which could be felt for two weeks, by which time it had disappeared, leaving no ill effects. Apparently the joint was not injured by its forcible distension, though in four days it had become filled again, and I

withdrew with the aspirator fluid of the same appearance as before. In just one week, the other knee having become similarly involved, and the joint cavity very full, I aspirated it. From this time the patient steadily improved, and he made a perfect recovery.

I have intentionally omitted to speak of the anatomy of the knee, or of the pathology, diagnosis and classification of the cases I have briefly reported. But it would seem proper to treat them by pressure, absolute rest, and early, and if necessary repeated evacuations. Barwell, whose reputation in the treatment of diseases of the joints is certainly second to no man's, says: "If the inflammation be sufficient to cause considerable secretion into the joint, producing marked fullness of the sac, the synovial membrane should be punctured * * * to relieve the tension."

Howard Marsh, in his work on "Diseases of the Joints," says: "It is now well known that matter, whether connected with acute or chronic arthritis, may be safely evacuated, with the result that the severe suffering, the prolonged fever, the wide and destructive burrowing, and the formation of sinuses, which were the common rule only a few years ago, can be generally avoided."

DR. G. J. TOBIAS: I think the paper is a very good one and the cases reported interesting. The doctor states that in two cases he made an incision before he aspirated; I would ask why he did it, why not try the aspirator first? The accident spoken of has occurred before in this city, that of compressing the air in the bottle, instead of pumping it out and producing a vacuum, thereby causing compressed air to be forced into the joint cavity with some times most serious results. Would it not be a good plan to have some basin or small receptacle at hand containing water, to try the aspirator first and see that it is in proper working order? I wish he would also tell us more fully how he used the posterior splint and whether he padded it, the material used for bandage, etc.

THE PRESIDENT: I take it for granted that Dr. Weston took the ordinary cleanly and antiseptic precautions before incising the knee-joint. Most of us would be inclined to use the aspirator before making an incision, since it is a common observation that after the knee-joint has been aspirated once, twice, three times or more, resolution has occurred and the functions of the joint resumed even when the fluid was purulent. The accident in the use of the aspirator reminds me of one of which I am personally aware as occurring in this city, and which had a more unfortu-

nate termination than in Dr. Weston's case, where most of the air got into the tissue outside of the joint. In the case to which I refer the stop cork was not turned until the needle had entered the joint, and in three minutes the patient was dead.

DR. E. B. WESTON, in closing the discussion, said: I used the bistoury instead of the aspirator because it was more convenient at that time. The bistoury has been used a good many times; but I don't pretend to say it is better, perhaps it is not so good; but in my case it was a matter of convenience. The cases did well. The posterior splint was well padded with cotton. I used for the splint, heavy sole leather. An elastic bandage, or rather a flannel bandage, was used below the knee and on the thigh, and a rubber bandage to make the pressure over the knee-joint. Of course the aspirator should have been tested. The mistake should not have occurred. And yet no injury was done by the violent distension of the joint, or by the air which entered it.

DR. WILLIAM T. BELFIELD reported

A Case of Mercurial Necrosis, with Specimen.

The case of mercurial necrosis which I wish to mention is that of a young man, apparently in excellent health, who seven years ago contracted a chancre, which was followed by the usual symptoms of constitutional syphilis. He was treated by a regular physician in an eastern city, and for a year and a half had the usual history of a healthy man contracting syphilis—mucus patches, occasional rashes on the skin, etc. After about two and a half years, during which time he was under constant observation, and much of the time taking medicine, he had no further indication of constitutional syphilis. It went along that way for about four years. Over six years after the contraction of the chancre, he noticed a slight lump on the instep of the left foot which gave a little pain when he wore tight shoes. Fearing this might be an indication of the return of the disease, he went to his physician who prescribed syphilitic treatment. He ordered the young man to take a pill of one-fourth grain of yellow oxide of mercury three times a day. The patient, who was naturally anxious to overcome any taint that might remain in him, followed the direction faithfully, and for six months took one of these pills three times a day. At the end of this time his mouth became sore. About ten days after he first noticed the soreness of the mouth, being then in Chicago, he was directed to see me. At that time his gums were quite soft and spongy,

his teeth felt loose and he could not bite bread with any comfort. On the left side the alveolar process of the upper jaw was exposed for about three-fourth of an inch in length and one-half inch in vertical breadth. The three molar teeth in that portion of the jaw were decidedly loose. The hard palate corresponding to that part of the alveolar process was swollen, and there were the usual symptoms of subacute periostitis. He was merely ordered to discontinue the mercury, to use a simple mouth wash and to take iodide of potassium. In the course of ten days the portion of the jaw exposed was so loose that it could have been removed without much difficulty, but the patient, flinching from the slight pain this would cause, declined to have it removed and worked at it with his fingers until three weeks after I first saw him, he pulled the piece away. In the meantime he had lost three sound molar teeth. The piece is quite small, only large enough for the insertion of the three teeth, but it is of some interest. The upper surface of it is the floor of the antrum. During a part of the time, the cheek bone was swollen and tender; but no abscess formed.

It may be questioned whether this necrosis was mercurial or syphilitic. The man unquestionably had syphilis seven years ago, but a little consideration shows that this necrosis was not syphilitic. In the first place, for four and a half years he has had no indication of syphilis; the little hardening of the instep, for which he took the mercury, still persists and is evidently not of syphilitic origin; furthermore, there was thickening and softening of the gums and loosening of the teeth, which was due to the mercury; and, lastly, while syphilis may cause necrosis of the long bones and of many other bones in the body, yet it rarely causes necrosis of the inferior and superior maxillary; while mercury causes necrosis in these bones with especial frequency.

Dr. Belfield said, in reply to a question that the patient had not been salivated during the time of treatment so far as could be remembered.

DR. JOSEPH HAVEN exhibited

A Mechanical Support for Maintaining the Lithotomy Position.

The position most favorable for the majority of the operations on or about the perineum is that which is known as the lithotomy position: the patient prone upon the back, thighs sharply flexed on the abdomen, knees separated. For the patient to maintain this position unaided, is a difficult pro-

cedure, and when under an anæsthetic an absolute impossibility. Hence the necessity for assistance in some form. The usual custom is to intrust each limb to an assistant to hold during the operation. To this procedure there are some objections.

First, it increases the necessary number of assistants by at least two. Usually the patient, if not the whole household, is dreading the operation with nervous anxiety, and the sight of a number of assistants or an unnecessary display of paraphernalia does not tend to quiet their fears or relieve their anxiety. Hence operations at the house should be conducted with as little display as possible.

Again, any one who has assisted in holding a patient in the lithotomy position for an hour or so, knows that it is a tiresome undertaking.

Again, emergencies are continually arising where the assistants are called upon to render other assistance, as from their proximity to the operator they are in the way of others, and are called upon to pass instruments, wash sponges, etc., thereby neglecting their own work, and the falling of the patient's foot in the operator's lap does not tend to better the results of the operation or improve the temper of the operator. Consequently, it is not strange that various appliances should have been improvised by which the patient could be held in the proper position.

My attention was first called to this subject some six or eight years ago. The operation was for the closing of a lacerated cervix. The operator brought with him an apparatus made of three boards, about four feet long, joined on the sides by hinges. When the side pieces were raised and fastened by hooks the whole formed a sort of trough in which the patient was placed and a harness arrangement bound each limb to the corresponding side piece. While the apparatus worked well upon this occasion, there are objections to it.

In the first place, it required too long a time to extricate the patient from the apparatus.

Secondly, the effect of putting together such a contrivance in the sick room might be similar to the building of a scaffold in the presence of the condemned.

Thirdly, blood stains are not easily removed from wood, and should there be any septic influence in the case, this would be readily absorbed in the pores of the wood; and I doubt the advisability of using a wooden apparatus in repeated operations in close proximity to open wounds.

In a work entitled "Minor Surgical Gynæcology," by Dr. Paul Mundé, the author speaks favorably of an apparatus designed by Dr. Hamilton, of Harrisburg, Pa., which he styles "Hamilton's Gynapod." This consists of a piece of wood upon which the buttocks rest; from this arises on either side an arm surmounted by a crutch which supports the knee. While being more simple than the apparatus previously described, some of the same objections hold good in this case. Again, as the limbs are not fastened in any way, it allows too much freedom to the feet. This will be particularly annoying if the operation be a trivial one, not requiring the administration of an anæsthetic.

If then an apparatus for this purpose is of service in these operations, what are the essential requirements?

First—It should be so constructed that it can be instantly removed, if emergency should arise.

Second—It should be of a material which will admit of its being thoroughly cleansed and disinfected.

Third—It should secure the patient firmly, and at the same time be as simple, light and easy of transportation as possible.

Acting upon these thoughts, I had made, two years ago, an apparatus based upon the same principle as the one which I shall show you this evening, namely, a light nickel plated bar provided with a hinge in the center, allowing it to be folded up when not in use. This bar passes under the knees of the patient, holding them flexed on the abdomen by means of a band of webbing which passes around the shoulders of the patient; the webbing having a strap and buckle allowing the band to lengthen or shorten according to the size of the patient. Bands of the same material at either end of the rod securely hold the limbs below the knee; every strap being attached to the rod by means of a snap catch, which can be instantly disengaged if occasion so demands. A rod attachment for holding a fountain syringe completes the outfit. The whole apparatus when not in use fits into a case eighteen inches long, five inches deep and four inches wide.

In this connection it becomes my duty, and at the same time at pleasure, to accord to Thomas B. McBride, of Philadelphia, the credit of having within the last few months devised an apparatus somewhat similar in principle to the one just described. A description of his apparatus will be found in the *MEDICAL AND SURGICAL REPORTER* for June 4, 1887. He writes me that he has, since

that publication, added the hinge, thereby lessening the length of the apparatus when not in use.

In conclusion, I will add that I have found the apparatus serviceable in all operations in which the lithotomy position is indicated, and particularly when operating for slight lacerations of the cervix where no anæsthetic was administered.

THE PRESIDENT asked Dr. Haven if the apparatus answered as well when the patient was under an anæsthetic.

DR. JOSEPH HAVEN: It answers better. I have used the apparatus a number of times with an anæsthetic, and several other physicians have used it. The patient is liable to come out of ether before the operation is finished, and with this apparatus she cannot do herself any harm during the operation.

DR. TOBIAS asked Dr. Haven in how many cases of laceration of the cervix he had tried the apparatus, and if the patient ever raised any objection to its use.

DR. HAVEN: Probably twelve or fifteen. No objection has been made to the apparatus, except in one case. But you will find that some patients object to any instrument. This patient asked me what it was, and when I explained that it was not an instrument of torture, she readily consented to its use. However, where an anæsthetic is to be given, I do not usually put it on until the patients are anæsthetized, and they do not see the instrument at all. It can be put on in less than one minute, and taken off in the same time. I very often use it in dressing wounds around the uterus, packing the vagina after opening a pelvic abscess, where I do not care to employ an assistant to hold the patient in the lithotomy position, or for slight operations on the rectum,—anything that would not require an anæsthetic.

—THE RUSH MONUMENT.—The State Medical Society of California at the recent session in San Francisco, unanimously adopted resolutions heartily approving the project of erecting a statue of "the immortal Benjamin Rush," in the city of Washington, and requesting the various medical journals to call upon every physician in the State to contribute the very modest sum of one dollar each to which the subscription has been limited.

—M. Chevreul will be 101 years old in August. His family and friends intend to celebrate his birthday, but the old chemist desires that no public demonstration be made on the occasion.

EDITORIAL DEPARTMENT.

PERISCOPE.

Severe Injury in a Woman Pregnant with Twins.—Expulsion of one Fœtus at the End of Eighty Days.—Retention of the Other up to Full Term.

Dr. E. Sirois, in the July number of *L'Union Médicale du Canada*, reports the following case :

On the first of December last, I was called to Mrs. H., who, I was told, had just had a fall. The patient, who weighed about one hundred and ninety pounds, had fallen, head-first, from a wall ten or twelve feet high. When I saw her, a half-hour after the accident, she was bleeding at the nose and ears, and was delirious. In spite of all I could do, her condition grew worse, to such a degree that five hours later she was in profound coma, with complete insensibility, widely dilated pupils, paralysis of the bladder and rectum, labored respiration (from six to twelve in the minute); pulse thready, and very irregular, varying between one hundred and twenty and one hundred and sixty. I consulted with a brother practitioner, who believed that there was a severe lesion of the base of the brain, and declared that the woman would die. For my own part I had no idea but that she would die before morning. I, however, remained with her, pretending to be doing something, so as not to take away too suddenly what little hope remained to the sorrowful family. Toward the latter part of the night, eleven hours after the accident, the respiration became gradually more regular and less labored, while the pulse became stronger and remained at one hundred and thirty. At nine o'clock on the following morning (December 2) fourteen hours after the accident, she had completely recovered consciousness, but complained of intolerable pain in the head, neck and shoulders. I knew the patient was pregnant, but pains, which were present, were of a nature to distract attention from the uterus. On the tenth day she lost by the vagina about two ounces of blood, which were followed by the expulsion of a fœtus *without labor pains*. Then all her troubles disappeared. There was no more headache, no more pains in the limbs. Two days afterwards my patient was engaged in her ordinary duties. The ovum, which was expelled, was intact. I opened it myself and established the presence of a very well formed embryo about seventy or eighty days old. On the sixteenth of May, that is to say,

less than seven months after the accident, Mrs. H. gave birth to a boy at term, weighing ten and one half pounds. She had, therefore, at the time of the accident, lost the half of a double conception.

The Relation of Uric Acid Excretion to Headache.

Headache is a disorder to which physicians are perhaps even more prone than the majority of their patients, and one would suppose that they would be particularly interested in the subject. But it is not often that the matter receives very exhaustive treatment in medical writings, and the monograph of Dr. W. H. Day, published some years ago, is perhaps the latest which has appeared on the subject.

At a recent meeting of the Royal Medical and Chirurgical Society of London, Dr. Alexander Haig presented a paper on headache, which contained some interesting suggestions. Considering that headache has frequently some clinical relationship to gout, the author has examined the urine with a view of deciding the question. A headache was experimentally produced on himself by adopting a diet of meat and cheese. The urine excreted during the headache was kept separate from that excreted before and after. There appeared to be retention of uric acid before the headache, excessive excretion during the headache, and diminished excretion after the headache. Taking the three periods, however, and comparing the urines, there was no absolute excess of uric acid passed. The temporary excess during the headache was balanced by the diminution before and after. There was little change in the amount of urea passed during a headache, but the relation of the uric acid to the urea was greatly altered. When, after excessive exercise, there was a large excretion of urea and uric acid (though in their normal relation), headache was not far off; and if from any cause the uric-acid excretion fluctuated, headache would be present during its excess and absent during its diminution.

This fluctuation in the uric acid excreted did not affect the urea, and it was merely temporary and transient; it has also been proved that urates may accumulate while the kidneys are quite sound. Dr. Haig suggested that diminished alkalescence of the blood best explained all this. Gout, he thought, might consist in a diminished power of forming ammonia to neutralize

acids, resulting in a permanent diminution of the alkalescence of the blood. A dose of acid, either from without or formed internally, might cause temporary retention of uric acid and so lead to headache.

Probably, however, as the author suggested, retention does not explain everything, as in his case the excess during the headache appeared to exceed the previous retention. There may be temporary excessive formation as well; hence the good effect of sodium salicylate, which lessens the formation of uric acid. The beneficial effects on this form of headache of a good meal, vegetarian diet, and alkalies were severally due to a temporary increase in the alkalescence of the blood.

On the Treatment of Lupus by Scraping.

Mr. Rushton Parker, Professor of Surgery in University College, Liverpool, writes, in the *British Medical Journal*:

The practice of scraping with a sharp spoon, or other convenient instrument too blunt to cut healthy tissues easily, has proved of such conspicuous advantage in the treatment of unhealthy granulating surfaces as to be hardly capable of exaggeration, though its general utility is too well-known to need much advocacy. Though cases of lupus vulgaris and all forms of strumous or otherwise indolent flabby ulcer yield better, in my opinion, to scraping than to any other treatment, their alternative curability by caustics, whether incandescent or chemical, is perfectly known. Various methods lead to healing in cases of lupus; the principle that underlies is removal of the morbid stuff from the tissues it keeps unhealed, whether this be by dissection, scraping, or burning *in situ*.

The worst specimens of ulcerating lupus readily heal after thorough scraping once or oftener; also the less evident cases of lupus erythematosus, and others of dry scabby lupus that are neither erythematous nor serpiginous, but none the less ulcerative, after an indolent fashion; and other cases, again, that are warty in some parts, pustular in others, and are not at first conspicuously recognizable as forms of lupus at all. Although lupus most commonly affects the young, and women more than men, we meet it at any age over ten, in both sexes; and when, as I have seen, it affects the hands, arms and neck of a man aged 58 in such an untypical form as scattered pustules and warty patches, the disease is apt to be neglected, overlooked, or unrecognized, on account of its apparent slightness. Such a case, twelve months un-

healed, I treated by scraping with a blunt knife, repeated once or twice a week as fresh tubercles appeared, finally healing in three weeks.

The instruments I have resorted to, on the spur of the moment, for scraping lupus on a small scale, are a straight shoemaker's awl, and even a pointed wooden lucifer match, the point of a tooth-elevator, a gum-lancet, or a broad eye-spud, suitably blunted, so as not to cut healthy tissues. This last I have used more frequently than anything else for the small pustular, pearly or miliary nodules one meets with as recurrences in cases requiring repeated operation, and as first manifestations in some of the more obscure varieties, and for lupus erythematous, of which I have had a conspicuous example in hand for the last two years. In that period scraping has been done seventeen times, at intervals of from twelve days to three months, in a woman aged 35. The disease has lasted fourteen years, during the last ten of which I have frequently seen her. Some years ago her cheeks and nose were bright red, under a whole cuticle, and raised. She had been several times apparently nearly cured, after repeated cauterizations with a fine heated point, but never got quite well. A very steady improvement has taken place under the scraping, which has sometimes to be applied to minute miliary nodules no bigger than a millet-seed. For hæmostatic purposes I use a wire ring, set at an obtuse angle, mounted in a handle, and pressed firmly round the spot operated on; and, as soon as the scraping is done, solid nitrate of silver, rubbed into the raw surface. This effectually arrests or prevents bleeding, and secures for a few days an aseptic scab. In more extensive cases, requiring the sharp spoon, nitrate of silver is similarly applied, followed by a dressing of boracic lint or sublimated gauze, wet, under waterproof tissue.

A year or two ago I used liquor calcis bisulphitis, a lotion that has been much praised for lupus and for the sores left after excision of rodent ulcer. But I have not been able to find in it anything more than a convenient antiseptic, neither better nor worse than others in everyday use. I gave it a good trial also as a subcuticular injection into the lupus growth last referred to, before resorting to scraping; but it proved quite useless. What I claim for scraping is its thorough removal of morbid granulations, without waste by destruction of adjacent healthy structures, and the accuracy with which it can be done when the part is rendered bloodless by ring pressure.

The Fluorides of Ammonium and Iron in Hypertrophy of the Spleen.

In the *Practitioner* for June, 1887, Dr. John Lucas presents a number of cases treated as above indicated. The time required to effect a reduction of the hypertrophied spleen to its normal size was about three months. He writes as follows regarding the details of treatment:

I prefer the salts to the acid, because they are less unstable. The ammonium fluoride (NH_4F) is prepared by saturating a solution of hydrofluoric acid (HF) with ammonia (NH_3), and allowing the mixture to evaporate over quick-lime. The fluoride of ammonium crystallizes in hexagonal prisms, dissolving readily in water, and the solution is colorless; but it acts on glass (for chemical reasons which I need not enter into here), going through it and escaping. To prevent this escape the expedient of coating the inside of the bottle with wax, so as to prevent the unstable compound in solution from coming in contact with glass, has to be resorted to; or the solution may be kept in india-rubber tubes or gutta percha bottles. I adopted the first-named plan, and did not cause more of the solution to be made than was actually wanted for use. The strength of the solution employed by me was four grains to the ounce. Of this *liquor ammonii fluoridi* I began with 5-minim doses, diluted in an ounce of water and administered thrice a day after meals, and the dose after a day or two may be increased to 8 minims, then to 10, 12, 15, 18, 20, and so on at intervals of a few days, the increase being effected gradually and cautiously; the great point to attend to is to insure the taking of this medicine after food, as otherwise gastric and intestinal irritation will be set up, while with this precaution it will be found to be fairly well tolerated in the majority of cases.

Remarks.—Certain physiological effects, more or less common to all the cases, were observed. Briefly, there was a marked influence on the blood-pressure, which had a downward tendency at first; the pulse fluctuated and the number of beats was lessened. In this respect my experience was quite in accord with that of Dr. Coates. It was also found that the drug possessed antipyretic properties when the temperature ranged above the normal point, and it prevented attacks of ague, thus proving it to be an anti-periodic. Dr. Coates writes that he did not notice this action. In all the cases it produced nausea at first, though gradually a sort of tolerance appeared to have been

established, and the drug could be borne in much larger doses. It produces some intestinal irritation, probably acting more on the duodenum, and giving rise to some diarrhœa. I am not sure that it has any action as a hepatic stimulant. The appetite after a time improves under its use. Almost all the patients complained of a pricking or twisting pain or uneasiness in the spleen itself, the original pain being sometimes aggravated. When given carefully and after meals, which should be the invariable rule, it is better borne and does not produce nausea and purging to the same extent. It certainly seems to excel any other method of treatment with which we are acquainted. It is a new remedy in this connection, and I would solicit trial and report on it by physicians in this country as well as in India, and not only in the treatment of splenic hypertrophy, but also in that of goitre. Although I began with small (5-minim) doses, I should be disposed to start with 20 or even 30 minims diluted in an ounce or two of water and administered always after a meal. The combination of iron with hydrofluoric acid, I am inclined to think, would prove more valuable on account of the hæmatinic properties of the former, and because as an adjunct it would exercise its astringent and tonic influence on the mucous lining of the stomach and intestines, and thus in a great measure tend to counteract the unpleasant effects complained of, and perhaps also to augment the evident specific action of the spleen. The fluoride of quinine can easily be prepared, and so also can the triple fluoride of iron, quinine, and ammonium.

Oxygen Baths in Febrile Conditions.

A Spanish observer, Dr. F. Valenzuela, starting from M. Paul Bert's results showing the destructive action exerted by oxygen of high tension on vegetable and micro-organic life, has recently made a number of interesting observations on the power of an atmosphere of pure oxygen to affect the febrile state. He found that the temperature of healthy rabbits, after being kept for an hour in pure oxygen, at pressures of from 760 millimètres to 1,520 millimètres, underwent a marked diminution, amounting in the last case to as much as 11°F . Again, rabbits into which septic matter had been injected so as to induce pyrexia, suffered a decided diminution of the fever by immersion for one or two hours in an atmosphere of pure oxygen. In one experiment, where two rabbits were similarly injected, one, which was twice bathed in oxygen at a tension seven times as high as

that which it has in the atmosphere recovered, while the other, which was left untreated, died on the third day. Several observations were also made on hospital patients. Two cases of acute pneumonia, treated with oxygen "baths" at a pressure of 960 millimètres, ran a peculiarly rapid and favorable course. In a phthisical case with a temperature of 103.6° F. an oxygen "bath" brought the thermometer down to 101.3° . The next evening the temperature rose as before, and was again reduced in the same manner; slight hæmoptysis, however, was caused by the "bath." The next day there was no rise of temperature. After two days, a third "bath" was given, and from that time the febrile condition appeared to improve, for though the temperature sometimes rose above normal, the pyrexia was never so pronounced as it had been. From a second case of the same kind reported, there would seem to be a decided danger of these oxygen "baths" producing hæmoptysis. On the temperature, however, they appear to exert a very beneficial effect.—*Brit. Med. Journal.*

A Case of Intestinal Tuberculosis which had been Cured.

Under this caption, the *Allg. med. Central-Zeitung*, for June 11th, has the following interesting particulars: Dr. Hartwig made in December, 1885, a preliminary incision into a woman with marked ascites, in whom a positive diagnosis was not possible. There were about three-quarters of a bucketful of a clear pale liquid evacuated. The genital organs were unaltered, but the whole peritoneum was strewed with tubercles. Convalescence was without reaction. In a dissected piece of the peritoneum tubercle bacilli could be recognized with certainty.

One year after the operation, the patient had a blooming appearance and felt well. Ascites had not reappeared. Physical signs of pulmonary disease were not recognized.

A Brilliant Clinical Diagnosis.

In the *Centrallblatt f. d. med. Wissensch.*, for June 11th, there is the following account of a case of acute endocarditis occurring in the practice of Spronck. He accurately describes the case, that of a patient twenty years old, which is especially interesting from its complications. With the endocarditis was insufficiency of the mitral, and subsequently an embolic aneurism of the superior mesenteric and right femoral developed. The autopsy of the case, which came to its

fatal termination through pulmonary phthisis, established the clinical diagnosis completely. The anatomical diagnosis runs as follows: tuberculosis of the lungs; acute vegetative endocarditis of the mitral valve, with insufficiency, and dilatation of the heart; arterial aneurism of the superior mesenteric and right femoral; embolism of the artery of the fissure of Sylvius of the left side; multiple infarcts of the spleen and kidneys. During life the difficult diagnosis of aneurism of the superior mesenteric could be established through a pulsating tumor in the epigastrium of the size of a hen's egg. The differential diagnosis (of epigastric pulsation, tumor pressing upon the aorta, aortic aneurism, aneurism of the coeliac axis) is satisfactorily cleared up.

Heat-Stroke at Assouan in 1886.

Under this heading Surgeon G. Douglas Hunter gives the following interesting accounts of the symptoms and treatment of thermic fever as observed in the tropics:

The usual type was as follows:—A man was carried in with flushed face, hot, dry, burning skin; if conscious, complaining of intense pain in the head; generally unconscious, pulse feeble, breathing shallow and labored; at times comatose, with stertorous breathing, in others violent convulsions relapsing into coma. The initial temperature generally varied from 104° to 107° ; you could not depend on the strict accuracy of the clinical thermometer, owing to the high temperature of the external air, but the bodily temperature was always very high.

The cases occurring in patients in hospital presented similar symptoms, but were generally more insidious. Several cases exhibited a kind of premonitory stage, the patient being admitted to hospital with slight febrile disturbance, and after a day or two developed the disease in its full intensity.

In cases of enteric fever in which it occurred, it was either speedily fatal or seriously complicated the disease, the symptoms being high temperature, hot, dry, and burning skin, flushed face, and great prostration, which, if yielding to treatment, left the patient very weak and less fit to cope with the original disease.

In severe cases, in which the patient became comatose early, he usually died in a few hours without rallying. One or two cases rallied and then relapsed into coma. Case 6 was the longest case that terminated fatally. If the attack yielded to treatment the patient was left very prostrate, feverish, furred with tongue, headache, etc., which passed

off generally in a few days, and left him convalescent but weak and debilitated.

Most of the cases which recovered were considerably debilitated, and required change of climate; I am unaware if they suffered from brain mischief later on.

Treatment must be immediate and thorough. The patient should be stripped and laid in the coolest place possible—in the shade outside is best—and cold water dashed on the head and spine; this should be maintained; a large enema administered and the lower bowel well emptied. If the patient regains consciousness, he may then be placed on his bed (if the temperature remains high) in a wet pack, and ice kept to his head. Five grains of calomel may then be administered, and diaphoretics given frequently. To promote free action of the skin and maintain the action of the bowels is very needful. If a relapse threatens, douching should be at once resorted to. If there are no signs of rallying, use sinapisms to the heart, frequent douching, ice to head and spine, friction of the limbs; if the pulse is failing, brandy at frequent intervals in small doses and brandy enemata. If respiration is failing, artificial respiration should be employed and well kept up. On no account give up every attempt till life is quite extinct. On no account bleed the patient. The after treatment is to maintain free action of the skin and bowels—tonics and change of air to a temperate climate.

The essence of treatment is to reduce the bodily temperature as speedily as possible, and the surest way to do this is the application of cold water and ice; this should be maintained, and the least relapse dealt vigorously with in the same way. Immediate action of the bowels by enemata is very necessary, and an emetic is beneficial in suitable cases.—*British Medical Journal*, July 9, 1887.

The Relation of Erysipelas to Syphilis.

In the *Centrallblatt f. d., med. Wissensch.*, for June 18th, there is an abstract from a paper by Schuster under the above heading, which says: In a woman suffering from syphilis of the nasal passages a severe attack of erysipelas developed itself from a small wound at the border of the nostril from which the patient died. In another case there arose likewise a very grave repeated erysipelas in a man, during specific treatment for a latent state of syphilis; this did not hinder the later outbreak of the syphilitic ulcer.

In a third patient, syphilis of the nasal passages formed directly the point of origin of a many-times-repeated erysipelas, and with the cure of the first also disappeared. Upon these experiences, he considers erysipelas a serious complication of syphilis, and suspects a specific and permanently curative action of the former upon the latter.

Are Tumors Caused by Bacteria?

In *Schmidt's Jahrbücher* for June 15, 1887, occurs the following: M. M. Galippe et Landouzy, in *Gaz. des Hôp.*, 24 p. 158, 1887, say they have transferred small pieces of tissue from two uterine myomas, immediately after the operation, into different culture fluids, and found in two days pure masses of micro-organisms in the fluids. Sometimes they were arranged in large heaps or in long chains of diplococci, then narrower streptococci, finally bacilli, partly isolated, partly as long threads. In both tumors these same micro-organisms were to be found. The authors could also recognize micro-organisms in the contents of two ovarian cysts.

From their investigations the authors think they can draw the conclusion that solid, as well as cystic tumors in animals arise from a wandering in of lower organisms, just as excrescences are produced upon plants.

Excessive Salivation in Pregnancy.

With reference to this subject, Justus Schramm, in the *Allgemein. med. Central-Zeitung*, has reported the following case: A woman, who was seven months pregnant, poured out within twenty-four hours twelve hundred cc. of saliva; nausea, vomiting and great weakness were present, and the gums very much swollen. After all other means, such as iodide of potash, atropine, duboisin and galvanization of the sympathetic, etc., etc., were tried in vain, bromide of potash proved extraordinarily successful. She was given a tablespoonful three times a day of a twelve per cent. solution of bromide of potash.

The Action of Belladonna and Opium in Diabetes.

Villeman (*Comptes rend.*, No. 7, 1887), writes as follows: In a young artilleryman, with a high degree of diabetes, who in spite of appropriate diet passed twelve to fourteen litres of urine containing about five per cent. of sugar, a combination of belladonna and opium caused a disappearance of sugar, and of all the symptoms of the disease. Improvement continued as long as the treatment was used, although other measures had given no result.

The Intraperitoneal Injection of Koch's Comma bacilli in Guinea Pigs.

Upon this subject, Vincenzi, in the *Centralblatt für die med. Wissensch.*, of June 18th, reports as follows: In opposition to the lately published researches of Huppe, who had seen the death of the animals experimented on, invariably follow the intraperitoneal injection of one centimetre up to a drop of cholera bacilli, that, in ten guinea pigs in whom under avoidance of every injury of the contents of the peritoneal cavity, ten to twenty drops of a second day's culture of cholera bacilli were carried into the belly, no disturbance of health could be obtained. Vincenzi supposes that cholera bacilli are re-absorbed in the belly, just as an injection of indigo solution in the lymph stream, and then deposited in the blood.

Gravel as a Purgative in Habitual Constipation.

In the *Allgemeine medicin. Central-Zeitung*, for June 22d, Dr Von Kacorowski, of Posen, recommends gravel in pieces the size of millet or hemp seeds, ten grammes to the dose, or a teaspoonful morning and evening, as a purgative: "1st. In habitual constipation. 2d. In chronic catarrh of the alimentary canal, from the mouth to the large intestine. 3d. In chronic heart and lung diseases of anæmic persons who would be weakened by a very active purgative. But it is especially advantageous and to be preferred in those cases of constipation which depend upon a spasmodic constriction of the circular muscular fibres of the anus, which are met with particularly in young persons with increased excitability of the nervous system, which exists with an organic or functional state of excitement of the genital organs, but especially in association with masturbation."

We cannot but commend the child-like obedience of German patients.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

—Lea Brothers & Co., Philadelphia, have in press for early publication the third and final volume of the 'American System of Dentistry,' 'A Text-Book of Materia Medica and Therapeutics,' by Dr. Robert T. Edes; and 'A treatise on Human Physiology,' by Henry C. Chapman, M.D., professor of physiology in the Jefferson Medical College, of Philadelphia. For the same press, Dr. Roberts Bartholow, professor of materia medica and therapeutics in the Jefferson

Medical College, is preparing a work entitled 'New Remedies of Indigenous Source, their Physiological Actions and Therapeutical Uses,' which will make an octavo volume of about 300 pages.

BOOK REVIEWS.

The Relation of the Nervous System to Hæmophilia, Malarial Hæmaturia, etc. (Second paper,) C. H. Hughes, M. D., St. Louis. (Reprint from *The Alienist and Neurologist*, July, 1887.)

The author attempts to prove that hæmophilia is an "hereditary or congenital neuropathic affection of the sympathetic system." Malarial hæmaturia, purpura hemorrhagica and certain mythemias are due to "the lost vaso-motor control that allows arterial dilatations and permits of the fatal pressure of passive congestions and sanguinuric execution."

A Manual of Treatment by Massage and Methodical Muscle Exercise. By Joseph Schreiber, M.D., member of K. K. Gesellschaft der Aerzte, in Vienna, etc. Translated with the author's permission by Walter Mendelson, M.D., of New York. pp. 285. Philadelphia, 1887. Lea Brothers & Co.

It is very evident that at the present day there exists a stronger tendency than ever to employ external medication, not at the expense of, or with a purpose to supplant internal therapeutics; but merely on account of a better knowledge of the physiological and pathological conditions to which such treatment is applicable. The volume before us, which is well illustrated, is divided into five interesting chapters, the first of which is devoted to a definition of massage, and in it it is held that the hand is superior to machinery, and that every physician by self-teaching, can acquire the art of mechano-therapy. Chapter second describes the physiological effects of massage—(1) Primary—removal of lymph, exudations, extravasations, etc.; (2) Secondary—increasing the circulation and stimulating the muscular and nervous system. In chapter third the methods of massage, such as pressing, tapping, pinching, squeezing, rubbing, and stroking are described; chapter four is devoted to an exposition of the physiological effects of calisthenics, and of the Swedish movement cure; and chapter five treats of the diseases to which mechano-therapy is suited. It is a book which, if it is well studied and its directions followed, will be a great gain to both physician and to many of his patients.

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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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DEVIATIONS OF THE SEPTUM NARIUM.

A number of theories have been advanced to explain the cause of deviations of the septum of the nose which sometimes give so much trouble to those who have them. Many authorities believe they are largely due to traumatism. Others believe that they are due to defects of development, while some go so far as to say that they are always due to such defects, and that these defects implicate the whole of the superior maxilla.

It is likely that the truth is between these two beliefs. Most deviations are probably due to defects of development either inherited or acquired. No doubt a fracture of the septum may occur and leave a permanent deformity behind it. But many occur without any traumatism, and in others a traumatism is the cause of the defective development.

In any case a deformity results which is often a source of annoyance, and sometimes of actual danger. To correct it various operations have been devised: exsection of a portion of the septum, cutting off of the protruding angle, and forcible straightening of the bone.

The latter operation is simple and safe. To do it a pair of strong, straight forceps are introduced—one blade in each nostril—and the septum is forced into a correct position. For this purpose, a pair of straight bone-forceps, the blades of which have been wrapped with adhesive plaster, will do very well. After this a smooth, round needle is thrust up alongside the septum, under the mucous membrane and even into the septum itself, to act as a splint. This is left in place for eight or ten days, and then removed. Afterwards the correct position is to be maintained by the use of little cones made of hard rubber or ivory.

The results of this little operation have proved very satisfactory to those who have performed it; and it would seem to have decided advantages over any cutting operation.

THE DIFFICULTIES AND DESERTS OF MEDICAL JOURNALISM.

It is almost pathetic to observe the way in which the following item is going the rounds of the medical journals:—

“The following from the *American Medical Journal* may be of interest to the readers of regular publications: ‘A newspaper in Illinois recently brought suit against forty-three men who would not pay their subscriptions, and obtained judgment in each for the full amount of the claim. Of these, twenty-eight men made affidavit that they owned no more property than the law allowed them, thus preventing attachments. Then they, under the decision of the Supreme Court, were arrested for petty larceny, and bound over in the sum of \$300 each. All but six gave bonds, while six went to jail. The postal law makes it larceny to take a newspaper and refuse to pay for it.’”

In the same connection we have recently noted an appeal from a very able Kansas City

contemporary to its subscribers, in which the statement is made that among "many hundreds" upon its books, there are only *two hundred and twenty* marked "paid to January, 1888."

It is unquestionably a shame that some physicians will not pay for the journals they take. But this is partly the fault of the journals themselves, which often push and crowd the doctor to subscribe, entice him on with special attractions which are not continued, let him run up a bill which gets big before he knows it, and then come down on him for payment.

The fact is there are almost too many medical journals. Those which are successful in every sense have their prosperity diminished by the sharp competition and underbidding of others for which there is but little *raison d'être*, and the latter struggle along, with few subscribers, few writers and no profits; doing harm to other journals and no good to themselves.

To any journal which really has a mission, struggle and hardships are the necessary preparation for success. To any journal published solely to make money, to gratify vanity, or to bolster up a commercial interest these experiences are apt to be the foretastes of failure.

We extend our hearty sympathy to every worthy struggler in the field, and commend to all the unflinching determination of the REPORTER to be such a good medical journal that thousands of medical men shall feel that they cannot do without it, and that they will pay for it—as they now do.

ANTIPIRYN AND ANTIFEBRIN AS ANALGESICS.

M. Germain Sée, in a paper read before the French Academy of Sciences, reports remarkable results from the use of antipyrin as an analgesic. He has used it in subacute rheumatism, and acute gout both primary and secondary to chronic gout with chalky deposits. Antipyrin, in doses of a drachm to a drachm and a half, removed both pain and swelling in from two to four days, without any bad effect upon heart or kidneys. Moreover, he has used it with particular suc-

cess in neuralgia and migraine, in sciatica, diabetic neuritis, zona, and locomotor ataxia. Confirmation of these good results is beginning to come in from other competent observers. More recently, Dr. H. M. Fisher reports a case in which he obtained a very happy result from the use of antifebrine in spinal syphilis. A noteworthy fact in these cases is that the pain does not always recur, and when it does is not so severe.

In recording the similar results produced by antipyrin and antifebrin, one is forcibly reminded of the studies of Blake, in which he has shown that, with some exceptions, metals which form isomorphous salts have the same physiological action, and that the physiological power increases with the atomic weight of the members of these isomorphous groups. Most of the new antipyretics (kairin antipyrin, thallin, antifebrine, antithermin, etc.) are isomorphous, crystallizing in rhombic prisms. Again, Lauder Brunton and Cash have found that in most of the cases in which a union is made between the amidogen and the methyl radicles in the alkaloids, there is a paralyzing action, and this action is said to be greater with than without the methyl radicle in connection with the amidogen in the alkaloid.

These new drugs are synthetic compounds. It would almost seem, therefore, that the science of chemistry is rapidly approaching such a state of perfection that it may soon be able to produce any drug as soon as the therapist had indicated what physiological action was desired.

MODERN METHODS IN HYPODERMIC MEDICATION.

Some weeks ago a correspondent inquired about the recent developments in the methods of hypodermic medication. We take pleasure in presenting in this number a very full list of the drugs thus employed, with doses and a statement as to strength of solution which has in each case been found most advantageous. One of the most important functions of a good journal is to give full, clear, and reliable replies to the queries of its readers. Our readers will always find the REPORTER prompt to respond to calls of this nature.

NOTES AND COMMENTS.

HYPODERMIC MEDICATION.

ADAPTED FROM EWALD'S HANDBUCH DER
ARZNEIVERORDNUNGSLEHRE.

The method of hypodermatic or subcutaneous injection was introduced into therapeutics in 1855, by Alexander Wood. In the meantime it has been so universally and heartily adopted by the profession of all countries, that it may now be considered as one of the most important advances of modern times in the department of practical medicine.

The process consists in the production of a local or systemic effect by the introduction into the subcutaneous connective tissue, of accurately graduated doses of the medication chosen. For this purpose there is used a small glass syringe provided with a lance-like hollow silver needle. Upon the piston (or cylinder) of the syringe there is a graduated scale, enabling one to estimate the exact amount of liquid at any time below the piston-head. The connections of the piston and cylinder are usually made of silver, though more recently vulcanized rubber has been used.

The first step is to fill the syringe with the amount of the solution it is desired to introduce into the organism. The skin of the spot is then rendered tense* by the thumb and forefinger of the left hand, whilst with the right, the needle of the syringe (held as a penholder), is pushed with a short, quick thrust, five to ten millimetres (one-fifth to two-fifths of an inch) beneath the surface, much in the same manner that one would puncture an abscess. After withdrawing the needle from the skin, the spot may be covered by a bit of adhesive plaster if thought desirable, though the escape of blood is so unimportant that this may be neglected. Many amateurs, and even more expert operators, make the mistake of entering the needle too slowly and not deeply enough. The operation, essentially trifling, is thus made more painful, and abscess is thereby rendered more probable by the different drugs used. Especial attention is to be directed that the canula be kept scrupulously clean. Our rule is, preceding an injection, to cleanse the

canula and needle by repeatedly drawing through it hot carbolized water.

The accurate dosage of the liquid to be injected is highly important, and for this purpose we must know the capacity of our syringe. Within certain limits, different syringes vary in this respect, and it therefore becomes necessary for every physician to determine exactly the capacity of the one he uses. At the present time most foreign instruments are made to hold one cubic centimetre, or one gramme [= 16.231 minims of water, or 15.434 grains Troy] of distilled water, the piston being graduated into fifty equal parts. One of these parts, therefore, corresponds to 0.02 ccm. [three-tenths of a minim or grain] of the liquid. The instruments generally used in the United States contain 25 minims, the scale upon the piston showing a division into 25 equal parts.

Subcutaneous injections are indicated in the following circumstances: In order by absorption to produce a prompt effect either locally or upon the physiological centers. In this way they are used especially to control spastic, neuralgic, and painful derangements generally; also insomnia, mania and delirium; latterly, also, they have been used as excitants; they are, moreover, of service in hemorrhages, intoxications (notably by curare in strychnine poisoning), intermittents, in amblyopia and amaurosis, aneurism, internal hemorrhages, uterine diseases, (especially in myoma and fibroma), parenchymatous ulcers, etc., etc.

When it is desired to produce a local effect, as, for example, the relief of neuralgia, the place of puncture is chosen as near as possible to the painful tissue. In neuralgia a point may be found that reacts painfully to pressure, and this *point douloureux* is the best place to insert the needle. For systemic effects the location is unimportant. If repeated injections are to be made, different spots are to be chosen.

The drugs used are numerous. When the drug is in a sufficiently concentrated form, and soluble in water, glycerine or dilute alcohol, and if, moreover, it be not too severe a local irritant, it may be used in the manner proposed. There is an increasing number of such agents being constantly introduced. The most important now used in this way are the following: *

* If the points chosen be over superficially situated bone, as, e. g., the temple, the skin must be pinched up instead of made tense, by the left hand, and the needle thrust between the skin and the periosteum. If the place be in the neighborhood of important nerves, arteries, veins, etc., these must be carefully avoided.

* The approximate equivalents of the metric system are given below in Troy measures or minims. This accounts for the peculiar fractions sometimes resulting. For small amounts the uniform measure of minims is used, practically equivalent to the grain in aqueous solutions.

ACIDUM BENZOICUM.—One part dissolved in twelve of alcohol; a whole syringe-ful, and, if necessary, others at short intervals; as an excitant, and in uremia. Solution and syringe should be slightly warmed before injecting. (*Rhode*).

ACIDUM CARBOLICUM.—Of a one to two per cent. aqueous solution, inject 15 to 30 minims, *i. e.*, gr. $\frac{1}{8}$ — $\frac{1}{4}$ of the acid. (Recommended first by *Hueter*.)

ACONITUM.—Dissolve gr. iss in aquæ $\mathfrak{z}$ iss, and inject from 3 to 6 minims, *i. e.*, gr. $\frac{3}{8}$ to $\frac{1}{2}$ aconitin.

ETHER, ACETIC ETHER, AND SPIRIT OF ETHER.—As an excitant in extreme collapse, one or more syringe-fuls.

APOMORPHINÆ HYDROCHLORAS.—Gr. iss dissolved in $\mathfrak{z}$ iss of water; of this inject 8 to 16 minims, *i. e.*, gr. $\frac{1}{3}$ — $\frac{1}{2}$ of apomorphine as an emetic dose.

ATROPINÆ SULPHAS.—Dissolve gr. $\frac{1}{2}$ in $\mathfrak{z}$ iss of water and inject $\mathfrak{m}$ iij— $\mathfrak{m}$ viij, or gr. $\frac{1}{16}$ to $\frac{1}{8}$ at a dose. Of *atropinum valerianicum*, the same. The combination of atropine and morphine in the proportion of one part of the first to one-tenth of the last (or less), is recommended by Nussbaum and Fraignaud. The toxic effects of the individual components are said to be obviated whilst the combined action is unaffected. Gelatine discs of morphine and atropine are to be had.*

CAMPHORA.—A syringe-ful of a one in twelve alcoholic solution, as excitant.

QUININÆ HYDROCHLORAS (THE CARBAMIDE.)—One or two parts to ten of water are said to produce no irritant effect.

QUININÆ SULPHAS AND HYDROCHLORAS.—One part to ten of water (adding a few drops of sulphuric acid), or one to six of glycerine (without the acid); inject $\mathfrak{m}$ v to $\mathfrak{m}$ xv or, gr. $\frac{1}{3}$ to jss, as a dose.

These injections frequently produce symptoms of local irritation, sharp pains, abscesses, etc. According to Köbner, quininæ, hydrochlor. gr. ii–iv with water or glycerine, $\mathfrak{a}\mathfrak{a}$ gr. viiss, (*i. e.*, in the proportion of one to four of the menstruum) yields, with warmth, a clear solution which, injected when tepid, causes no irritation.

QUININÆ BISULPHAS.—Soluble in glycerine one to three.

QUININÆ HYDROBROMAS.—Said to combine the sedative effects of bromine with the action of quinine (Gubler). It is

soluble (with heat) in about 15 parts of water, or 4 of glycerine. Gr. xv in $\mathfrak{z}$ iss of glycerine, and $\mathfrak{z}$ i of water yield gr. iss of the drug to $\mathfrak{m}$ xv. Used by Soulez in intermittents, in doses of gr. viiss–gr. xv. Other salts, as quinin. ferro-citricum, bitartaricum, valerianicum, etc., are recommended, but are less important than the above.

HYDRATE OF CHLORAL.—Five parts to ten of water; one to three syringe-fuls, containing gr. viiss to gr. xxxvii of the hydrate to the dose. Little suitable.

COCAINÆ HYDROCHLORAS.—One to two parts, to ten of water; as a local anæsthetic. Especially recommended by Mandelbaum in combination with quicksilver, in the subcutaneous treatment of syphilis.

COFFEINA.—Dissolve gr. xv in alcohol and water, each, gr. xxxvii and inject $\mathfrak{m}$ x— $\mathfrak{m}$ xv or more, as a dose; *i. e.*, gr. $\frac{1}{8}$ —gr. $\frac{1}{2}$ of caffèin.

CONIUM.—Gr. iss in alcohol, dil. et aquæ $\mathfrak{a}\mathfrak{a}$ $\mathfrak{z}$ iv; inject $\mathfrak{m}$ ij— $\mathfrak{m}$ iij=conium. gr. $\frac{1}{8}$ —gr. $\frac{1}{2}$.

CURARE OR WOORARA.—A very unequal preparation of differing solubility: gr. iss in $\mathfrak{z}$ iss of water; inject $\mathfrak{m}$ iij— $\mathfrak{m}$ viij, containing of curare gr. $\frac{1}{2}$ —gr. $\frac{1}{8}$. The dose is not accurately to be laid down, and must be determined by the efficacy of the drug previously proved by trial upon animals, and by the existing circumstances of the case. Offen- burg injected in hydrophobia three grains in $4\frac{1}{2}$ hours, and Penzoldt $5\frac{1}{4}$ grains in $10\frac{1}{4}$ hours. — (*Berl. klin. Wochenschr*, 1882, No. 3.)

DIGITALINE.—Gr. iss in alcohol et aquæ $\mathfrak{a}\mathfrak{a}$ $\mathfrak{z}$ iss; inject $\mathfrak{m}$ iij— $\mathfrak{m}$ vj = gr. $\frac{1}{8}$ —gr. $\frac{1}{2}$ of digitaline.

EMETIN.—Dissolve gr. iss with a little sulphuric acid in $\mathfrak{z}$ v of aqua; of this, inject $\mathfrak{m}$ viij— $\mathfrak{m}$ xvj = gr. $\frac{1}{2}$ —gr. $\frac{1}{3}$.

EXTRACT OF PHYSOSTIGMA.—Glycerine solution (one part to 60, M. Rosenthal), and in water gr. iiss to $\mathfrak{z}$ i (Eschenburg)—gtt. i–v in Trismus neonatorum.

EXTRACTUM OPI.—Dissolved in water and filtered. Dose of each injection, $\mathfrak{m}$ i–ij= of the drug, gr. $\frac{1}{2}$ —gr. i. — (Lebert).

EXTRACTUM SECALIS CORNUTI AQUOSUM. (Ergotin, according to Bonjean, Ergotinum bis dialysatum).— $\mathfrak{z}$ vi with alcohol, dilut. et glycerin $\mathfrak{a}\mathfrak{a}$ $\mathfrak{z}$ iv; $\mathfrak{m}$ viij— $\mathfrak{m}$ xvj. Ergotinum dialysatum is better adapted for injections (Berg), pure or with water 1 to 4, $\mathfrak{m}$ iij— $\mathfrak{m}$ viiss to the dose. Dragendorff has introduced a *Solution acid. sclerotinici* said to contain the active principle of secale cornut.; gr. $\frac{1}{12}$ —gr. $\frac{3}{4}$ in $\mathfrak{m}$ iij to $\mathfrak{m}$ iij $\frac{3}{4}$ of water.

* And also of all the principal agents used in hy- podermatic medication. If of trustworthy manufac- turers or of proved accuracy of proportion and quickly soluble, they are recommendable.

FERRI OXIDUM DIALYSATUM, FERRI ALBUMINATUM, PEPTONATUM, ETC.—On account of their insolubility, local irritability, and because required to be given for long periods, iron preparations are little adapted to subcutaneous injection. Even the ferrum. pyrophosphor. ammon. citricum, recommended by Huguenin has not proved good in our practice. It is moreover easily decomposed.

HYDRARGYRI ALBUMINATUM (according to Bookhart).—The deposit of Θ ii of the sublimate filtered and washed with blood serum, is with Θ vss of common salt, diluted by water to a quantity equal to 200 grammes or $\Im$ vj- $\Im$ viiij. $\mathfrak{m}$ xv of the solution contains gr. $\frac{1}{4}$ of the sublimate in albumen. Inject Θ vss once or twice daily.

HYDRARGYRI CHLORIDUM CORROSIVUM.—Dissolve gr. $\text{iiij}\frac{3}{4}$ in $\Im$ vi of water and inject $\mathfrak{m}$ xvj once or twice daily, dividing the injection in two different spots (Lewin). Gr. $\text{iiij}\frac{3}{4}$ in $\Im$ iiij $\frac{3}{4}$ of water and inject $\mathfrak{m}$ v-x (gr. $\frac{1}{13}$ -gr. $\frac{1}{8}$ of the sublimate) as a dose (A. Eulenberg). The solution of the sublimate is recommended by V. Bamberger, and the one per cent. hydrargyrum peptonatum. The combination of a one per cent. sublimate solution with 3 per cent. of chloride of sodium is highly spoken of (Lasser, Stern). In all subcutaneous injections of mercury it is absolutely essential that the needle, canula, etc., be subjected to the most thorough disinfection and cleansing, and that the needle be buried in the muscular tissues.

HYDRARGYRI CHLORIDUM MITE (Neisser). Calomel and chloride of sodium, each Θ iv, and water $\Im$ xij. Two injections a week of $\mathfrak{m}$ xv- $\mathfrak{m}$ xxv.

HYDRARGYRI IODIDUM RUBRUM, dissolved in a solution of iodide of potassium (A. Martin). About the following proportions are recommended: Hydrarg. iodidi rub. gr. iv, potass. iodid. gr. xxxvii, aquae destill $\Im$ vi. Inject of this $\mathfrak{m}$ viij- $\mathfrak{m}$ xvj (=gr. $\frac{1}{13}$ to $\frac{1}{2}$ of the drug.)

HYDRARGYRI FORMAMIDATUM (Liebreich.)— $\mathfrak{m}$ xvj corresponding to gr. $\frac{1}{8}$ of the red oxide. For syphilis.

LIQUOR AMMONII ANISATI, pure.— $\mathfrak{m}$ xii-xvj, as excitant.

LIQUOR POTASSII ARSENITIS (Fowler's Solution).—Dilute with 2-3 parts of water; in single doses corresponding to $\mathfrak{m}$ ii-iii of Fowler's solution. Recommended for systematic effect in chorea, tremor and neurosis, by Eulenberg, and for local effects upon malignant new-growths.

MORPHINÆ HYDROCHLORAS.—Dissolve gr. iss in Θ iv of water; of this inject $\mathfrak{m}$ v- $\mathfrak{m}$ xv

(=morphia gr. $\frac{1}{10}$ to gr. $\frac{1}{2}$.) (If in exceptional circumstances greater doses are desired, give a more concentrated solution). Aqueous solutions of morphine are apt to gather mold.¹ Avoid attempting to purify such, and to make them useful by filtering them, because by filtration and the absorption of the filter paper the strength of the solution becomes doubtful. Camphor water instead of pure water is recommended, though the same fungus growth has been observed with this. Still better is to substitute glycerine for water, in the proportion of one to ten parts, and dilute with water when used. $\mathfrak{R}$ morphinæ hydrochlorat, gr. xv, warm with glycer. pur. $\Im$ iiss; dissolve and add aquæ distill $\Im$ iiss. Of this, $\mathfrak{m}$ xv. to $\Im$ iiss=gr. $\frac{1}{3}$ to $\frac{1}{3}$ of morphine.²

NICOTINE.—Dissolve gr. $\frac{1}{3}$ in Θ iv of water, and inject of this $\mathfrak{m}$ iv equivalent to gr. $\frac{1}{8}$ of nicotine.

PILOCARPINÆ HYDROCHLORAS.—Gr. iii in $\Im$ iiss of water, inject $\mathfrak{m}$ xv (=gr. $\frac{1}{3}$ pilocarpine).

STRYCHNINÆ SULPHAS.—Gr. iss in $\Im$ iiss of water. Of this inject $\mathfrak{m}$ iii- $\mathfrak{m}$ x, i. e., from gr. $\frac{1}{45}$ to gr. $\frac{1}{10}$ of strychnine.

TINCTURA CANNABIS INDICÆ (with water).— $\mathfrak{m}$ v- $\mathfrak{m}$ x, in each injection.—(A. Eulenberg.)

TINCTURA OPII.— $\mathfrak{m}$ iii- $\mathfrak{m}$ x, without admixture.

VERATRIN.—Gr. $\frac{3}{4}$ in Θ iv of alcohol, and dissolved in Θ iv of water. Inject of this $\mathfrak{m}$ iii- $\mathfrak{m}$ x, equivalent to gr. $\frac{1}{85}$ to gr. $\frac{1}{2}$ of veratrin. Not well suited for injection.

Subcutaneous Injections for Production of Local Effects.

Hypodermatic injections are also made in order to bring about local irritation in the part, and in this way to produce an antispastic or derivative action (the parenchymatous substitution of Luton). Luton recommends for this purpose sodium chloride, alcohol, tincture of iodine, tincture of cantharides, sulphate of copper, silver nitrate, etc.

More recently the hypodermatic method has been used for the destruction of new growths. The following agents are employed:

¹ NOTE.—All the alkaloids are prone to deteriorate by the growth of a micro-organism in them at the expense of the alkaloid. Fresh preparations are therefore always advisable.

² NOTE.—In injecting morphine great care should be exercised to avoid the vessels, since introduced directly into the circulation severe depression is likely to ensue.

ACIDUM ACETICUM.—Dilute one part of the acid with five parts of water, and inject m xv — m xxv into the growth.—Broadbent).

ACIDUM CARBOLICUM.—In Osteochondroma (Hunter), Naevi (Bradley), Splenic tumor (Mosler).

ARGENTI NITRAS.—Dissolve gr. iss in ℥vi to ℥ix of water. Several syringefuls may be injected into the tumor, and immediately thereafter the same number of injections of of sodium chloride solution (gr. iij to ℥vij of water).—(Thiersch).

IODINE.—Gtt. vj to a syringeful of the undilute tincture in strumous and lymphatic enlargements (Lücke). Instead of the tincture a combination of iodine and iodide of potassium solution, being less painful, may be injected. The proportions would be about these:—Iodi. gr. viiss, potass. iodi. gr. xxxvii, aquæ, ℥xiii . The submucous injection in hypertrophia tonsillarum has very lately been advocated; either a solution of the iodide of potassium one to fifty (Jakubowitz), the combined iodine and iodide (iodine, gr. ii, iodide, gr. xxxvii, water, ℥viiss —Rumbold); or iodine and glycerine (1-2 iodine to 100 of glycerine—B. Fränkel), or a few drops of the pure tincture.

The glycerine solution and iodol is also used.

PEPSINUM in solution has likewise been tried by Theirsch and Nussbaum.

ALCOHOL.—One-half to a whole syringeful in scrofula.—(Schwalbe).

TARTAR EMETIC.—Gr. vj in ℥ijss of water; inject a few drops in cystic tumors of the scalp.—(Kraft-Ebing).

ZINCI CHLORIDUM.—Of the deliquesced salt inject one to three minims.—(Richet).

The experiments of Menzel and Perco to utilize the method of subcutaneous injection for the introduction of nourishment into the system have not succeeded. Fat, milk, egg-yolk, fresh blood-serum, etc., were used, but the quantity of nourishment that could be brought in this way within the reach of the absorbents, was far too little to produce the desired effect of nourishment. V. Ziemssen, however, in anæmia has with apparent success been able to introduce a considerable amount of defibrinated blood (as much as ℥xiii) into the system by the hypodermatic method.

In addition to the above agents, the deep injection of chloroform is advocated by Professor Roberts Bartholow in cases of neuralgia—e. g., of the infra-orbital divisions of the fifth, the sciatic, etc. Whether the neuralgia be superficial or deep, the needle must be thrust deeply, and while obviating

puncture of the nerve itself the chloroform must be introduced near the nerve at its exit from the foramen, pelvis, etc. It is held to be not only palliative but curative. The pure chloroform, or the official spiritus chloroformi U. S. P. may be used. There is temporary swelling and discomfort, but no abscess is formed. m x of the pure chloroform is a full dose.

[Physostigma, or its active principle, eserine, is also recommended for cases of tetanus, strychnine poisoning, etc. The dose is $\frac{1}{10}$ to $\frac{1}{100}$ of a grain. In a solution of gr. iv. to aquæ ℥i , m ii will contain gr. $\frac{1}{10}$ of the drug.]

A Substitute for Iodoform.

Chassaignac (*New Orleans Medical and Surgical Journal*) recommends the oxyiodide (subiodide) of bismuth as an efficient substitute for iodoform. He describes it as of a bright brick-red color, impalpable when well powdered, almost odorless and tasteless, insoluble in water, alcohol, ether or chloroform, and not imparting its color to linen. It may be made, he says, so as to cost only from \$3 to \$3.50 a pound, although ten years ago, when it was recommended by Dr. A. S. Reynolds, its cost was a bar to its general adoption. Dusted on a raw surface, it produces a thin, silvery film, but causes no stinging. The author gives the following formula for its preparation, devised by Mr. J. W. England, and published in the *American Journal of Pharmacy*:

Bismuth subnitrate.	174 grains;
Nitric acid.	3 fluid ounces;
Hot water.	12 “

Dissolve the bismuth salt by the acid in a porcelain capsule with the aid of heat, and add the hot water gradually, stirring after each addition; then add the solution gradually to a solution of 663 grains of potassium iodide in twenty-eight ounces of hot water, agitating well after each addition. The agitation should be continued until the decomposition is complete; then the precipitate should be filtered out at once, washed with warm water, dried and powdered.

Urticaria from Bed-Bugs.

A. H. Ohmann-Dumesnil, in the *St. Louis Medical and Surgical Journal*, July, 1887, says: “My attention has been more particularly called to this subject by having noticed several similar cases at comparatively short intervals. It is a well-known fact that the ordinary bed-bug (*cimex lectularius*) produces a wheal which is of a burning, itching

character, and marked by a very small, almost imperceptible puncture near the central portion. The animal itself is not always confined to beds, but occasionally roams abroad, and, in consequence, when it seizes upon its host, is proportionately more voracious on account of the scarcity of food which it finds. Along the edges of water-closets, especially those adjoining sleeping rooms, it is no uncommon thing to find these odorous pests. They lie in wait for their victims and, whilst very insidious in their method of attack, produce large and troublesome wheals in the popliteal space and neighborhood. The victim has urticaria suddenly and then cudgels his brain as to its probable cause, little suspecting that an unseen foe has attacked him. By lifting the cover of the water closet, which is near the bowl, the "bugs" can be discovered. Then when nature drives one again to the closet, introduce a piece of paper between the body and seat, and upon removing it the animals will be found upon it. Carbolic acid, corrosive sublimate or, better still, camphor-phenique liberally distributed about their haunt will eventually destroy these disturbers of the peace of a contemplative nature."

Picrate of Ammonia in Malarial Fevers.

Dr. E.S. Fuller presents the following interesting note in the *New York Medical Record* of July 2, 1887: Having been for many years a sufferer from chronic malaria, and being at the time afflicted with an unusually severe attack, for which I had taken the usual remedies without receiving any benefit, I at once procured some of "Merck's" picrate of ammonia and began its use in half-grain doses (made into a pill with extract of gentian) three times a day. In three days' time there was marked improvement in all my symptoms. Had no more chills, pain in head and back had left me, and I awoke in the morning without those terribly exhausted and irritable feelings which those who suffer from this disease so well know. This result encouraged me to make trial of the drug in several cases of similar trouble in which I had been using quinine, etc. I prescribed it for six adults, of both sexes, and kept watch of the effect. In all but one case the same marked improvement speedily resulted. I now began to notice a peculiar, deep-orange color in my urine, without any change in quantity, and a chemical analysis of it showed that except for the change in color it was normal. Upon inquiry I found that the urine of all the patients was of this same orange color.

Having taken the medicine myself in doses as above mentioned for ten days, I decided to stop its use and watch for the disappearance of this color from the urine. To-day, May 24th, seven days since stopping the medicine, there is not the least improvement in the color of my urine, and the whites of my eyes and the skin of my face generally, are the color of one mildly jaundiced. The same thing has occurred to all my patients who have taken the remedy for a week. One lady, to whom I gave the maximum dose, one and a half grains three times a day for eight days, is now deeply jaundiced, the color involving not only the whites of the eyes and the skin of her face, but also the skin of her neck and breast, from which, shading to a lighter color, it covers the rest of her body. In each case the tongue is clean, bowels not affected and appetite good. I do not understand why the discoloration of the urine remains so long after stopping the medicine, or why it should cause discoloration of the skin at so late a day.

Eczema Papulosa Contagiosa, or Prairie Itch.

Dr. H. J. Warmuth, in the *Nashville Medical News*, July 1st, 1887, says:

Eczema is generally described in the textbooks as a non-contagious affection of the skin; my two years' experience with this dermatosis, however, convinces me that the present eruption is contagious, and has been gradually propagated from one neighborhood to another, until we find it diffused, not only over some of the Southern, but also Eastern States. By a tacit understanding among the people of the invaded States, it has been named "the itch," *par excellence*, and on the prairies "the Prairie Itch;" but everywhere the symptoms, course, and finale of this affection seems to be the same.

What is the cause of the present contagious form?

Prior to the last, we had two very severe winters, something rather unusual in this latitude. People had to house and clothe themselves more carefully, and hygienic measures were generally grossly neglected among the lower classes, from whom the present affection received its first impetus. Wearing heavy flannels for weeks and perhaps for a longer time, without proper ablutions and without frequent change of under-clothing, must necessarily produce an irritation and congestion of the skin, which sooner or later, assisted by the unavoidable scratching of the itching surface, will form an eczematous eruption, which with all disregard to cleanliness is destined to advance

to other stages, and to contribute to the extension and persistence of the eruption. The clear yellow serum contained in the minute vesicles will, under these circumstances, undergo a change in its chemical nature that will undoubtedly favor the formation of parasites. This theory will probably explain the contagiousness of this affection. In all cases, the patient's themselves could trace their affliction back to friends with whom they slept or whose clothes they wore. If our microscopists would investigate this matter, our doubts would soon be at rest.

Acting under the idea that our eczema papulosa was of a parasitic nature, I adapted my treatment accordingly and met with great success.

Where the patients presented only an irritable and congested skin, *i. e.*, in the first stage, I merely ordered the patients to use inunctions with lye soap (sapo viridis would be better) all over the body at bedtime, and in the morning to bathe with warm water. Blue mass whenever needed; if not, then sulphate of magnesia, three drachms in a wineglass full of water before breakfast. Continue the soap every other night; the salts every morning till well. This was generally sufficient to cure the first stage.

As soon as the vesicles appear upon a tense, swollen, and red surface, they soon increase in size and become filled with limpid serum. In mild cases and under appropriate treatment, the serum is absorbed, the vesicles dry up and form either thin crusts or scales, which soon fall off and leave the skin red and tender. In this stage I prescribe:

R Plumbi acetatis
Acidi carbolicii..... āā 3 iij
Extract. belladon. fluid..... f 3 ss
Glycerini..... f 3 iij
Aquæ q. s. ad..... f 3 x

M. Sig.—Apply soft cloths moistened with this solution to the affected parts. When dry moisten again and keep moist.

This soothing solution will act like a charm and subdue the severe itching and burning. Internally I prescribe:

R Magnesie sulphatis..... 3 iv
Elixir vitrioli..... f 3 ss
Tinct. gentianæ..... f 3 iij
Aquæ q. s. ad..... f 3 iij

S.—A teaspoonful in wineglassful of water after each meal.

In anæmic cases I add ferri sulphatis gr. xvi to the above. This mixture will keep the contents of the bowels in a soluble state and disperse cutaneous congestion. It also acts as a mild tonic.

As soon as the vesicles burst the eruption becomes confluent, forms dark-brown crusts, and leaves an unhealthy state of ulceration under it, I change the external treatment. The ichor in these cases is generally so irritating that under the crusts ulceration is deepening. Where I find crusts, I order poultices to remove them; but if already removed, I give my patients the following:

R Acidi carbolicii..... 3 ij-ijj
Zinci oxidi..... 3 ij
Cosmolini (vel vaselini)..... 3 ij
M. ft. ungt. Sig.—Anoint two or three times a day.

Sometimes I use the ungt. hydrarg. amoniat. of the U. S. D., with carbolic acid, and with equal success.

I continue the saline mixture, but should the patient need a bitter tonic, I prescribe elix. calisaya, strychnine, and iron.

In all stages, I insist upon frequent ablutions and change of underclothing.

Interesting Points About the Teeth.

The *Boston Med. and Surg. Journal*, July 7, 1887, contains the following interesting items:

Four sets of teeth before the age of fifteen years.—A child, under the care of Dr. Gatching, developed the first set of teeth at the age of six months. These teeth were all shed at nine months. At eleven months, she began teething again, another set of teeth being erupted in four months. Six weeks after, these teeth began to crumble, and were entirely lost. Her weight at this time was ten pounds. At thirty months the third set appeared, and these remained till the age of four years, when they were extracted. The fourth set began to erupt at eleven years, and the dentition was complete at fifteen.

Planting teeth in artificial sockets.—Dr. Younger has invented this new operation. When a tooth has been lost he drills a suitable hole in the alveolus. Into this hole, which should be of the same shape as the root of the tooth to be planted, he forces the tooth, which has been previously filled and soaked in a solution of bichloride of mercury in water, of a strength of one to a thousand. In most cases no ligatures are required to hold the tooth in position. There is little soreness of the parts, and in a day or two the tooth feels like the others in the mouth. Younger considers a tooth which has been out of the mouth for several years as good as a recently extracted one, as the root-membrane retains its vitality as do seeds. There are two dangers in the operation: First, one may transmit syphilis or other dis-

ease; Second, the planted tooth has no living pulp and is more liable to decay, and, like all pulpless teeth, may ulcerate. The writer has examined the teeth of sheep with the view of dissecting out the incisors of a freshly killed animal of the proper age to have the roots unclosed. The pulp in these cases is large, and if properly cut off and inserted into the human jaw ought to go on growing. If this should happen, the roots would close and the tooth would then be a living tooth, instead of a pulpless one. By cutting off the ends of the crowns of a sheep's incisors, these would answer very well for this purpose, and if Younger's operation is really a successful one as tried by three or four years' time, this experiment will be made.

The importance of regularly examining the saliva.—Now that we know that decay in the teeth is due to acids formed from fermenting substances, the importance of keeping the saliva alkaline cannot be overestimated. If it is acid or neutral, it cannot neutralize the acids formed in fermentation, which collecting in the spaces between the teeth and about their necks, are certain to produce decay. The patient should be taught the use of litmus paper, and directed to test the reaction of the mucous membrane and parotid saliva at least once a week. If the reaction is acid, he should take the remedies found appropriate to his case. Fermentation takes place in every mouth, and yet there are many persons in whose mouth decay is either wanting or is what may be called accidental. In all such mouths the reaction of the saliva is always alkaline.

Agaricin as Used in Bellevue Hospital.

Agaricin (the active principle of *agaricus albus*) gives uniform results in checking excessive perspiration in phthisical and fever patients. The following formula is used at Bellevue Hospital:

R.—Agaricini (Merck).....gr. x.
Atrop. sulph.....gr. j.
Acidi sulph. arom.....℥ 1200
Dissolve and filter.

Dose ℥ x, containing $\frac{1}{2}$ gr. agaricin, $\frac{1}{10}$ gr. atrop. sulph. and ℥ x arom. sulph. acid. To be administered in syrup of simple elixir.

It may also be advantageously given in pill form, combined with Dover's powder. Thus:

R.—Agaricini.....gr. ij.
Pulv. Doveri.....gr. xxv.
M. Ft. pil. No. xx.

Sig.—One pill five or six hours before retiring or sweat comes on. Its action is slow, hence the necessity for giving it early.

—*Quarterly Bulletin*, April, 1887.

Injection of Sulphuretted Water for Phthisis.

In connection with the article by Prof. H. C. Wood in the *REPORTER*, May 28, 1887, it is interesting to note that Dr. H. A. MacCallum, of London, Ontario, has found enemata of water, charged with sulphuretted hydrogen, of use in this disease. In an article in the *Medical News*, July 23, 1887, Dr. MacCallum says:

I inject the watery solution into the bowel, depending on the mechanical and physiological action of its mucous membrane to free and absorb the gas. A perfectly saturated solution is prepared (not less than eight hours should be taken for saturating cold water with sulphuretted hydrogen gas), of which $\mathfrak{z}$ vij are diluted with $\mathfrak{z}$ xx-xxx of water, and securely corked in ale-bottles. The contents of one of these, night and morning, after warming to 90° , are slowly injected into the bowel; not less than thirty minutes should be taken to do this. It is necessary to observe such precautions as would be taken in rectal alimentation, viz., the exclusion of air, the compression of the sphincter ani with the fingers, and afterward by directing the patient to extend the lower limbs. With some patients I precede the solution with laudanum. The majority, after gaining skill and confidence, retain the solution altogether.

As to results: The profession will be disappointed if they look for a "positive cure from phthisis" in this remedy. In no single case have I used it alone, and any results that were extremely favorable might not be wholly ascribable to the rectal mode of treatment.

I would not be surprised to find that the mass of the profession, who are now giving, or about to give this drug a trial, will discard it as worthless, because they are looking for results I feel sure they can never obtain. I think I am fair when I say to patients who have troublesome pains in the chest, expectoration of vast quantities of muco-purulent matter, and but slight loss of flesh, that it is a remedy of great value. Its tendency to disorder digestion, however, greatly diminishes this.

I have seen three toxic cases. The symptoms of Miss A. will answer for all. She took $\mathfrak{z}$ xij, properly diluted, in three minutes. Five minutes after she complained of oppressive breathing. Her face became pallid, and "her eyes turned up." She passed rapidly into a state of syncope, from which she revived by feeble efforts at vomiting. The solution was still in her bowel when I was called to see her. I ran it off with a hard rubber tube, and gave her brandy. One

hour after I found her recovered with the exception of some gastric disturbance, pulse 108, temperature 97°. All three rapidly recovered; had subnormal temperature and gastric trouble for two days. Some patients bear 3xx diluted without trouble, if more than thirty minutes be taken for its introduction.

I prefer the solution to the gas for the following reasons:

1. The dose is uniform. In Bergeon's method the dose depends on the temperature and strength of the solution.

There is no apparatus wanted except a household syringe. I generally prepare several bottles at a visit, directing them to be kept in a cool place. The nurse can prepare the bottles, and in this way patients at a distance can be easily treated.

3. The solution causes less pain to the patient; if it is rejected, another bottle can be used.

4. There is no call for the use of carbon dioxide—a gas considered valueless, and contra-indicated. To say CO₂ is antiseptic is contrary to all physiological truths, and if it possesses any value in phthisis it is due to its sedative action. The blood appears to take up oxygen more rapidly after its use, but even this action is only temporary.

5. Bergeon failed with chlorine gas. I was able to give it in solution and found it well borne. I did not give it for any time, fearing it had a tendency to produce anæmia, by combining with the iron in the hæmoglobin.

Counting the Ribs.

Physicians are frequently mistaken in counting the ribs. One must never start at the clavicle. We must start from the suprasternal notch, obliquely and below which is the first intercostal space. Or again by palpation of the sternum the first projection is the junction of the first and second piece, at which we find the articulation of the second rib. One is sometimes astonished at the space between the clavicle and third rib. One forgets the breadth of the first rib.—*Canada Practitioner.*

Charcoal and Camphor.

A mixture of equal parts of camphor and animal charcoal is recommended by Barbocci for preventing the offensive odor and removing the pain of old excavated ulcers. The camphor is stated to act as a disinfectant, and the charcoal absorbs the offensive odors.—*British Medical Journal.*

CORRESPONDENCE.

Bergeon's Method.

EDS. MED. AND SURG. REPORTER:

Sirs: In the number of the REPORTER for July 2nd, and on page 35, I saw an "Item" in regard to Diogenes. Now, if you see the old man dodging around with his lantern, you can send him to Philipsburg, and he can find two doctors who have never given gaseous enemata.

Philipsburg, Pa.

[We are glad to be able to say that in the next issue of the REPORTER there will appear a short practical paper by a physician who has been giving Bergeon's injections daily for some months. It will give all the details of the operation, with directions for "home made" apparatus.—EDITORS OF THE REPORTER.]

An Unusual Symptom.

EDS. MED. AND SURG. REPORTER:

In the REPORTER of April 9, 1887, p. 450, under the heading, "A Country Doctor's Record," by G. Law, M. D., of Greely, Colorado, a case of labor is reported in which the Doctor says: "Mother had a very extensive prolapsus ani and prostatitis." I would be glad if the doctor, through your journal, would give us the symptoms which led to the diagnosis of *prostatitis*, as I have never seen a case of the kind reported or heard of one before. Indeed, I have been led to believe that, from some anatomical considerations, such a case could not exist. A little light on the matter, by the doctor, will be gratefully acknowledged by another country doctor, who has been a subscriber to the REPORTER for several years.

[The communication referred to was published in the REPORTER three weeks before the present editors assumed control. The error quoted must have been due to a printer's mistake, which eluded the vigilance of the proof-readers. Dr. Law, no doubt, meant "proctitis"—not "prostatitis."—EDS.]

Atropia Injections for Gonorrhœa.

EDS. MED. AND SURG. REPORTER:

Sirs:—I wish to call the attention of your readers to the value of urethral injections of sulphate atropia in urethral and vesical irritability produced by gonorrhœa. Where gonorrhœa is accompanied with much vesical irritation, frequent urination and tenismus, I find the symptoms speedily relieved by an injection of $\frac{1}{4}$ to $\frac{1}{2}$ gr. of sulphate atropia, in one or two drachms of

water, pressed gently along the urethra into the bladder. I have resorted to this method in several cases with the happiest results. I also used it in a patient who had taken an over dose of cantharides, which produced great vesical tenesmus and pain in passing water. One injection gave immediate relief. I leave the injection in the bladder, and have never seen any poisonous effects from the drug. I think it superior to the salts of cocaine, as the effects are more lasting. If any of your many readers have used the atropia as I have above directed, I would be pleased to hear of their results.

D. W. BOONE, M. D.

Bellaire, O., July 13, 1887.

Treatment of Stomatitis.

EDS. MED. AND SURG. REPORTER:

Sirs: The root of sumac (*rhus glabrum*) has a thin outer dark-colored bark. Under this there is a thick white bark, easily shaved from the wood. This, when dried, keeps well. Make an infusion, or even a decoction, of it. The latter is a mucilaginous mixture without taste or smell; and it is an excellent remedy in cases of stomatitis, discounting chlorate of potash, and all other irritating washes.

BACK WOODS.

[The above is from a subscriber in Canada, in whose judgment we place great reliance; and we recommend to our readers the simple remedy which he suggests.—EDITORS OF THE REPORTER.]

A Correction.

EDS. MED. AND SURG. REPORTER,

Sirs:—In my communication on Quinine in the REPORTER of May 21st, I referred to a doubt expressed by Dr. Holmes whether the mere *reduction of temperature* is of any value in febrile affections. Instead of "temperature," it should have been *pulse rate*.

HIRAM CORSON, M. D.

July 26, 1887.

NEWS AND MISCELLANY.

Medical Matters in Vermont.

(FROM A SPECIAL CORRESPONDENT.)

The Medical Department of the University of Vermont, at Burlington, held its Thirty-fourth Anniversary on the 18th ult. The examinations of the class, which numbered seventy-nine, took place the week previous, and was a very thorough and exhaustive one. Of the number that presented themselves for graduation only fifty-three passed and received

the degree of the college. Among those who were "plucked," as the term is, was a gentleman from the Pacific Coast, who held a bogus diploma from some foreign medical college, and has been practicing medicine under it for some years. He was at the head of a Woman's Hospital in one of the cities in that region and a teacher in Gynæcology. He was very familiar with the president, faculty and dignitaries of the College, and in the social circles of the city. As he was somewhat patronizing in his attendance upon the lectures, some surprise was expressed that he did not receive the honors of the college, having come so far, and made such a demonstrative effort; but he was found lamentably deficient in his examinations. The examination in chemistry is understood to have been the most difficult and the least practical. The "plucking" of so large a proportion of the graduating class is a good indication. It indicates the elevation of the standard of medical education, and if continued and the example followed by all the medical colleges in the country, it will give the people a better and more intelligent class of medical practitioners, much needed to stem the tide of quackery which is pouring in upon us from every direction.

The graduating exercises were held in the Howard Opera House, and it was well filled with an appreciative audience. The degrees were conferred in a very imposing manner by President Buckham. The prizes of \$50 and \$25, and the "honor man" of the class were announced by Prof. A. P. Grinnell, Dean of the Faculty, and the "Valedictory" was safely delivered by J. C. O'Brien, amid the congratulations of the audience and the exalting strains of sweet music by the Opera House Orchestra. Following these exercises came the elegant scholarly address of ex-Senator Patterson, Superintendent of Public Instruction of New Hampshire. It was listened to with deep interest. No abstract of it would do justice to it. The usual banquet and reception was held at the Van Ness House, was participated in by some one hundred and fifty people, and with its menu, after-dinner speeches, music and songs continued to a late hour.

The State of Vermont has a State Board of Health, but so little has been heard from it, that the people have hardly yet found it out. In making the appointments for members of the Board the Governor seemed to ignore the physicians and others who had taken the most interest in its establishment, and hence it lacks the enthusiasm and vigor which is needed to make it a success. O. P. Q.

The Wholesomeness of Swill-Milk.

Dr. Geo. H. Rohé writes as follows in *Science* of July 22d:

The discussion carried on in the pages of *Science* for some weeks past upon the healthfulness of milk from cows fed upon distillery-swill has, in my opinion, failed to definitely settle the question. There can be no doubt of the vital importance of the matter, and all physicians and sanitarians will agree that a solution of the problem is highly desirable.

1. I venture to say that no positive evidence has been submitted showing any ill effect of swill upon cows fed with it. The evils attributable to it are largely, if not entirely, to be ascribed to the unsanitary surroundings of the animals.

2. Whatever evidence has any positive value indicates that swill is equally as good and proper food (used with judgment) as hay, dried fodder, ensilage, or bulbous roots. These all differ widely in chemical composition from the green foods (grass, clover, green oats, and corn), which may be looked upon as the normal food of cows.

3. It may be worth while remembering that lactation in a dairy is not a normal process. Dairy-cows are "milk-machines." The dairy business would not be very profitable if lactation were not forced to some degree.

4. Experienced agriculturists, like Professor Armsby and Dr. Sturtevant (*Science*, ix. pp. 602-3), have failed to see any ill effects attributable entirely to swill, and such veterinarians of ability as Professor Law and Dr. Salmon (*Ibid.* p. 552) corroborate this testimony.

5. The facts collated by Professor Brewer (*Ibid.*, p. 550), showing the ready absorption of germs and odors by milk, the transmission of the flavor of various odoriferous substances eaten by the animal to the secretion, the passage of certain drugs administered medicinally into the milk of nursing women, or the notorious fact that swill-milk stables are "proverbially foul and stinking," have no bearing upon the case. The evidence required to establish the unwholesomeness of swill as food for milk-giving animals must be of a different character.

6. While it may be conceded that "chemical analyses will not settle the question" of the wholesomeness of swill-milk, the fact remains that we have at present no other way of determining the physical qualities of a specimen of milk. Bacteriological investigation may determine the presence of the germs of tuberculosis, typhoid, and, in view of recent discoveries, of scarlet-fever, but

will not enable us to ascertain the relative proportions of the saccharine, fatty, aqueous, or proteid matters present. Chemistry is here still our main-stay, and, other things being equal (more definitely, disease-germs being absent), a specimen of milk nearly approaching the chemical standard established by Koenig may be looked upon as a wholesome food. Other factors besides the food of the animal enter into the production of milk. The age of the animal, period of lactation, time when the milk is drawn, and general sanitary condition, must not be ignored.

7. The asserted greater firmness, and consequent indigestibility, of the coagulum in swill milk is not based upon a sufficient number of observations to admit of unquestioned acceptance. It should be easy to determine this in any chemical laboratory. No single series of observations would decide this, however. It would be necessary to test milk from cows fed upon swill but kept under good sanitary conditions, side by side with milk from animals kept under the ordinary conditions of city stable-life, and fed upon various foods.

8. A scientific solution of the question will not be furthered by prejudiced appeals or unreasoning denunciation. Patient investigation, keeping in view all circumstances of the question, and avoiding all one-sidedness in considering the matter, will alone bring about the object desired. Personally I at present occupy the same standpoint as Professor Armsby (*Science*, x., p. 4), "Much of the common prejudice against the use of distillery-slops appears to be occasioned by their irrational application, and frequently by the filthy surroundings of the animals, rather than by anything injurious in the feeding-stuff itself."

Leeches.

The first to employ leeches was Themison, a physician of Laodicea and contemporary of Pompey. He was also the founder of the sect of the Methodici, and is often cited as an authority, especially by Caelius Aurelianus. Dr. Greenhill distinguishes him from the Themison satirized by Juvenal (x., 221), who, it being then the custom with artists of every kind to assume the name of celebrities in the same walk, no doubt called himself after his distinguished predecessor. This assumption of names is one of the many difficulties besetting the historian of ancient medicine.

Loco Weed.

This plant, a pest in many parts of the extreme Western States, is said to act as an intoxicant to animals that feed upon it. We note that Prof. L. E. Sayre, of the Kansas State University, Department of Pharmacy, in connection with others, and the Board of Agriculture of that State, are investigating the physiological effects upon animals.

"A Bone of Contention."

A surgical case of much interest, which is reported as having occasioned a heated discrepancy of opinion among the attending physicians who were called in to decide its nature, recently occurred in St. Louis. A man fractured his thigh while pulling off his boot. An incision was made and a "ragged break" of the bone presented. Five of the physicians diagnosticated the existence of sarcoma as accounting for the occurrence of the fracture from so trivial a cause, and advised amputation. But Drs. Eisler and Franklin protested that sarcoma was not present, and submitted their side of the controversy to Dr. Agnew, of Philadelphia, who wrote that fractures, while rarely the result of such a cause as was claimed to have produced it in this case, might so result. Microscopic examination of these tissues, however, substantiated Dr. Eisler in his opinion of the case.

Items.

—Pittsburg physicians claim that a young man of that city died from the effects of a patent anti-fat.

—The State Medical Society of West Virginia held its twentieth annual meeting at Greenbrier, White Sulphur Springs, West Va., July 13th to 15th, 1887, inclusive.

—Dr. Sidney Ringer, F. R. S., has been appointed the successor of the late Dr. Wilson Fox to the Holme Professorship of Clinical Medicine at University College, London.

—Dr. Morris Longstreth recently showed the class at the Pennsylvania Hospital some cases of tonsillitis which had simply been treated by applying turpentine stupes to the neck, with gratifying results.

—An interesting anatomical anomaly was recently presented to the New York Obstetrical Society, by Dr. Grandin. There were two humeri in the right arm, and three radii and ulnæ, with three right hands.

—M. Gayon and Dupetit at a recent sitting of the French Academy, presented a

method for preventing the secondary fermentation in the production of alcohol, to which the formation of the higher alcohols are due. It was the addition of bismuth salts to the fermenting fluid, they claimed, that thereby only the pure ethylic alcohol was generated.

—The editor of the *Denver Medical Times* in an excellent article against abortionists says: "The attitude of the church is very indifferent on this question." Such suggestions do great injustice to both Catholicism and Protestantism. The Roman church as well as the Methodist Episcopal, Protestant Episcopal, Baptist and Presbyterian churches speak with no uncertain sound on this question. We of the medical profession should first thoroughly remove the beam from our own eyes before we tackle the mote that darkens the moral vision of any weak theologian.—*Southern California Practitioner*.

—Dr. J. Bell, of the Inland Revenue Laboratory, London, seeking for a practical method for distinguishing between horse-flesh and beef, has shown that the usual physical appearances relied upon by the inspector of slaughter-houses at Paris are not certain. He observed that the adipose tissue of the horse was of a softer and more oily nature than that of beef. Upon experiment, he found that horse-fat at 70° F. formed a clear oil, and the amount of solid fat deposited at lower temperature was comparatively small. The melting point of beef-fat varied between 110° and 116° F. The specific gravity of horse-fat at 100° was 0.9084 to .9088, while, with beef-fat, it was 0.9036 to .9040. This difference affords a positive means for distinguishing horse-flesh from beef.

OBITUARIES.**DR. WILLIAM S. LITTLE.**

DR. WILLIAM SEELY LITTLE was born in New York City, December 17, 1848. He was graduated at Princeton College in 1868, and at Bellevue Medical College in 1870. He afterwards served as resident physician at Bellevue Hospital and at Mt. Sinai Hospital, New York. He also held various appointments in other institutions in New York city, among them one in the Eye Infirmary. During this period he was associated as assistant, both in public and private work, with Dr. Henry D. Noyes, with whom he was connected by marriage. It is to this association that his early interest in ophthalmic surgery is to be ascribed. In 1873 he went to Europe, and spent nearly a year in study, devoting himself especially to

diseases of the eye. Shortly after his return, September 17, 1874, he married Miss Mary U. Wilson, a daughter of Dr. Ellwood Wilson, of Philadelphia; and the following year, resigning his appointment in New York, he removed his residence permanently to Philadelphia. After a short time spent in general practice, in which he gave promise of unusual success, he yielded to the bent of his inclinations, and began to devote himself exclusively to the eye. In 1877 he was graduated at the Jefferson Medical College, and was thereupon appointed chief assistant to the eye department at the Jefferson Hospital, and ophthalmic surgeon to the Church Home at Angora. These positions he held until his death, which occurred February 17, 1887, after a slowly progressive illness of three years.

This is a brief and incomplete history of one of nature's noblemen, who the writer believes sacrificed himself on the altar of his profession. After his premonition of lung trouble, often have I urged him to give up his laborious positions and remove to a clime more congenial to his health, and at the same time lessen his labors. This he was always promising and intending to do, but, alas! he postponed it too long, feeling that he could not give up such a valuable field for study as his hospital positions. He died in the prime of life, and on the verge of what promised to be a useful and distinguished future. Refined, generous, honest and candid, he was never happier than when assisting others, either in or out of the profession. To esteem him properly one must have known him well, and the more he was known the more he grew upon any acquaintance he ever made. WM. B. ULRICH.

Chester, Pa.

DR. E. D. STANDIFORD.

Dr. E. D. Standiford died at his home in Louisville, July 26th, 1887. He died suddenly and peacefully, retaining his faculties to the last. Dr. Standiford had been a candidate for the United States Senate for several months. Dr. Standiford was born December 28th, 1831. He was married three times and leaves seven children. His last marriage was on July 7th, and he had not been out of the house but three times since the wedding. Dr. Standiford was the most prominent capitalist of Louisville. He served several times in the state senate and was a member of the Forty-third Congress. He was president of the Louisville and Nashville Railroad. His fortune is placed at two millions.

DR. JOHN C. LEVIS.

Dr. John C. Levis, one of the best known physicians in Western Pennsylvania, died at his residence in West Bridgewater, July 27th, 1887, aged 58 years. When the war broke out he was made surgeon of the 58th Regiment. He was transferred to several other regiments, and was finally stationed at Pittsburg as post surgeon. He established the Government Hospital in that city. He also had charge of the Government hospital at Chambersburg during a portion of the war.

J. D. WARREN, M. D.

Dr. J. D. Warren, of Meduaia, N. Y., one of the most prominent physicians of Orleans County, died on the 10th inst., of Cirrhosis of the Liver. His age was 56 years. Dr. Warren was a man of magnetic presence, and made friends whose kind regards and good wishes he always retained. He was a most delightful companion and possessed generous qualities which will never be forgotten by those who knew him. In accordance with his wishes his remains were cremated in Buffalo on the 13th of July.

There have been no changes in the Medical Corps of the Navy for the week ending July 30, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from July 24, 1887, to July 30, 1887:

Col. D. S. Magruder, Surgeon, granted leave of absence for one month, to take effect on or about August 10, 1887. S. O. 170, A. G. O., July 25, 1887.

Major D. G. Caldwell, Surgeon; order relieving him from duty at Ft. D. A. Russell, Wyo., and assigning him to duty at Ft. Assiniboine, Mont., is revoked. S. O. 168, A. G. O., July 22, 1887.

Major P. J. A. Cleary, Surgeon, ordered to Ft. Assiniboine, Mont., instead of Ft. D. A. Russell, Wyo. S. O. 168, A. G. O., July 22, 1887.

Major Ely McClellan, Surgeon, detailed as member of a board of survey to meet at the Medical Purveying Depot, St. Louis, Mo., on August 1, 1887. S. O. 173, A. G. O., July 28, 1887.

Capt. S. G. Cowdury, Asst. Surgeon, granted one month's leave, to take effect on or about July 24. S. O. 79, Dept. Texas, July 13, 1887.

Capt. H. G. Burton, Asst. Surgeon, sick leave of absence extended three months. S. O. 171, A. G. O., July 26, 1887.

Capt. E. T. Gardner, Asst. Surgeon, ordered for duty at Ft. Reno, Ind. T. S. O. 170, A. G. O., July 25, 1887.

1st Lt. C. S. Black, Asst. Surgeon, ordered for duty as Post Surgeon, Ft. Bliss, Tex., during the absence, on leave of Capt. S. G. Cowdury, Asst. Surgeon. S. O. 79, Dept. of Texas, July 13, 1887.

1st Lt. W. D. McCaw, Asst. Surgeon, ordered for temporary duty at Ft. Riley, Kan. S. O. 78, Dept. Mo., July 25, 1887.

THE MEDICAL AND SURGICAL REPORTER

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VOL. LVII.—No. 7.

ORIGINAL DEPARTMENT.

LECTURE.

ST. LOUIS COLLEGE OF PHYSICIANS
AND SURGEONS.—SURGI-
CAL CLINIC.

SERVICE OF LOUIS BAUER, M. D., M. R. C. S.,
ENGLAND, DEAN, PROFESSOR
OF SURGERY.

Reported by George W. Cole, M. D., Assistant Dem-
onstrator of Anatomy, and Assistant to
the Chair of Surgery.

CASE I.—Fibrous ankylosis of knee-joint ;
angular contraction ; *brisement forcé* ; un-
successful exsection of the articulation ; re-
covery, with a serviceable, but ankylosed
limb.

This little patient has but recently arrived
from Berlin, where Prof. Gueterbock had
charge of her case, and assigned her to Prof.
B. R. M. ; is but five years of age, and has
been an invalid during half of that time. She
exhibits, consequently, the marks of contin-
uous suffering, being pale, anæmic, and re-
duced in weight.

The proximate cause of her trouble is not
known, and the tenderness of the knee-joint
was only incidentally discovered by her
mother. For a while she was treated by
competent surgeons in Berlin ; but relief was
only temporary, and her disease advanced
slowly until the time when she was received
at our clinic.

The knee was found enlarged and altered
in shape. There was pain on pressure and
motion, and intense reflex pains during the
night. The joint was moveable through an

arc of about 25° , and the leg was bent at a
right angle to the thigh. The patella was
adherent to the external condyle of the femur.
The toes were everted, and there was pro-
nounced contraction of the biceps muscle
of the leg. There were several old cicatrices
marking the site of former fistulous open-
ings. As far as we could learn, the case had
been set down as tubercular or fungoid arth-
ritis, and treated accordingly ; yet no inher-
itance of tuberculosis could be proved. Both
of the girl's parents and their children were
perfectly well and certainly free from tuber-
culosis.

Prof. Bauer is of the opinion that physio-
logical rest to the affected joints, in proper
position of the limb, is the most efficacious
mode of treatment, and he decided to divide
the biceps muscle and to forcibly extend the
limb, under anæsthesia, and afterward to fix
it in a correct position. He had some fear
that the existing cicatricial tissue might re-
sist and mar the result ; and the issue justi-
fied his fears. The contraction and malposi-
tion of the limb could not be completely re-
duced, and therefore physiological rest was
not fully obtained. The pain was lessened,
but not overcome, and very soon suppurative
foci were discovered, obviously emanating
from the mechanical interference with the
inter-articular adhesions and the scars which
bound the skin to the bone.

All these efforts developed and advanced
to a degree which would have put the life of
the patient in jeopardy. Under these cir-
cumstances, exsection of the knee suggested
itself as the most appropriate remedy, and it
was promptly resorted to. The operation
was done aseptically. An anterior semilunar

flap afforded a full view of, and access to the joint. It was found necessary to remove a slice from each bone, to excise the already eroded patella and to drill the internal condyle of the tibia to the extent of about half an inch. The limb was placed in an iron splint with a foot board, and its position was made so secure that no displacement could occur. During the following week there was some constitutional disturbance. The temperature rose, and the pulse at one time rose to 153 beats per minute. These symptoms soon gave way, and a calm, progressive reconstruction followed. No medication of any consequence was resorted to. The most nutritious diet was almost exclusively depended upon. The exsection was performed on March 28, and to-day, June 6, the patient is virtually convalescent and will soon be allowed to walk.

The femur and the tibia are firmly united by bony structure. There is not the slightest mobility at the knee. The child has improved in weight and in appearance.

CASE 2.—This case is almost identical with the previous one, the only difference being in the age of the patient (26 years), and in the cause, which was a traumatism, (a fall upon the knee).

The patient was just 12 years old when she met with this accident; and, as is usual, it was not appreciated until the disease had become so grave as to compel her to desist from using the limb.

For 14 years various treatment was employed for the presumed strumous disease; but the disease advanced, abscesses formed, fistulous tracts opened, mobility gradually diminished, and contraction of the biceps muscle followed.

When the patient presented herself at the clinic of Prof. Bauer, the knee joint was in a condition similar to that in the preceding case, except that tenderness was not quite so pronounced, although sufficient to interfere with the use of the limb.

For the reasons already assigned, *brisement forcé* was instituted after the division of the biceps tendon; but in spite of all efforts the limb could not be fully extended.

For a month inflammation and suppuration ensued, and then resection was performed. Ever since this operation the patient has done well. The limb is almost straight, the wound is almost wholly cicatrized and perfect recovery in a very short time is expected.

In either case the condition of the joint was such as to yield to no other measure but

resection. In both, the patella was eroded and its removal necessary.

In Case 2, the external condyle of the tibia was excavated, the cartilage was destroyed, and the bone in a state of superficial disintegration. In neither case was any medication used except a few anodynes; while the patients were built up with concentrated and nutritive food.

In regard to the so-called strumous diathesis, and the tubercular bacillus, Prof. Bauer remarked that he doubted that cases such as these had any connection with constitutional depravity. For the disease started in but one articulation, and ran its course to the end without implicating other joints or localities, except by the septicæmic process engendered by the local disease.

Constitutional affections of the joints are rare, always multiple and fatal in the end. A large number of cases of this class, which have come under Prof. Bauer's observation have confirmed his opinion that most joint affections, especially the monarticular ones, are of a strictly local origin and character, requiring appropriate local treatment; removal of the disintegrated tissues and physiological rest being the most essential measures.

CASE 3.—Bony ankylosis of right knee joint in a slightly recurvated valgus position; fistulous sinuses about the articulation; numerous cicatrices at the knee and thigh; resection of a wedge-shaped piece of bone; attempted immediate amputation; difficulty of arresting hemorrhage; recovery.

The patient was a native of New Mexico, 28 years old, weighing 240 pounds, of apparently robust and healthy constitution, florid appearance, with occasional pain, but not sufficiently intense to seriously interfere with his well-being. The limb was bent at the knee backwards and outwards. There were numerous funnel-shaped cicatrices, about and above the knee; fistulous openings around the internal condyle of the tibia. One seemed to perforate the head of the fistula. The sound strikes bare bone. There was a discharge of inodorous, watery pus, and complete bony ankylosis of the knee. The thigh was somewhat enlarged, and the structures firm, but not œdematous.

About 2½ years ago, the patient received a bullet wound from a Winchester rifle. The two fistulous openings represented the points of entrance and exit of the ball. The hemorrhage had been profuse, and the wounded man remained several hours on the ground before assistance reached him. The wound was dressed about 30 hours afterwards. Evidently the character of the in-

jury was not fully appreciated, and a fracture of the tibia was ignored. From this time his treatment was limited to incidental symptoms, and no attempt was made to reduce the displaced fragment. Perhaps the very position assigned to the limb, being almost vertically suspended, contributed to the further displacement. Thus new bone was formed, which implicated the articular surfaces, and ankylosis ensued.

In view of the fact that the patient kept a saloon, and was one of his own best customers, it is surprising that he got along as well as he did.

Although his sufferings were moderate at the time when he was taken under treatment by Prof. Bauer, the limb was an objectionable appendage, and the patient came thinking that amputation was his only remedy. However, the promising condition of the constitution led Prof. Bauer to propose excision of a wedge-shaped piece of bone from the knee, with the view of correcting the position and rendering the limb more useful. It was expected that the affected portion of the tibia and fibula would be sufficiently exposed in the operation to permit the removal of all the diseased bone, and placing the parts in the condition of a healthy compound fracture. The patient was delighted with this proposition, and readily gave his consent to the operation.

The operation was performed antiseptically, April 18th, 1887, at the Pius Hospital, Drs. Vaughan, J. L. Bauer, Grayson, Trentler, Cole and Disse assisting. An anterior semilunar flap was made over the knee and the femur was then obliquely divided through the condyle. The condition of the medullary structure of this bone was now found to make the designated plan impracticable. For the medulla was so completely disintegrated as to compel amputation, which was performed through the middle third of the thigh. Even at this point, the medulla was far from being in a normal condition; but the bleeding from the medullary cavity gave hope of recovery, and therefore no amputation at a higher point was deemed necessary. There was great difficulty in securing the ligature of the femoral artery—the only bleeding artery in the wound—whereas the veins bled very freely. It was absolutely impossible to draw the artery out of its sheath. It appeared in a very close organic connection with the surrounding tissues, and it was therefore necessary to isolate the artery with a part of its environment before ligation could be effected. Inasmuch as the entire tissues of the thigh were in a state of sclerosis, the

proximate compression of the artery could not be fully effected; so the patient lost a good deal of blood, and was almost in a state of collapse when he was placed in bed. Another difficulty presented itself in the closing of the wound. In fact, the sclerotic infiltration of the flaps, although they were of ample length, resisted all attempts at approximation, and therefore the wound had to be left open. With the exception of a very slight secondary bleeding, probably from small branches of the profunda femoris, which ceased without interference, the patient made a very satisfactory recovery, and has since returned to his home in complete health.

On inspection of the specimen three objects attract attention:

1. The track of the bullet, which lies between the two points before mentioned. This track is surrounded by disintegrating bone and could have been reached by the intended lower line of the saw. This would have laid it open, and rendered the scooping effective. It should be remarked in this connection, that, although the bullet wound in the bone was mainly in the tibia, the joint was opened thereby, and the cartilage of the femur probably compromised with it.

2. Behind this track the articular end of the tibia has been longitudino-obliquely split off, whilst the anterior part remained uninjured. The fragment, not being properly replaced, it was permitted to slide downwards, backwards and outwards, and in this position it united by callous with the main bone, and osteophytes bridged the articular surfaces, and obliterated the joint. Obviously, the displacement of the fragment led to the mal-position of recurvation and bow-leg.

3. The degeneration of the medullary structure in the lower half of the femur is certainly an unsuspected and rather strange complication. The pre-existing osteomyelitis must have been very violent to cause the degree of medullary disintegration found. So much so, that in the portion of femur amputated, there is not a vestige of the cancellated and reticular structure of the medulla. So far as the specimen serves as a guide, the femur was so insignificantly reached by the passage of the bullet through the tibia, that it is almost impossible to ascribe the osteomyelitis to the main injury. There seemed to have been no outlet to the disintegrated medullary structure, and the serous and purulent infiltration which must have preceded the late condition; and therefore, the patient must have suffered the tortures of Tartarus while the osteomyelitis was in progress. Again, it is almost incomprehensible how

such a condition could have existed in our patient with so little suffering and limited constitutional perturbation.

Prof. Bauer remarked that in a surgical practice of nearly fifty years, with all the diversified cases which had come under his observation as spectator or attending surgeon, he could not recall one approximating in the least degree the present case. Equally surprising is the recovery of the patient, under circumstances so dangerous, so diversified, and so complicated. During the whole treatment, nothing happened to mar the healing of the wound; and, strange to say, the stump is perfectly well formed. Perhaps it should be mentioned that no suppuration ensued. Whether or not the sclerotic condition of the limb accounts for this singular fact, may be suggested as a speculation. The recovery of this man from the operation to his discharge was completed within six weeks.

COMMUNICATIONS.

THE DETAILS OF BERGEON'S METHOD.

BY HENRY SKINNER, M. D., OF PHILADELPHIA.

The apparatus for treating disease by gaseous enemata consists essentially of a carbonic oxide generator, a rubber gas bag, wash bottle, rubber tubing and the rectal tube. The whole outfit can be purchased at so low a figure that it would scarcely pay the physician to attempt to manufacture it. For those who wish to try it, I will give simple directions that may be readily carried out. Procure a wide mouthed bottle or jar of a quart capacity, fit a cork to it, then with a rat-tail file perforate the cork in two places, making the hole large enough to accommodate glass tubing of the size you intend to use. One quarter inch is a good size. Cut one piece of the tube so that it will be long enough to reach from near the bottom of the bottle to an inch and a half above the cork. Then put a second piece of tubing through the other perforation so that it will also stand an inch and a half above the cork, and make it just long enough to protrude on the under side. This completes the wash bottle. Right-angled joints may be made at the upper end of the tubes, but if they are not made by an expert they are very apt to

break. The rough ends of the tubing should be held in the flame of a spirit lamp for a few minutes until they are slightly fused, as this precaution may prevent some severe cuts of the hands. The gas generator is made in precisely the same way, except that the long tube is replaced by a funnel tube which should reach within a half inch of the bottom. Gas bags can be procured already fitted with brass stop cocks. Before making the carbonic oxide, always be careful to expel all the air from the bag. Begin at the large end and tightly roll it toward the stop cock, which should be open. When all the air is out shut it off, and the bag will be flat and free from air. To the short end of the generator attach a piece of rubber tubing, about a foot and a half long. Place in the generator about a quarter of a pound of bicarbonate of soda; then pour slowly into the funnel tube, so as to liberate the gas not too fast, a mixture composed of one part by measure of sulphuric acid to six of water. When sufficient carbonic oxide has been generated to expel all the air in the bottle, attach the free end of the rubber tube to the gas bag, open the stop cock, and gradually fill the bag with the carbonic oxide gas. If the gas is generated too rapidly, there is danger of forcing out the cork, or carrying some of the liquid contents of the bottle over into the gas bag. The rapidity of the disengagement may of course be regulated by the quantity of acid poured through the funnel tube. When the bag is full the tube should be slipped off from the opening to the gas bag, and the stop cock closed. This should be done in the order named. Next, connect the gas bag by a piece of rubber tubing with the long tube of the wash bottle, to which should have previously been added water up to the beginning of the neck, in which is dissolved about fifteen grains of pure crystallized sodium sulphide. If the crystallized salt is not used, the solution will be muddy, and throw down a precipitate. To the end of the short tube of the wash bottle attach another piece of tubing, which for convenience should be about a yard long. At the end of this is placed the rectal tube. Next, open the stop-cock, and force enough carbonic oxide through the apparatus to expel all the air in it, which is done by pressure on the bag. The carbonic oxide decomposes the sodium sulphide into carbonate of sodium and hydrogen sulphide; the sodium carbonate and part of the hydrogen sulphide go in solution, while the excess of hydrogen sulphide along with the carbonic oxide is forced into the bowel. The

above is the simplest form of apparatus that can be constructed. There are several improvements which may be made on it which greatly facilitate treatment. These are a hand-ball aspirator with check valves and a valve at the end of the long tube in the wash bottle to prevent regurgitation, which is apt to occur with the other if the pressure on the bag becomes less than the pressure exerted on the gas by the bowel. With the hand-ball aspirator the gas can be much more gently and easily forced into the rectum, and with much more comfort to the patient. The rectal tube is then lubricated with cosmoline and inserted. Sometimes it does not pass into the rectum readily, and the gas escapes around it. This may be obviated by forcing the gas rapidly for a few seconds, which dilates the bowel, when it may be readily passed through the internal sphincter. The patient should be placed on the side in the recumbent position, and the clothing loosened. At the first treatment as a rule very little gas can be retained, as there will very soon be an uncontrollable desire to force it out. If forced in too rapidly it will cause cramp, but this soon passes off if the injection is stopped a few moments until the gas causing the distension is absorbed. Most patients readily recognize the proper degree of distension, and will say when they have about enough. I have now treated thirty patients, for some months, aggregating considerably over one thousand injections and have never seen any bad results during or following the treatment. There is one thing that may be said in its favor, which is, that if it does no good it causes no harm. Some of these patients have been under treatment for two months continuously. There is no necessity for renewing the sulphuretted water in the wash bottle every day; all that need be done is to freshen it up with sodium sulphide. Once a week is often enough to empty it.

THE ETIOLOGY AND TREATMENT OF FEMALE STERILITY.

BY A. CALKINS, S. B., M. D., BATH, MICHIGAN.

The causes producing, or tending to produce, sterility in the female may be studied under two general heads: first, those existing and operating before the ovum reaches the uterus; and, second, those that affect its life and development subsequently. In the former class would come all malformations both congenital and acquired, all abnormal nervous and vascular factors acting on the

uterine appendages, whether systemic or local: and many of the peculiarities of function resulting from specific or inherited diseases, and especially all pathological states of the ovaries and fallopian tubes.

Under the second head we may study many of the above causes acting indirectly upon the uterus, together with all local diseased conditions of this organ and its surrounding tissues, peritoneal, cellular, and fibrous; its malformations and positions, with any of the particular idiosyncrasies existing in the individual and developed and fostered by surrounding circumstances.

Many of these causes are beyond our reach as gynæcologists, necessarily: yet, happily, a valuable proportion are within the power of our knowledge and skill to remedy. One authority says that twelve per cent. of all cases of sterility are curable. The great "desideratum" is to be able to separate from the whole sum of the cases those that promise not only a probability, but a possibility of cure.

To have a successful issue from the reproductive act, it is essential that the ovary be in an active condition, with no impediment to its progress to the interior of the uterus, and be then received and retained in a soil fit for its growth, after being fertilized by healthy spermatozoa. Often all of these conditions are fulfilled, yet sterility results from some unnatural state of the generative organs producing an untimely expulsion of the ovum or foetus. This is what Dr. Parvin calls "impotentia gestationis," or the inability of completing gestation.

Habits of aborting, whether relating to some fault in dress, living or constitution, or from some peculiarity of surrounding circumstances, and especially if this habit comes from some difficulty existing in the organism of the individual herself, are of the greatest concern to the physician as an abnormality, producing death of the embryo, as such, and of much importance to the life and future comfort of the patient; and, it may be remarked, much more satisfactory as pointing to a favorable prognosis. It is quite important, in any event, to have a full and complete objective and subjective history of such cases.

With a perfectly developed ovary performing all of its functions normally, we expect an ovule to be thrown off, at more or less regular intervals, and for nearly, if not all, the life of the individual. Whether or not nature ordained that each and every germ-cell cast from the ovary should pass to the uterus and there be vitalized, we have no

need to discuss in this connection ; but it is essential that some of them do find the "narrow path" unobstructed and in position. If, however, there exist some unnatural formation, a bound down or misplaced Fallopian extremity and the ovary be not grasped, or if the tube itself be occluded or pouring out a secretion detrimental to the life of the ovum, then permanent sterility would certainly exist. This state of affairs may have been from birth ; but much more frequently is the sequela of perimetritis or general peritonitis, remains of old specific disease, as gonorrhœa in sporting women barren for this reason; from almost every case of puerperal inflammation caused by ptomaines entering the nervous and lymphatic circulation from a recent wound, and even from benign inflammations extending up the tubes and implicating the peritoneum. In fact all lesions effecting the formation of pseudo-membranes, forming cavities, and cul-de sacs dividing regions, making and breaking connecting cords, etc., which later on contract, warp, and destroy the symmetry and original positions of the organs and tissues in their neighborhood, alter the vascular and nerve supply to the uterus and its appendages, and leave the victim utterly unable to fill her place in nature's economy.

It is to the uterus itself that we must look for the greatest obstacles to female fecundity. The spermatozoa can only retain their vitality for a limited time at blood-heat, and in an acid medium, dying soon in the vagina. The life of the germ cell is prolonged in an alkaline menstruum. If now the endometrium under certain conditions of the blood supply be bathed with a neutral or acid secretion, death of one or both of the cells will speedily occur, while under favorable circumstances it is known that both sperm and germ-cells can retain their vitality for from 3 to 7 days. To insure fertility, *there must be a healthy endometrium with its corpuscular layer well developed.* Not hypertrophied and pouring out an abundance of viscid gelatinous mucus, not covered with fungus growths flooding the tissues with fluid blood on the slightest provocation, nor in a state of chronic inflammation or functionally altered by specific and inherited diseases. Any morbid force influencing the formation, nourishment, and growth of the decidua, will be just as detrimental. This is a point to which I wish to invite special notice. It has an intimate connection with the relation that ovulation bears to the periodic act of menstruation, and explains how we may find fecundation occurring between the menstrual

periods, and even when menstruation is entirely absent. It also intimates a rational treatment for those numerous cases of sterility, associated with endocervicitis, metritis and endometritis. Dr. Johnston, of Ky., and Mr. Sutton, of Liverpool, while examining this subject from altogether different standpoints, and with different materials arrived at precisely the same conclusion, concerning the connection of ovulation with menstruation, and the cause of the latter. They agree that menstruation is the result of a glandular function, and that this gland is the endometrium. Before puberty and after the menopause there is but a mere trace of columnar epithelium without any corpuscular development ; while in the menstruating uterus of a woman of twenty there was an abundant corpuscular development, constituting a thick endometrium with its epithelium in the process of casting. Mr. Tait says, in speaking of these facts: "For pregnancy not only is an ovum required, but it is necessary that the ovum when fertilized should pass over the endometrium when it is denuded of its epithelium, and in a condition of turgescence fit for the subsequent process."

One fruitful cause of sterility is hypertrophy and hyperplasia of the uterine muscle, from cervical and perineal lesions. A temporarily big uterus after parturition rapidly assumes its normal weight and dimensions nearly, when there have been no injuries to these soft parts. We may say that permanent subinvolution never occurs without a cervical or perineal laceration. These lesions produce future sterility by increasing and modifying uterine secretions, but indirectly by causing from increased bulk and weight of the organ, and lessened support, flexions versions and prolapses. They also occasion an excessive development of the endometrium, detrimentally changing its functions, and making it unfit for its part in nourishing and perfecting the fragile and dependent ovum. The epithelial layer is changed organically, and clings tenaciously to its support for such a length of time as to further injure the endometrium.

When the hypertrophy is the effect of any obstacle hindering the expulsion of the uterine contents, the organ becomes congested, its contents retained and more or less hardened, irritating its sensitive membrane, and destroying the embryonic decidua. Then when the obstruction is overcome by increased and fatal force it sweeps everything from its interior into the vagina. This obstacle may be a tenacious plug of mucus stenosis of the internal os, a small polypus

or a flexion of the cervix. A lacerated or a conical cervix, and a tense or stenosed os may cause an enlarged uterus by keeping up an increased vascular supply by nervous irritation calling an increased amount of nourishment to the part. They also make an unsurmountable barrier to the passage of the semen from the posterior cul-de-sac into the uterus.

Leucorrhœal discharges from whatever source are a fatal hindrance to the fixing of a fertile ovum within its necessary bed of new decidua by a constant flooding of the interior of the uterus and washing back or out of the germinal cell.

Malpositions of the uterus may interfere with impregnation by causing stenosis of the cervix, if there be a sharp flexion. During menstruation, when the mucus membrane of the inlet is turgescient, it will often take the whole power of the uterine muscle to force outward the accumulated blood-clots, shreds of epithelium, mucus, etc., to counteract and breast the current. Dysmenorrhœa is the signal that notifies us of such a condition.

There may be such a dislocation of the cervix that the external os, instead of lying in the pool of semen, is pushed to one side, or in front of, and practically out of contact with the fertilizing fluid. Lateral misplacements may cause the same thing.

To retroflexion the most disastrous consequences are to be attributed. While antiflexion and the versions are serious matters, they simply waste the germinal material and do not in any way threaten the safety of the mother, if such she may be termed. The retroflexed uterus, however, receives and develops the ovum until the increased bulk of the latter forces the uterus against the sacrum, and so destroys the ovum by pressure, unless nature or the physician rights the position of the uterus. It is a sad fact that a large per cent. of the cases of barrenness can be directly traced to produced abortions. Sterility frequently follows an accidental abortion or miscarriage, but not nearly as often, and the amount of injury done to the membranes and soft parts is comparatively slight. The harm done to the vaginal and uterine tissues by the awkward use of clumsy instruments cannot be well over-estimated. Even when accidental, and under the most careful treatment, they are frequently followed by severe symptoms. Lacerations of the cervix, contusions of the vaginal and uterine tissue, make splendid soils for the production of puerperal diseases, especially when decidua and membranes are retained in incomplete

abortions. Many a life has been sacrificed, all hopes and chances of motherhood ruined, or prolonged pain and discomfort induced, in consequence of abortions and miscarriages occurring during the first year of married life.

Making a prognosis is a difficult and delicate task, and should not be formed until the most useful and systematic examination has been completed, and even then should be well guarded. Especially should extreme care be given before deciding favorably in cases that have never conceived, unless we diagnose misplacements or stenosis. It is of course evident that no amount of medical or surgical skill would justify the physician in promising children when there exists a diseased or misplaced ovary or fallopian tube, or in any way benefit a congenital malformation of any of the uterine appendages. It is possible that an infantile or undeveloped organ may be stimulated to a perfect condition, but hardly probable.

The patients that we have the best possible chances of benefiting are those that have previously conceived, but from injury sustained during labor or abortion have since been sterile. Another class of cases to be considered carefully is that in which we find misplacements followed by hypertrophy, stenosis, etc. Possible success may be experienced where sterility has resulted from peritoneal inflammations and cellulitis. In many patients, success will depend upon the amount of moral and mental stamina they possess. The procreative act in mankind is an entirely animal passion and should be conducted as such. It is none the less a "gift from Heaven," and need not be reduced to brutism, as is frequently the case; neither should it be transacted upon a purely business basis or from entirely politic reasons. The female should be in the best of spirits and health and with a perfect trust (so far as may be) that the fruition of her hopes will be realized. It is a well authenticated fact that mental states have as much influence in procreation as in other acts of animal economy. Fear, anger and shocks have their detrimental effects, as well as pleasure, love and faith their reward. Unqualified license is as much to be condemned as total abstinence, and with about the same result as far as offspring are concerned.

Having thus briefly reviewed some of the most prolific causes of female sterility, and noted a few necessary cautions regarding prognosis, let us examine what means we possess for remedying the evil. As injuries to the cervix are the starting point of the great bulk of female troubles causing sterility,

so they are the ones calling loudest for attention in those cases that have once been pregnant; but cervical lesions are not directly disastrous to pregnancy from mechanical reasons. If there were no sequelæ invariably following this lesion, its hindering power would be very slight indeed. Without a doubt the inherent force of the spermatozoa would be amply sufficient to overcome all the difficulties that an uncomplicated case of laceration would present. The correct interpretation of these injuries with our modern management would make a favorable prognosis nearly certain. Trachelorrhaphy in the great majority of cases is capable of restoring the eroded and everted lips to perfect apposition, thus soothing the reflex nervous phenomena of stomach, heart and nerves. But when we remember that hypertrophy of the whole uterine tissue, muscular and mucous, is a direct result of these lacerations and contusions, and that subinvolution, hyperplasia and puerperal inflammations, are intimately connected with them as cause and effect, and that at least 56 per cent. of all cases of female sterility are due to them, with 40 per cent. to displacements—when we remember these facts, so far as the life of the ovum is concerned, we need only investigate for the purposes of treatment the lining membrane of the uterus, *i. e.*, the endometrium. In other words, if we can cure the existing endometritis, we will at the same time remove, so far as is ever possible, the obstacles to conception.

If this endometritis be due to subinvolution from a lacerated cervix or perineum, trachelorrhaphy or perineorrhaphy should at once be performed, if the condition of the patient does not contra-indicate so trivial an operation. Should involution still be slow in progress, and the other pathological symptoms remain, we will be justified in amputating the cervix high enough up to remove all devitalized tissues. Care must be exercised in this operation that complete occlusion of the external os does not occur from contraction of the cicatrix, or, from the same cause, stenosis. This may be guarded against by leaving in the cervix a short and blunt uterine stem, or a tupela tent, well disinfected and of medium size, about No. 12 English scale.

If the subinvolution date from an incomplete abortion with retained membranes and decidua, no surgical manœuvre will be necessary, unless it be scraping the endometrium with the dull curette to remove the thickened epithelial layer and fungous growths, if any exist. In the majority of cases, painting the

interior of the uterus weekly with strong tincture of iodine, with carbolic acid, will produce a sufficiently alterative and absorbent effect. Involution may be further hastened by continuous hot douching for 30 minutes, by a 1-2000 solution of corrosive sublimate, to the cervix and vaginal vault. Wool tampons, saturated in a solution of alum in glycerine and systematically packed around the cervix, act advantageously as supporting and depleting agents. If much tenderness and pain exists, iodoform sprinkled upon the cervix will relieve it.

Recently, in one case, I used the intra-uterine tampon recommended by Dr. Talliaferro with the best of success, so far as reducing the chronic inflammation and subinvolution were concerned. This method of securing a continuous and equable pressure, when there is no acute inflammation in the periuterine structures contra-indicating it, is a great advance in practice.

Restoring a torn perineum by perineorrhaphy favors the better consummation of the sexual act because the semen is retained until its function is performed, and therefore conception often follows. Whatever influences the laceration had upon the position of the uterus, any malposition of the latter will at the same time be remedied and the chances of fertility increased.

Dilating a stenosed os, or straightening a flexed cervix by rapid or gradual force, opens the channel for a free communication between the sperm and germ cells, and lessens uterine and ovarian engorgement.

Flexions, versions, and prolapses are to be replaced and mechanically retained until nature or a surgical operation secures the uterus in good position. Patience will be required, with considerable skill and ingenuity, when the displacement has resulted from old puerperal inflammations and cellulitis. Suitable pessaries or vaginal and uterine tampons, with local medication, will sometimes cause absorption, stretching, or breaking of the pseudo-membranes, allowing a return of the organs to their original position.

Electricity holds an enviable position as a curative agent in these cases, it having the power of bringing on resolution and absorption second to none. It is a strong tonic, stimulating both secretion and excretion. Under its stimulating action, infantile and under-developed ovaries may be excited to increased growth, their blood supply increased and assimilation improved, until they become competent to perform their required function in the vital cycle. Upon

the uterine muscular fibre it acts as an excitant and tonic. It induces contraction and strengthens the tone, causing absorption of effusions and regulating the circulation. For this reason it has been termed "the only true emmenagogue." In subinvolution and metritis it causes a tonic contraction of the muscular tissues, driving into the circulation and excretions the over-developed tissue cells and migrating leucocytes. In pelvic peritonitis and cellulitis it softens up the indurations and causes their absorption.

Spasmodic dysmenorrhœa is found to be a symptom in two out of five cases of sterility. If this is found to be of reflex origin, the original cause must be discovered and remedied. This cause is usually an irritation of the uterine nerves from a stasis of the blood in the uterine veins, the result of an unequal circulation. Electricity seems to be the one agent that can equalize the vascular supply.

Menorrhagia and metrorrhagia are frequently the cause of "one child" sterility, and can be directly traced to the increased surface of mucous membrane which is frequently diseased by inflammation, villous or glandular degeneration, or from the ulceration of new growths. Still, we must not forget that it may arise from some general systemic cause independent of any morbid condition of the sexual organs. When we conclude that the interior of the uterus contains the tissues at fault, and there be no possibility of hæmatocele, pyosalpinx, extra-uterine pregnancy, or malignant disease of the cervix, dilatation of the neck should be resorted to, and the interior of the womb thoroughly examined, and the appropriate treatment begun. If villous growths are found, they should be scraped off with the curette, and the endometrium painted with iodine or sprinkled with iodoform. The intra-uterine tampon is highly recommended in such conditions. The internal remedies most likely to be of benefit are ergot, nuxvomica, hamamelis, viburnum, and hydrastris.

If the excessive flow is only a symptom of some systemic difficulty, as Bright's disease, general active hyperæmia, or general debility, tonics and special treatment will be indicated. The constitutional treatment to be adopted in these complications following laceration of the cervix, subinvolution, etc., will depend upon the individual peculiarities of each case.

The main idea to be kept before the mind in the treatment of sterility, arising from some injury done the reproductive organs in a previous pregnancy, being to secure a healthy structure and function of the en-

dometrium, and in proportion as we succeed in this endeavor will sterility give place to fertility.

Much more difficult and far less satisfactory is the management of cases that have never conceived. Their etiology is "shrouded in darkness," and their successful treatment is "past finding out." As a rule, primary sterility depends upon some abnormal condition of the ovaries and their nervous connection with the uterus. This may be congenital, or constitutional, or due to inflammations or nervous reflexes.

If amenorrhœa exist, we should interrogate the heart, liver and kidneys for its cause. As menstruation is the safety valve by which the gradually increased blood and nerve tension is relieved, so amenorrhœa is circumstantial evidence that some other loss is taking place in the organism, or that the vital forces are too feeble to afford the expenditure. It may result from absence or imperfect development of the reproductive organs, or of degeneration affecting both ovaries, or the ovarian nerve centres may be in a torpid condition. There may be a partial and temporary arrest of development in the circulatory system and sexual organs, as in chlorosis. There may be mal-nutrition, anæmia and tissue degeneration in renal and hepatic diseases, or there may be excessive waste of nerve and nourishment in organic lung trouble, in which case amenorrhœa would be conservative.

The treatment will be mainly constitutional. Electricity, nerve and heart tonics, wholesome and abundant food and exercise, with special medication for the heart, kidneys, liver and lungs.

Outside of cases needing medical or surgical treatment, we find numerous subjects in whom hygienic laws can be applied advantageously. Just at the close of menstruation, when the endometrium has cast its epithelium, and the soft, velvety tissues are engorged with blood, is the most favorable period for impregnation to occur. This fact has long been recognized and utilized, but not until quite recently has it been theoretically explained. It is well then to advise coition to be practiced at this time, with abstinence between times. Cleanliness, although a delicate prescription to give a confiding patient, will be often a useful one. Have the vagina well flooded with pure or slightly alkaline water an hour or so before intercourse. This will sweeten the vaginal secretions, and remove the tenacious mucus, and thus favor life and motion to the spermatozoa. If there be any dislocation of the

cervix laterally, have the act of insemination take place with the woman upon the side towards which the os points, and have this position kept for a couple of hours. If there be loss of perineal tissue it may insure fertility to have connection take place with the woman's hips elevated, and shoulders and head low, thus favoring the retention of the fertilizing fluid and its passage into the uterus.

To cure certain cases, temperance and regularity must be advised. Sexual excess or over-indulgence keeps the organs over-stimulated and engorged with venous blood, and in a condition similar to subinvolution. It is of course impossible to make any hard and fast rules, but it is safe to say that the sexual desire should not be gratified to such an extent as to leave the parties ænemic, exhausted and unfit for the other duties of life. To have the nervous system capable of acting its part in a fruitful union, it must not be in a condition of perpetual shock.

Artificial impregnation has been practiced by Dr. Marion Sims, Dr. Sinety and others, but not with very flattering results. It is only available where there exists some irremediable obstacle to the passage of the spermatozoa into the uterus.

A CASE OF MORPHINE IDIOSYNCRASY.

BY H. N. BURR, M. D., OF WILLIAMSON, N. Y.

The following case, that came under my care during the summer of 1886, was so full of interest to me that I think it would be of interest to others:

Mrs. M——, aged sixty-five years, had for a number of years past been a sufferer from that painful disease, *tic douloureux*, and, in her desire for relief, she had consulted the most eminent physicians and surgeons, in the hope of finding a remedy that would cure her. The *Materia Medica* had been exhausted, and she was left poorer in pocket, but no better in person. Every physician in the region around had tried his skill to bring relief, and all in vain. She suffered on year after year.

I came into this town and had known her before she was the victim of this disease. I visited her, and in conversation suggested that, to relieve her severe sufferings, she should allow me to use the hypodermic syringe with morphine. She said it had never been used on her, but that she would try it, as she was suffering intense pain at the time. I injected into her arm a tenth of a

grain of morphine, and in a short time she was comfortable, and I went away. About four hours after, I was called in haste to see her, and found her unconscious breathing slow and labored, with a feeble, failing pulse that indicated her near approach to death. It was a great surprise to see such an effect from so small a dose of morphine and in so short a time. Upon inquiry, I learned that after leaving her she had sunk into a quiet slumber for a time, and then passed into a deep heavy sleep from which it was impossible to arouse her. Something must be done or life would soon end. I immediately injected one hundred and twentieth of a grain of atropia and awaited results. The pulse began to improve, but not the breathing, the former continuing very good for an hour or two, when it declined and was almost gone. The same dose of atropia was repeated with a like result, the pulse improving, but not the breathing. I remained during the night and continued to use the atropia at intervals of two or three hours, with varying results. The breathing was very slow, and the intervals between the breaths so long that her friends would say she is gone. I had not been able to get her to swallow anything during the night. I was discouraged and thought she must die in a few hours, and returned to my business for a time, and when I returned expected to find her dead. She continued in this state until the evening of the second day, when she began to improve and woke up, took some food and spoke. She continued to get better, and was able to sit up and was free from her old enemy the remainder of her life, saving a few slight twinges in her face. This was the most remarkable case that had ever come under my observation, and the small dose of morphine had given me much trouble and alarm. Upon inquiry afterwards, I learned that she had had some such a time from taking morphine some years before. After coming out from the influence of the morphine, she had a long sickness of two or three months, in which she was helpless, but was not paralyzed, only prostrated, and when she got up from that, she did not have any return of her old complaint. Something had wrought a change in her disease, and the question naturally comes up, what was it? I think it was the morphine and the severe impression it had made upon her system. I had her under observation nearly a year, and saw her ride out and attend church and social meetings, and her disease did not come back to trouble her.

FOREIGN CORRESPONDENCE.

London Letter.

Sir Joseph Lister found recently that Lister is not so well known as Listerism. He was travelling in Sicily, and at Palermo wished to procure some bichloride of mercury, with which to saturate some blotting-paper to press some plants, the germicide preventing mould. Accordingly, he went into a drug-store and wrote out a prescription for the bichloride. The drug clerk read it carefully and refused to fill it, saying, "I know not the signature." Looking about him, the father of antiseptic surgery saw "Système di Lister" in bold letters calling attention to the large stock of antiseptic wares on hand; for in no other country has Listerism gained more sway than in Italy. Pointing to his name, Mr. Lister told the clerk that he was the founder of this system. "I know not the signature," was the stubborn reply, and Mr. Lister had to go without his antiseptic.

I have just come from Lister's operating theatre at King's College Hospital. He looks a little more grey than when I saw him last, six years ago; but he is still the same pleasant, kind, affable gentleman. The attendance upon his clinic was quite as large as formerly, with a number of foreigners. He does not now use the spray, though some of his followers here in London still use it with a vengeance. In Germany, where the antiseptic craze is so strong, I did not see the spray used at all.

At the operation this afternoon, Mr. Lister removed a breast in a woman where he suspected the presence of scirrhus, but was not sure of his diagnosis. He made an exploratory incision, found it to be scirrhus, and amputated the breast. He spoke strongly in favor of the exploratory incision. In one case, in private practice, he was called to amputate both breasts. The attending physician was sure she had a scirrhus of one breast, and probably of the other. He did not feel certain, and made an exploratory incision. He found a simple, single serous cyst. The same condition was found in the other breast. He dwelt at length on what a fearful calamity it would have been had he removed both these breasts, and then found only a simple cyst. In the operation to-day, the disease was in the early stage, and the question was, should the axillary glands be removed? Careful examination could find no evidence that they were affected. The first one which could be found was removed

and cut open. It was found entirely healthy. He considered, however, that it was to the woman's best interests to have them out, which was accordingly done. Careful examination found one gland at least which was diseased. Mr. Lister related that it was only this morning that he had been consulted by a lady who had her breast removed three months ago for scirrhus. The surgeon thought the glands unaffected and did not remove them. Now they were affected badly in the axilla, and even above the clavicle, and were clearly beyond help. Had they been removed, the case in all probability would have been quite different, as is often proven.

Great Ormond St. Hospital is the oldest special hospital for children in London, and I understand in the world. It was founded by Dr. Charles West in the year 1858. It started out in quite a modest fashion in two old dwelling houses, but has grown until it now treats annually 15,000 sick children. The greater number of these are out-patients. The staff consists of fifteen physicians and surgeons, besides consultants, house surgeons and physicians. They are chosen from the various hospitals of London, and are an able body of men.

The array of cases is somewhat monotonous in the general run; but, among such numbers, there are necessarily many intensely interesting.

It is wonderful what crowds of children are brought here suffering from chronic suppuration. Hip disease, psoas abscess, caries of the spine, inflammation of the joints, and the general manifestations of scrofula are present with fearful frequency. Skin diseases and troubles arising from mal-nutrition and bad hygienic surroundings form the great majority of the walking cases.

Hair-lip is a malformation which demands much time and consideration. The operation has been so often performed that the acquired experience proves of great value to the operators. One of the most successful operators in London is Mr. Thomas Smith, surgeon to St. Bartholomew's Hospital. Mr. Smith is now consulting surgeon to the Hospital for Sick Children, but was on the active staff in 1881, when your correspondent was serving as clinical assistant there. It was then my privilege to see him perform this operation a number of times.

By way of a slight digression, Mr. Lawson Tait, before a recent meeting of the British Gynecological Society, in a paper on his method of flap splitting with the flange suture, in vesico vaginal fistula and perineal

operations, said he would recommend its trial also in cleft palate.

Mr. Howard Marsh, surgeon to the hospital, has made several operations in the last few weeks for cleft palate. His results were very good in all cases but one, in which the child coughed considerably after the operation, and the flaps failed to unite in the soft palate, although doing so in the hard. He thought the soft palate would heal to a great extent by granulations. Mr. Marsh does not recommend operating for cleft palate before the child has reached four or five years.

He warned his listeners not to go too far back with the operating knife, as there is danger of wounding the posterior palatine artery. If the artery is cut, it retracts up the canal, and there is no chance to get at it to ligate or use pressure. He had this to occur in two patients under his care in St. Bartholomew's; one of them bled very much and long. He finally stopped it by finding the posterior palatine canal and pushing up into it a match wrapped with cotton. This was also done in the other case, but, the plug coming out, the nurses could not return it, and the patient bled to death. The opening of the canal can be found just by the last molar.

Dr. Robert J. Lee, of Gt. Ormond Street Children's Hospital, has recently brought out a very practicable, simple and useful instrument, which he has christened the "Fumifyor." Its use is for the inhalation of the vaporous medicinal agents. By means of this instrument combustion can be carried on, in their pure state, of such substances as stramonium, lobelia, belladonna, opium, digitalis, conium, coca, Himrod's powder, and other substances, without the addition of nitre or other combustible material. With this the smoke of the vapor of these substances can be easily inhaled, and their therapeutic effects obtained for the relief of various pulmonary affections, such as asthma, bronchitis, and whooping-cough. The Fumifyer consists of a spirit lamp, over which is a reservoir of water, which, on becoming heated, passes a current of steam out through a pipe, not unlike a sprinkling can. On this pipe and connected with its cavity is an upright part, which contains the medicine to be fumified. This makes it resemble a tobacco pipe and the process much like smoking. The steam causes the suction, and the smoke from the burning medicine (or tobacco) passes down out of the pipe and into the patient's mouth, which is at the extremity. The draught can be regulated by moving a simple slide, which also controls

the rate of combustion. The fumifyer may also be used as a simple inhaler. The Floral Fumifyer, used in green-houses for fumigating plants, is constructed on much the same principles.

The medical profession hinted long and loud, through both the medical and secular press, that the queen should commemorate the jubilee by the appointment of some medical man to the peerage, an honor never yet bestowed on medicine in England. The hint, however, was not taken.

We have recently had "Hospital Sunday," a thoroughly English institution. Last year the amount raised in London was 40,000 pounds, and it is hoped more will be realized this year.

Dr. Norman Moore, pathologist to St. Bartholomew's Hospital, finds that the great majority of deaths of patients suffering from gout which occur in the hospital, and a great number do occur there, is caused by vascular degeneration. A few die from acute disease, but only a few. He says we must remember that a gouty person is not only a man with a pain in his great toe, but that he probably has acute nephritis accompanied by dilatation of the left ventricle, and probably vascular degeneration and atheroma. Aneurism was seldom the cause of death. He had only known of one case, the specimen of which he showed us. He exhibited a number of specimens from a man who had been examined after death during the past week. Urate of soda was visible on the great toe and patella, of the right side. None was met with in the tarsal bones. On the left side it was found in the great and second toe, in the astragalus and every bone of the tarsus in abundance. None in the ankles. No gouty deposits in the ear. This urate of soda is only found where degeneration has taken place. It is not deposited till this has taken place. Gouty parts are often said to contain pus. If examined under the microscope this will be found not to be pus but the urate of soda mixed with the synovial fluids, thus giving it the resemblance of pus. The size of the kidneys was in this case very little reduced. On examination the pelvis are found full of fat and the true kidney substance reduced. The subject has also emphysematous vesicles in his lungs.

Dr. Matthew Duncan, in lecturing to his students, recommended them to have lots of cotton by them on the occasion of a premature birth. The child should not be washed, the skin is too soft and tender. If any great amount of filth is present let it be gently sponged off, then wrap up the baby in cotton.

Of greatest importance is the temperature. This should be taken in the rectum. Though an adult fetus generally has some sub-normal temperature, yet in a premature birth a temperature much subnormal is a cause of alarm. This should be kept up to the normal by all means. The child should be kept in a temperature of 90°. This is best done in what is known as a nest. That of Tarnier, or some of its modifications, being the best. After some time the child can be removed from the nest, and if the temperature remains up to the normal it can be left out, otherwise it must be returned.

Feeding, a matter of the greatest importance, is generally very poorly carried out. Undoubtedly the best thing is the mother's milk. You must get a nurse to sit beside the child, draw the milk out of her breast and give it to the child. Some premature children suck well, most of them do not. It needs a very little food the first few days, a few teaspoonfuls being enough.

In discussing premature labor, Dr. Duncan said that the characteristic case for the induction of premature labor is the flat pelvis. As the method of induction, he recommended the plan of Kiwisch to be of first importance. It is by vaginal injections. This probably involves dilatation and relaxation of the vagina and probably of the cervix uteri. The woman injects warm water, some use cold, some alternate warm and cold. This may be carried on through one or two days, and done five or six times. Care should be taken not to inject into the uterus. He recommended the operation because it was a good preparation for delivery, relaxing and expanding the vagina and probably the cervix. This plan does not generally succeed, but even then you are a great gainer, for it prepares the way for labor. It is the best method when it succeeds. The next best mode is to introduce a tangled tent into the cervix. It should be carried in by the forceps, and should be rendered aseptic as well as the sponge which follows it. This should be done by salicylic acid 1 part, glycerine 5 parts. Labor begins generally in from 12 to 24 hours. Sponge tents and Barnes' bags have no advantage over the simple methods named. If in a hurry he recommended the use of the bougie, a solid one to be passed up between the uterine wall and the membranes. Avoid puncturing the membranes and going between the placenta and the uterine wall. If after inserting it moves freely backwards and forwards it has gone into the uterine cavity and not curled up in the cervix, as is sometimes the case.

This plan sometimes fails. None of them are sure. You should not expect to do a premature labor at a certain hour as you would a lithotomy or an ovariectomy, as claimed by a prominent accoucheur, but be content to wait.

The position of the foetal heart is not considered by Dr. Duncan as a diagnostic sign of breech presentation. He considers the heart to be situated at about the middle of the fetus, not of the child, and is very little, probably no higher in the breech, than in the vertex presentation.

London medical hospitality is commensurate with the size of the city. Those of us who attended the International Medical Congress in 1881, remember with pleasure how right royally we were entertained. High officials, the nobility, corporations, institutions, and especially the members of the medical profession, welcomed us with open doors. It is to be hoped that the Americans will return in 1887 the hospitality accorded them in 1881.

Nor is this British medical hospitality spasmodic. Only within the last three months there have been three medical social events of considerable general interest. First, Mr. W. S. Savory, President of the Royal College of Surgeons, gave a *conversazione* at the college. Music, an elegant repast, the most valuable museums and numerous works of art, furnished entertainment for the evening. Next followed the jubilee dinner given by the Society of Apothecaries. The medical social season was closed on the evening of the 29th of June by a *conversazione* at the Royal College of Physicians given by the president, Sir William Jenner, who is now president for the fourth time. The company in attendance was a large one and the evening was spent very pleasantly. Music by the Coldstream Guards needs no praise from me. Numerous paintings, some of them quite old, many having more or less interest to the medical man formed an interesting feature. Microscopical specimens and culture processes were exhibited in abundance. Microscopes and apparatus of rarity and costliness were there for examination.

Sir Dyce Duckworth, whose visit to America about eight years ago is remembered by many, is the efficient treasurer of the college. *London, July 1st, 1887.*

—More deaths occur from lockjaw on Long Island, it is stated, than upon any other corresponding area of territory in this country.

LETTER FROM LEIPZIG.

TO THE MED. AND SURG. REPORTER :

It has been possible for me within the past week, in accordance with the sole object of my visit to Germany, to see a large amount of gynecological work in the hands of some of the best workers in the world.

In my more extended gynecological tour of last year, I was very forcibly impressed with one idea, which is now becoming a conviction, that is, that only "seeing is believing;" I mean that no amount of home-reading or home digestion of foreign work, will give the ready, correct apprehension of facts one obtains in the few minutes of conversation, or looking on at an operation.

I thought before my first visit to Europe that having an acquaintance with English, French and German literature, I had also a fairly exact estimate of the relative positions of the three countries, their teachers and laborers in scientific medicine. Such, however, was not the case, and I found myself in many instances very seriously in error, and obliged to reconstruct my standard, and even, to my sincere gratification, to place *home-work relatively very high*. American surgeons need come abroad with no feelings of deprecation, and in no apologetic mood, for although we have a vast deal to learn from others they in turn can take many lessons of us. A query which is often put is, "What will be the gynecology of the future?" I answer for myself (pardon the bull) that the gynecology of the future, which practically concerns us, *now exists*, and it is this, that "that which is *best* and *peculiar* in each nation should as quickly as possible be made common property."

When we consider the great number of distinguished gynecologists to be found throughout the length and breadth of Germany it is remarkable what centres of activity are to be found in the various towns. I have now been in Leipzig eight days, and constantly in the society of Dr. Sanger, who is especially well known to us as one of the foremost men of the age, having literally dug up the old operation of Cæsarean section out of a very deep grave, and showed so exactly wherein the conditions of success lay that it is now a *safe operation*, under many circumstances to be preferred to craniotomy; he has thus saved a great number of women from the serious mutilation of Porro's total ablation of the uterus.

Dr. Sanger performed two very interesting laparotomies on the very morning of my arrival; removing in one case a small paro-

varian cyst from the right side, and a curious small multiple dermoid cyst of the left ovary. The other case was a retention-cyst of the gall-bladder, which was first stitched to the abdominal wall, and opened after six days by the cautery, when it discharged about 8 ounces of a dark viscous fluid. Both cases have run their course without fever or pulse elevation. An interesting case of hysterectomy was performed yesterday morning in his private hospital (called *klinik*). A large fibroid tumor had choked the pelvis, even causing a prolapse of the uterus with the anterior vaginal wall. On account of this complication, after having cut away the tumor with ovaries and tubes, the stump was brought outside at the lower angle of the wound, transfixed by two large sail-cloth needles.

The peritoneum was sewed carefully to the stump just below the elastic ligature embracing it, and a dressing of iodoform and tannic acid, in equal parts carefully applied.

Prof. Cr  d  , so long celebrated for his studies of the puerperal state, has retired altogether from medical duties and lives quietly in the best quarter of the town.

His successor in the Lying-in institution is Prof. Zweifel, from Erlangen, who is ably assisted in his duties there by Dr. D  derlein. The work which Dr. D  derlein performed in his investigation of cysts of the hymen is well known, and I can testify from observation that his handling of his microscope and mounting of long series of specimens cut consecutively from the finest, smallest pieces of soft tissue, is something wonderful. At a meeting of the Leipzig Gynecological Society I had the pleasure of meeting Prof. Hennig, long known to me by reputation, more particularly as the author of the pamphlet on retention cysts of the Fallopian tubes.

Dr. Becker-Laurich, medicinalrath, of Altenburg, was also there. Dr. B. Laurich is not so well known to us in America, but he is noted here for his practical genius in midwifery. From him came the celebrated Altenburger pelvis described by Fehling in the Archives for Gynecology; he also furnished the uterine lithop  dion described by Prof. Hennig.

I had the satisfaction yesterday of seeing my operation of Hysterorrhaphy performed by Prof. Zweifel.

A large heavy fundus which lay retroflexed in Douglass' pouch was raised and sutured just below the cornua to the anterior abdominal wall. I know of other cases here in which sufficient time has elapsed to say that they have all been successful, and the method

promises to have a wide field of usefulness. It is called here the Kelly-Olshausen method.

I hear many complaints here about the heat, but the weather is very much such as we hope to find in our mountain resorts, and the fact that it is summer need deter no one from our side of the water from Germany.

Very truly, HOWARD A. KELLY.

HOSPITAL NOTES.

PHILADELPHIA INFIRMARY FOR NERVOUS DISEASES.

A CASE OF PSEUDO-HYDROPHOBIA.

Service of DR. OSLER. Reported by DR. BURR.

B. D., aged 25, always healthy, and never has had any nervous trouble. When about ten years old a dog bit him slightly on the upper lip. The wound soon healed and he thought nothing of it. Eighteen months ago he was bitten slightly on the right thumb. Two months later the thumb began to pain, which scared him and made him nervous, but it soon passed away. A few weeks ago one of his fellow-clerks told a story of a man who died of hydrophobia years after he had been bitten. This story influenced the pa-

tient very badly. He became nervous, the pain in the thumb grew worse; the dread of hydrophobia pursued him constantly; sleeplessness came on, and finally his condition grew so bad that on the ninth of July he was compelled to quit work. At that time Dr. Osler saw him, assured him that there could be no possible danger, and prescribed a nerve tonic for him. In a few days he returned complaining of nervous chills, trembling of the limbs, great restlessness and sleeplessness, and stiffness of the jaws and neck. He had a spasm of the throat, and imagined he could not swallow water, but after a great effort he did swallow a mouthful. The next day he was better, and could drink water easily. He still, however, was intensely restless, pale, with dark rings around the eyes, and indeed looked very ill. He still complained of the stiffness of the neck, and the irritation and soreness about the thumb. There is no scar in the sore spot. He was ordered potassium bromide gr. xxx every five hours until he could sleep. The next day he was much better. He was ordered Faradism to the neck and spine. He returned in a few days practically cured. A few weeks ago the dog was still alive.

EDITORIAL DEPARTMENT.

PERISCOPE.

Trophic Nerves.

The actual demonstration of the existence of trophic nerve fibres, apart from vaso-motor fibres, has not until recently been made, although many evidences pointing to that conclusion have been put forward. Dr. Joseph, of Berlin, in a number of experiments on cats, produces facts which go to prove the existence of trophic nerve fibres in the peripheral nerves. The complication of vascular changes induced by the removal of the vaso-motor fibres from a part must be excluded in order to prove definitely that any nutritive changes occurring after section of its nerve are due to the loss of trophic influence. These conditions were carefully considered, and in order to avoid any vaso-motor changes, the second cervical nerve was selected for section, which, as will be seen, contains no vaso motor fibres. This nerve was used in all the experiments. Mere section of the trunk of the nerve produced no effect, as reunion rapidly took place, so that it became necessary to remove a considerable portion of the trunk to prevent this occurrence. In some of the ani-

mals the ganglion on the posterior nerve-root was also removed. The changes induced were limited to the area of distribution of the nerve, and in those where the ganglion was removed similar changes occurred in the cutaneous area of distribution of the fifth cranial nerve of the corresponding side, coming on in different animals at a period varying from five to twenty-seven days. The changes consisted in loss of hair, at first localized, afterwards gradually extending, situated above and behind the ear where the trunk was only severed; above the eye and over the cheek, where part of the trunk and the ganglion on the posterior root were removed. After a time complete baldness and a shiny atrophied state of the skin made their appearance. No increased vascularity, inflammation, or any other change whatsoever could be discovered in the skin. The hair was examined for parasites, but none could be found. Microscopic examination of the skin failed to detect anything beyond atrophy of the hair follicles; there was no evidence of inflammatory or other changes. From these experiments Dr. Joseph concludes that trophic nerve fibres exist apart from vaso-motor

fibres, and entirely independent of them; and he explains the similar changes in the area of distribution of the fifth cranial nerve by assuming that it derives its trophic supply from the ganglion on the posterior root of the second cervical nerve from which fibres join the ascending root of the fifth.—*Virchow's Archiv*, Bd. cvii, Hft. 1.—*The Practitioner*, July, 1887.

Unilateral Iodism.

In the *British Med. Jour.* for July 16th, Mr. Rice reports an interesting case of unilateral iodism occurring in an elderly, plethoric gentleman of congestive tendencies. The patient is thought to have suffered previously from delirium tremens, or some mental derangement. While under treatment for bronchitis, and after taking three-grain doses of iodide of potash for thirty-six hours, he became very restless, sleepless and nervous, with great fear of impending dissolution. On the next day there was great congestion of the vessels, especially at the right side of the head, with considerable cedema of the loose tissues about the eye, side of the neck and ear, the latter being so much inflamed that leeches were applied. The other usual symptoms of iodism, such as running at the eye and nose, and frontal headache, were present, but were all most marked upon the right side. The author thinks that iodine has an affinity for certain nerve-centers, and sometimes attacks in particular one side of the brain.

On Injections of Yeast.

In the *Centralblatt f. d. med. Wissensch.*, of June 18, Falk reports some experiments upon the intravenous and other injections of fresh beer yeast into rabbits and dogs. He finds that no special symptoms follow these injections, and attributes the symptoms of septicæmia obtained by Popoff in his experiments to bacteria in the materials used. Falk then made simultaneous injections into the belly, of cane sugar and yeast, and could find no sugar in the urine. Grape sugar gave the same result. It was possible, therefore, that the fermenting power of the yeast was excited in the living body, and it became especially interesting to test the action of the yeast in animals in whom diabetes had been artificially produced. Artificial glycosuria was in some cases produced by puncturing the floor of the fourth ventricle, in some by electrical stimulation of the central ends of the vagus in the neck, and in some by medicines; the yeast having been previously injected. Setting aside several cases in which the experiments were unfortu-

nate through early death of the animals, it was found that no glycosuria followed in two cases which had been punctured, and also in two cases in which there had been electrical stimulation of the ends of the vagus. In the same way, of the subcutaneous administration of Amyl Nitrite in rabbits, and of ortho-nitrophenylpropionic acid in dogs, diabetes was not obtained, or but a trace of it.

Hyperperostosis Subungualis.

There is a curious disease of the nails—usually of the finger-nails—characterised by more or less deformity of the nail in front of the lunula, and the presence of soft, crumbly substance between the nail and its bed. At times the nail is slightly elevated by this gray or greenish-black mass. This is hyperperostosis. The younger Hebra was successful in curing a case reported in a recent paper, by the use of the Paquelin cautery. He burned away the mass, and the nail, in a series of eighteen sittings. Then the nail grew in a healthy way, and remained sound up to the time of his reporting the case, more than a year.

[Other measures, less severe, may prove useful in this curious disorder. Persistent inunctions with equal parts of mercurial ointment and lard, or thorough soaking with a weak (1 : 5,000) corrosive sublimate lotion and regular scraping of the nail has succeeded admirably in our personal experience.—EDS. OF THE REPORTER.]

The Mechanical Treatment of Skin Diseases.

In the treatment of acne vulgaris, acne rosacea, chronic sycosis, trichophytina barbæ with nodular lesions, and lupus erythematosus, Rosenthal recommends multiple scarifications followed by massage. The scarifications should be made in all directions, and with a small, fine, sharp scalpel. After the bleeding following the scarifications, has ceased, he strokes the part in a centripetal direction for five or ten minutes, using one or two fingers, or a piece of dry lint. Then the part is washed and left uncovered. Rosenthal thinks that he has produced better results with this method than with the parallel incisions commonly employed alone.

Laparotomy.

At a recent meeting of the Imperial Society of Physicians of Vienna, Dr. von Hacker, assistant to Prof. Billroth, showed a woman, aged 38, on whom he had performed laparotomy two years ago, owing to grave disturbances of the stomach, great emaciation, and the pressure of a tumor in

the region of the stomach. Carcinoma of the pylorus had been diagnosed. After abdominal section, the operator found that the tumor was formed by strong adhesions and by an infiltrated bunch of glands which was situated near the pancreas. For this reason he desisted from further operation, sutured the abdominal walls, and the patient made a speedy recovery. The interesting feature of this case was that the patient felt much better since the operation, though the stomach troubles had not entirely disappeared. In the meantime she was delivered of a child, and while she was gravid all disturbances of digestion disappeared. The bodily weight of the patient had, since the time of operation, increased one-half. The tumor in the region of the stomach could not be felt any longer, except as an increase of resistance at that spot. There could certainly be no question of carcinoma in this case. The tumor might have been caused (as in the case which Dr. Salzer had recently shown to the Society) by an ulcer of the stomach with cicatricial callosity. Dr. von Hacker had observed two other cases of this category in which stenosis of the opening of the stomach had been caused by such adhesions, the stenosis being even greater than that produced by narrowing of the opening itself.

Dr. Teleky inquired if the gastric juice had been examined for the presence of free hydrochloric acid, as many authors had stated that in cases of carcinoma of the stomach free muriatic acid was absent.

Dr. Von Hacker replied that he did not remember whether this had been done in the case under consideration, but that such an examination was usually made at Prof. Billroth's clinic.

Prof. von Bamberger remarked that the opinion that free hydrochloric acid was absent in cases of carcinoma of the stomach was not correct. Van der Velden had shown that it was always present.—*Med. Press and Circular*, July 6, 1887.

Hysterical Angina Pectoris.

Allied to genuine angina, due to cardiac ischæmia, are quite a number of pseudo-anginal complaints, attributable, some to gastric dyspepsia, others to a well-marked nervous disorganization. The latter class furnished M. le Clerc with a subject for his thesis. The first case of the kind was recorded in 1812 by Millet, but many more have since been observed by Bertrand, Bal-four and others. The affection in this form is met with principally, but not exclusively, in women, generally before middle age. It

occurs more rarely at the menopause and in children. The attacks are longer, more frequent and more severe than in angina of organic origin. They are remarkable by their onset, which is sometimes central, sometimes peripheral. The differential diagnosis is based on the nature and the seat of the pain, and the presence of some sort of aura, by the multiplicity and the variability of the irradiations, which are more eccentric and present a greater range. The attacks are often more or less periodical; they occur oftener by night than by day, and are provoked by psychical impressions (emotion, dreams, etc.), seldom or never by a physical effort of any kind. Their termination is marked by phenomena characteristically hysterical in their nature. The past history of the patient is necessarily of importance. The prognosis is favorable, both as regards the termination of the attack and the cure of the disease.—*London Med. Record*.

Cocaine in Tonsilitis.

Bœckel has recommended the application of strong solutions of cocaine to inflamed tonsils. He used a ten per cent. solution, applying it at intervals of fifteen minutes. The pain disappeared like magic after the third application, and the anæsthesia lasted an hour. The drug, however, caused a temporary paralysis of the muscles of the soft palate, so that when he attempted to drink, the liquid immediately escaped from the nose. After five hours the abscess ruptured spontaneously, two days earlier than in his previous experience. He recommends the application of a solution (five to ten per cent.) of cocaine at the beginning of an attack of tonsilitis.—*Rev. mens. de Laryngologie, d'Otologie et de Rhinologie*, July 1st, 1887.

Covering Wounds With Plaster.

At an inquest held in the Southwark Coroner's Court last Friday a point was brought out which is of some importance as bearing on the treatment of recent wounds. A school-boy running out of the school-gates fell and cut his forehead. The wound was strapped with plaster, and everything appears to have gone well for four days. Then shivering came on, and was followed by drowsiness deepening into insensibility, and death resulted two days later. After a post-mortem examination, it was decided that the fatal issue was due to blood poisoning brought on by neglecting to cleanse and dress the wound, the plaster never having been removed from the time of its application. In commenting on cases of this kind one naturally allows somewhat for the possi-

ble effects of shock occasioned by the primary injury, which, without amounting to any gross lesion, might yet materially influence the final result. Be this as it may, however, enough has been shown in evidence to enable the coroner to assign to the death in question a more direct connection with the wound itself. The practice of plastering over recent cuts is very usual; it is also one which in numerous instances has proved injurious. Apart from any question of blood-poisoning, indeed, the mere tension of retained discharges is an inevitable source of mischief where this custom is adhered to. The simple rule in surgery which provides for the free escape of pus where such is likely to form is one of which we need not remind any qualified practitioner. Accidents due to neglect of this rule are chiefly liable to occur when a wound has been treated either by the injured person himself or by a practicing chemist. In such cases plaster is the first resource, and is apt to be used rather well than wisely.—*The Lancet*, June 4, 1887.

The Treatment of Chronic Heart-Disease by Baths.

Dr. Gathhold Scholz, of Cudowa, in a lecture upon the treatment of chronic heart-disease, comes to the following conclusions: 1—The patient with heart-disease in the choice of a bath, must be considered with regard to his constitutional anomalies, and have the diseases of other organs accurately examined and acted upon. 2—In the second place, the kind of heart-disease is to be grasped and considered in reference to the method employed for cure. Every bath which acts favorably against a disease of the whole organism, will exercise a healing influence upon the heart. 3—All kinds of baths at a temperature which does not affect pulse and respiration; natural spring water baths, sulphur baths, and also Carlstad baths, become indirectly heart remedies, through the removing of the evil influences which secretions and diseases of the organs exercise upon the heart. 4—Salt and chalybeate baths, and those rich in carbonic acid, act directly, in addition to their indirect action, as heart remedies; and it is to these, therefore, that the first place as cardiac remedies before all other baths is to be given. 5—These same baths are a tonic to the heart of the first rank, and surpass in strength and persistency the action of all pharmaceutical measures. 6—As trustworthy and strong adjuvants, though not of like power with those just mentioned, stand gymnastics, adapted to the heart of each individual case. These, when employed

simultaneously, increase and expedite the action of the baths. 7—These baths and gymnastics, selected rationally, and with regard to individual requirements, and employed after a method that can be constantly and accurately controlled, can never hurt even a severe case of heart-disease; nay, the baths almost of themselves bring the patient to recovery, or conduct him in some cases so far toward it that then, by methodical mountain climbing, and if necessary because of existing obesity, by diminution of food and drink, the perfection of recovery may be attempted, and possibly attained.—*Deutsche Medizinal-Zeitung*, June 13, 1887.

Cleansing the Hands.

Upon this subject, Dr. M. Vogel, of Eisleben, writes that he has noticed that copper-smiths, tinsmiths, etc., whose hands become covered with a dirt from working in oxides and acids, that cannot be removed by ordinary means, first rub their hands with warm oil, and when this has thoroughly penetrated, rub them with powdered borax. Subsequent washing with soap and water makes the hands perfectly clean. He advises those who have to use carbolic acid to go through the process above described first, and claims that in this way (1) disinfection is more thorough; (2) the hands are made purer than it is possible to make them by soap alone; (3) the hands remain soft and free from troublesome, rough epidermic scales, and the odor of carbolic acid is destroyed; (4) the uncomfortable anæsthesia of the hands is avoided after washing with carbolic acid.—*Allgemeine med. Central-Zeitung*, May 25, 1887.

Upon the Ætiology of Acute Articular Rheumatism.

In the *Deutsche Medizinal-Zeitung*, of July 11, 1887, Dr. E. Quenstedt has the following review of the work of the Tübingen Polyclinic. In this clinic, there presented themselves in the space of eleven and a half years, two hundred and twenty-eight cases of acute articular rheumatism. In proportion to the whole number of admission in this time, 22,977, articular rheumatism contributed nearly one per cent. (exactly the same as Typhus). Of the 228 cases of rheumatism, 176 are first attacks, 52 are subsequent attacks. The men furnish 56 (58 per cent.), the women 43 (42 per cent.). The age fluctuated between 2½ and 72 years. The period of greatest frequency is from 15 to 20, with 19 (30 per cent. of the whole number of cases); then next the period up to 14 years, with 18 per cent.; and the third,

between 30 and 40. After 60 years, there are the fewest cases, 5.7 per cent. In winter (December, January and February) 31 cases (14 per cent.) came to the hospital; in spring, 28 (94 per cent.); in summer, 23 (64 per cent.); in autumn, 16 (28 per cent.). Articular rheumatism in winter is benign in its spreading. There is in Tübingen from winter to spring a steady diminution of the number of sick. No positive connection was found between the degree of temperature and the frequency of rheumatism. The relative dryness of the ground and slight rain fall furthered the spread of articular rheumatism, in a manner analogous to that recognized in Tübingen with reference to pneumonia. This peculiarity permits an organized poison to be supposed as the cause of the disease the continued existence of which is influenced by external circumstances. This hypothesis is supported by the observation of the polyclinic, that articular rheumatism is determined in groups—slight epidemics. Eight such groups were noted in Tübingen, two with seventeen and twelve cases; the remaining six of from six to twelve cases. In the parish of Lustnau, containing about sixteen hundred inhabitants, a village belonging to Tübingen, three groups, with twelve, ten and eight cases, were observed. These groups, or small epidemics, show a character of differing severity.

In 1882, an epidemic occurred with seventeen cases of a very infectious nature. Few survived, most of them dying of ulcerative endocarditis. The author has also raised the question whether rheumatism in its spreading is tied to a definite locality. This question can scarcely be answered affirmatively upon the ground of numerous examples. Nearly twofold more persons have a relapse if they stay in the same house, than would have had it if they had removed away.

Treatment of Alopecia Areata.

Schachmann reports ("Ann. de Derm. et de Syph.") twenty-nine cases treated by him with blisters. His method is as follows: A blister as large as the bald spot is applied upon the patch and left on until bullæ form, and then it is removed and the blister is dressed. When the skin is dry (usually on the third day) a new blister is applied, and so on up to three, six, or even ten blisters. The rest of the head is rubbed morning and night with a mixture of oil of turpentine 20 parts, ammonia-water 5 parts, and water 100 parts. If there is only one moderate-sized patch, or a few small ones, blisters are applied to the whole at once. But if the patch is very

large, or if the whole scalp is affected, the head is divided into districts, and these are treated successively. The hair is shaved from about the patches. The duration of his treatment was never more than three months, and generally less than two. In no case were the blisters followed by erysipelas or other complications.

On Temperature in a single Epileptic Convulsion, and in a Series of Epileptic Convulsions.

In the *Centrallblatt, f. d. med. Wissensch.* of June 4, 1887, Bourneville's conclusions in regard to temperature in epileptic convulsions are thus stated:

1. In sixty cases of epilepsy, the rectal temperature in the height of the paroxysm, one-quarter of an hour after, and two hours after the paroxysm, showed an elevation, in each separate epileptic convulsion, of five to six degrees centigrade.

2. The temperature in epileptics in whom the paroxysms accumulated (from two to seven) so that the epileptic state was formed, but yet consciousness returned after each convulsion, showed the same result as after each isolated epileptic convulsion.

Alterations of the Skin in Scarlatina.

Dr. Mandelstamm, of Kazan, has examined by the microscope numerous specimens taken from the skin of the cadavers of eight children, who had died in the course of scarlatina, some of collapse, some of intercurrent diphtheria, some of nephritis, etc. He draws the following conclusions: "1. Contrary to the opinion of Thomas and Bohn, the skin in scarlatina undergoes some important modifications and profound morbid lesions.

2. The pathological process is inflammatory in its nature, affecting at once the corneous layer, the mucous layer, the papillary layer and the connective tissues. It manifests itself by a hyperemia of greater or less intensity, accompanied in these typical cases by oedema of the connective tissue and infiltration of lymphoid elements.

3. The sudoriparous glands are not spared, the limiting membrane is thickened, the epithelium of the tube destroyed, beginning to obstruct by its debris the lumen of the tube, the circumglandular tissue is plentifully infiltrated with leucocytes.

4. In no case has it been possible to discover the *verticillium candelabrum* announced by Tschamer, nor any other species of micro-organism."—*L'Union Médicale du Canada*, July, 1877.

A Preservative for Cadavers.

Professor Bruchard, at a meeting of the Academy of Medicine, of Paris, read a note upon the preservation of cadavers by an injection, of which the following is the formula :

R Hydrated borate of soda... 10 parts.
Glycerini (sp. gr., 30° Baumé) 17 “

Reduce the above to a very fine powder, then put it in a basin and pour in the glycerine little by little to make a complete mixture, which must be warmed up to 80° c. Then put in a sufficient quantity of alcohol to make this mixture fluid. M. Bruchard states that since he has employed this mixture at Bordeaux no dissecting wound has proved dangerous. The students have never presented those gastro-intestinal symptoms ordinarily so frequent in dissecting rooms.—*Le Concours Médical*, June 11, 1887.

Pareirin, a New Tonic Medicine.

As early as 1838, Ezeichel produced from the bark of the Pao-Pareira tree, an alkaloid to which he applied the name Pareirin. This alkaloid, according to the author's investigations, has shown tonic and antifebrile properties. It is very slightly soluble in water, but very freely soluble in ether. The author has obtained success from its use in obstinate malarial cases, which had not improved under any of the cinchona preparations. The largest dose he gives is about two grammes. He believes it to be an excellent substitute for quinine.—SOLEIRO., *Journ. de Médecine de Paris*, No. 23, 1887.

Benign Tabes.

At a meeting of the Biological Society of Paris, Brown-Séquard said: It is recognized to-day that, in certain cases, stretching of the sciatic nerve caused a disappearance of tabetic symptoms. This fact confirmed, in his mind, what he had before maintained, that lesions of ataxia, just as cerebral and medullary lesions, limit their effects not to destruction of the cord, but to an action at a distance upon healthy parts, by a dynamic influence. Later on he remarked that Stokes, of Dublin, had been the first to utilize this fact. The theoretical part of this idea is that when one wishes to attack any morbid state, by actual cautery or otherwise, the better seat of application for the irritant agent is the skin of the lower extremities,

and not the back. It is understood that in so acting upon an extended surface, there is an extremely powerful action upon the cord. Brown-Séquard has developed this theory a little further, and even in 1861, in London, thought of applying circular blisters in epilepsy. He has often obtained excellent results from this procedure. More recently, one of his students has established the fact that, by applying blisters in hysterical anæsthesia, this anæsthesia disappeared from the affected side and went to the other; and, if attacked there, disappeared finally.—*Le Concours Médical*, June 11th, 1887.

“The Dead Failure, Limited.”

Under this title, Dr. Garraway presents in the *Edinburg Medical Journal* for August, 1887, a humorous and very instructive account of a new medical journal which he proposes to establish. It is designed to record not the successes, but the failures of physicians in diagnosis and treatment. Taking diabetes as an example, he says:

If any mortal malady will make a fool of a man, commend me to diabetes. A patient brings you a sample of urine, loaded with sugar, and of sp. gr. 1040, of which he is passing a gallon a day. You probably give an unfavorable prognosis, put him under treatment, of which after a time he gets tired, abandons it, or seeks out a homœopath—the same thing—and outlives his physician. Diabetes, indeed, plays remarkable pranks—patients dying suddenly when they are getting well, and getting well when according to all physiological laws they ought to die; sometimes doing neither, sometimes both, to the mystification and discomfiture of the bewildered practitioner. Take an illustrative case: A lady at the seventh month of pregnancy consulted me about cedematous legs, such as commonly result from pressure on the iliac veins. The urine gave no indication of albumen; but, on the contrary, was of sp. gr. 1040, and loaded with sugar. Six pints were voided per diem, a corresponding amount of fluids being imbibed. I gave a most unfavorable prognosis, the particular combination of circumstances being new to me. Labor came on at the proper time, was protracted and laborious, the child weighing 13 lbs., dead, and decomposing. Three days after delivery, expecting my patient to go all to pieces, the urine was reduced to five pints, and its sp. gr. to 1030. Now, again, I prophesied better things. From this time, however, the sp. gr. gradually rose till, on the twelfth

day after confinement, it attained the maximum of 1050, the sugar being more abundant than ever. The friends were now prepared for a fatal issue before long. At the end of six weeks every trace of sugar had disappeared, the sp. gr. was abnormally low, 1015, and the quantity of urine normal. I now felt justified in pronouncing my patient perfectly well, and accepting with dignity my just meed of praise for the very able, etc., etc. The lady removed into a distant county, and in a few weeks I was informed that she had died of diabetes, her friends giving me politely to understand that the case had been bungled over and misunderstood from beginning to end. A waggish relative, moreover, on receiving my modest account, said it irresistibly reminded him of the bill of the well-known farrier of "Ivecum, Bux," commencing "To curin a ors wot died," and he trusted I should never have another opportunity of adding the blacksmith's second item, "To ditto a ditto wot ditto."

One more case and I have done. A gentleman in an advanced stage of Bright's disease, and whose friends I had prepared for his approaching end, became suddenly worse. On my arrival they told me he had been getting much weaker, and acting upon other instructions, for he was then thirty miles distant from my house, and I saw him but twice a week, they had been sustaining him as well as they could upon brandy and water. I found him lying on his back, comatose, bathed in sweat, with eyelids dropped, jaw fallen, breathing stertorous, sphincters relaxed, and death imminent. There was no hesitation in saying that this was the natural and looked-for result of the malady, that uræmic poisoning had set in, and his last day had arrived. Telegrams were dispatched in all directions to summon his relatives; and as it was not considered that so great, *i. e.* rich, a man should die without the sanction and approval of some eminent London practitioner, Dr. Samuel Wilks was sent for, and came down in hot haste. This astute physician, after carefully examining the patient, led me into the ante-room, and here is our consultation reported verbatim. Wilks *loquitur*—"Well, Garraway, your patient is beastly drunk; let him alone, and he'll be all right to-morrow." It needs not to say further that I looked and felt—well—small. The old gentleman survived some weeks, dying of legitimate uræmia at last.

Gentlemen, I venture to hope that you will all enroll yourselves shareholders in "The Dead Failure, Limited."

Salix Nigra as a Sexual Sedative.

In many women pain in the ovarian region is a constant attendant upon the menstrual epoch. In some this is due to organic disease, but in a large number it is one of the manifestations of the neurotic temperament. Such cases are met with in all degrees of severity, from a slight amount of discomfort along with indications of globus hystericus, up to hystero-epilepsy in its most pronounced forms.

It has always been a slur upon our profession that when a method of treatment becomes popular or fashionable other methods are entirely discarded. At present, massage and isolation from relatives is the popular mode of treatment, and drugs occupy a secondary place, if, indeed, they have any place at all. Pecuniary difficulties, however, stand in the way of isolation or massage ever reaching the masses, and drugs will always be in employment. Several drugs are in daily use against the ailment, but with only partial success; and it is with the view of bringing before the profession a remedy which, in my hands, has produced results which I never had before while I was employing the bromides, valerian, assa-fœtida, etc., that I have sent this short notice.

Salix nigra, or the pussy willow, is a tree growing from 15 to 20 feet high. It is met with along the streams in the Southern States of America, and is credited with possessing tonic, carminative and stimulant properties, besides being an astringent and antiperiodic. In the *Transactions of the Texas State Medical Association*, Dr. Paine reports many cases treated successfully with the drug. He prescribed it in cases of ovarian hyperæsthesia, uterine neuralgia, etc., and also in spermatorrhœa and nocturnal pollution. His verdict upon the drug is that it is a powerful sexual sedative, similar in its action to bromide, but without its depressing qualities.

Through Messrs. Thomas Christy & Co., of London, I obtained a supply of the fluid extract, and have been employing it for some months. The most numerous class of cases in which I exhibited the drug were women of nervous temperament, in whom the nervous irritability reaches its height at the menstrual period, when, along with the general *malaise*, is added a very decided pain in one or other ovary. They also suffered from hemicrania, the pain being situated above the left eyebrow, and resembling the feeling as if a nail were being driven into the skull (*clavus*). Many of

them, too, complained of a pain underneath the left breast, and extending round to the back. On one or two occasions I have noticed patients complaining of the above symptoms, and in only a moderate degree, under favorable conditions—as, for example, long-continued anxiety or alcoholism—go from bad to worse till they become hysteropileptics. In cases of this kind, it is supposed that the centre of inhibition has in some way got out of gear, and the severity of the symptoms depends upon the amount of disturbance in this nerve-centre.

In cases where the ovarian distress was the symptom for which advice was sought, as being in the patient's eyes the most prominent, I usually succeeded in eliciting other indications of an irritable nervous system, and placed them upon half-drachm doses of the fluid extract of *salix nigra* three times a day. In quite 75 per cent. of patients so treated a great amount of relief was obtained after two or three days's treatment. Not only was the ovarian hyperæsthesia relieved, but the nervous palpitation of the heart was abated, and the patient felt in every way stronger.

I have also given the drug in two cases of nocturnal emissions with marked benefit. The pollution ceased entirely while the drug was being taken and for several months thereafter. Virile power and passion were not much if at all diminished, but the relief from the ailment gave them great satisfaction.—J. HUTCHISON, M. D., in the *British Medical Journal*, July 30, 1887.

Molline.

Under the name of molline Dr. Kirsten highly extols an excipient which appears to be simply a kind of soap. It is obtained by cold saponification with liquid caustic potash, mixed with a small quantity of soda suds; 30 per cent. of glycerine is then carefully poured into this warm. Molline is of a soft consistency, which varies but slightly in any temperature, and may be kept a long time. It is of a yellowish-white color; its reaction is neutral. Dr. Kirsten considers it to be a good therapeutical excipient in diseases of the skin; mercurial molline, in the same proportions as Neapolitan ointment, is easily prepared and very active. As an excipient for preparations of styrax, liquid pitch, salicylic, carbonic, and tannic acids, white and red precipitates, chrysarobin, ichthyol, sulphur, thymol, molline may be recommended to dermatologists.

Therapeutic Scraps.

Freckles.—Hager removes these evidences of sunshine with an ointment composed of white precipitate and subnitrate of bismuth, of each, 5j; glycerine ointment, 3ss. Each freckle is touched with the ointment every other day.

Itching Piles.—The intolerable itching of external piles is said to be relieved by the application of a lotion composed of turpentine, 2 parts; spirits of camphor and colorless tincture of iodine, of each 3 parts.

How to Cure Warts.—"Place the thumb upon the wart, and press it against the bone. Move the wart backwards and forwards upon the bone until the roots become irritated or sore, when the wart will disappear." So says a correspondent of the *Scientific American*.

Sweating of the Feet.—Great relief is sometimes afforded by a foot-wash made by adding one-half ounce of solution of subacetate of lead, diluted with water enough for a foot-bath. Hebra recommends an ointment composed of equal parts of lead plaster and linseed oil spread on linen, and wrapped round the feet, renewing the application every third day for nine days.—*Chemist and Druggist*.

Treatment of Diarrhœa by Iodoform and Charcoal.

Picchini records the successful treatment of eight cases of diarrhœa, with symptoms of fermentation, by the following mixture:

R	Iodoform.....	grs. 9.
	Ether.....	3 3/4.
	Vegetable charcoal, finely powd.....	3 3/4.
	Glycerin.....	ad 3 12.

The iodoform must be dissolved in the ether, and the powdered charcoal thoroughly mixed. After the ether has evaporated, the glycerin should be added. It is given in teaspoonful or tablespoonful doses, suspended in a glass of water.—*Journal de Médecine*.

Milk and Phthisis.

In a paper read at the recent meeting of the Yorkshire Association of Medical Officers of Health by Dr. Mason (Hull) he expressed the opinion that milk which had been obtained from cows affected with tuberculosis would convey consumption if supplied to human beings. The President said it was very important that tuberculosis should be included in the list of contagious diseases by the Privy Council, as consumption, which in his opinion was preventable, destroyed more people in a year than all the contagious diseases put together.

Hydrastis Canadensis.

In his inaugural thesis, Joseph Jermans reports that *hydrastis canadensis* has been used in Martin's polyclinic in about forty cases, twelve of which he reports accurately. The action began after two or three days; at other times, especially in myomas of the uterus, it failed. It was of use in menorrhagia, metrorrhagia, with or without tissue change or malposition, in menstruation, in bleeding after metritis, endo-para—or perimetritis, after subinvolution of the puerperal uterus, and in bleeding from a pregnant uterus. He has employed it in doses of fifteen to twenty drops four times a day.—*Allgemeine med. Central-Zeitung*, July 6, 1887.

NOTES ON CURRENT LITERATURE.

—Professors Weigert and Unverricht have undertaken the editorship of the *Fortschritte de Medizin*.

—We have received the first number of the *Monthly Bulletin of the Iowa State Board of Health*, published in Des Moines, at twenty-five cents per year. It contains not only the official announcements of the board but much other valuable matter.

—The illustrated articles on "Astronomy with an Opera-Glass," appearing in the *Popular Science Monthly*, are continued in the August number, with a very interesting account of what can be seen on the moon and the sun with a small glass.

—We have just received the Tenth Annual Report of the State Board of Health of Wisconsin, for the year 1886. The organization displays admirable energy and executive ability.

The autobiography of the late Dr. Samuel D. Gross has just been issued from the press of George Barrie, in two very handsome octavo volumes, of over 400 pages each. The work treats of the men and times of Dr. Gross's long and active professional life, and cannot fail to interest a large circle of readers.

—Dr. J. Milner Fothergill's original essay on "Vaso-renal Change *versus* Bright's Disease," with its colored plates from Dr. Bright's originals, and its numerous uncolored illustrations, is to be issued by the Putnams.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Transactions of the New York State Medical Association. 1886. Vol. III. New York, 1887.

This bulky volume is made up of eleven surgical papers, three medical papers, an address on medical jurisprudence, and lengthy reports of discussions on 1st. Shot Wounds of the Intestines; 2d. Pulmonary Tuberculosis; 3d. Eclampsia. The first was introduced by Dr. Tremaine, and five important referred questions appertaining to the subject were answered by distinguished surgeons. To add to the interest the Association invited surgeons from a distance to answer some of the questions, and Nancrede, of Philadelphia; Varick, of Jersey City; Parkes, of Chicago, and Hamilton, of Washington, sustained their home reputations by vigorous, matter-of-fact arguments of their respective questions. In the same discussion ten questions were propounded, and the names of Didama, Cronyn, Biggs, Elsner, Flint and Shady are sufficient guarantee of the valuable character of the papers.

Dr. Lusk opened the discussion on eclampsia, and Tyson, of Philadelphia, Taylor, Thomas (T.G.), Harrison, Colvin, Macgregor and Blumer, of New York State, handled the four collateral questions introduced for discussion.

We mention this feature to call the attention of other associations to the interest taken in these discussions, and would suggest their adoption by kindred societies.

Memoirs of Austin Flint, Frank H. Hamilton, John P. Gray and others, add to the interest of the volume.

What to do in Cases of Poisoning.

By William Murrell, M. D., etc. First American from the Fifth English Edition. Edited by Frank Woodbury, M. D. 16mo, pp. 158. The Medical Register Company: Philadelphia, 1887.

We regret that we have discovered no evidence in the book that it is published in this country with the consent of its author, but rather in a way which an International Copyright Law—for which we still hope—will put an end to. When this sort of thing is done in England, we do not like it, and when it is done in America, we do not like it any better.

Anæmia.—By Frederick P. Henry, M.D., etc. Philadelphia: 1887. P. Blakiston Son & Co.

In this monograph of one hundred and thirty-five pages Dr. Henry gives this, "the first systematic treatise on Anæmia published in this country," to the profession. Those readers who are familiar with the long-continued and exhaustive original work of Dr. Henry on the blood will expect a complete treatise. They will not be disappointed; for in this brochure the subject is treated in full in a clear and concise manner in a style smooth and attractive. Space will permit but a cursory review of the mass of facts presented and the jotting down of only a few of his noteworthy observations. The first fifteen pages are devoted to a consideration of the blood and the methods of its examination. We heartily endorse this sentence: "It is a significant fact that those who, in the course of their practice, make frequent examinations of the blood, encounter cases of disease never met with by others, with perhaps much greater opportunities of observation; just as the oculist has become able by improved the clinical methods, to classify cases formerly vaguely known as 'amaurosis,' into retinitis, choroiditis, atrophy of optic nerve."

What stronger plea could be made for the use of the hæmocytometer, if columns even should be filled?

The term "anæmia" is preferred by the writer to spanæmia, olygæmia, etc., on the ground of etymology and euphony, and because it possesses its exact equivalent in the French and German language—"anémie" and "anæmia." All the varieties of anæmia have in common the one characteristic—a diminution in the number of the red blood corpuscles, i. e., of the normal amount of hæmoglobin. It is not a neurosis or a functional disorder, but a systemic condition dependent upon a lesion which can be demonstrated with the utmost precision. The pre-disposing causes or conditions of anæmia in general are considered and we learn among other matters that anæmia may be congenital, and in the other extreme it may be "classed among the tissue changes known to the histologist as 'senile,'" and that it is at the root of "the degenerations of the walls of the small blood-vessels" in old age. Dr. Henry lays great stress on hemorrhage, and properly, as well as on *fever*, as the most frequent exciting causes of anæmia. The reader is doubtless familiar with the work of Dr. Henry which demonstrated the occurrence of "latent anæmia" in typhoid fever, due to the loss of fluids by the heat and the anatomical

observations, which corroborated the clinical studies of the late Dr. J. Forsyth Meigs, who strongly urged supplying water freely to fever patients.

The writer observes that the symptoms attendant upon a severe hemorrhage are not due, as is usually thought to acute anæmia, but to a sudden ischæmia of the nerve centres. The same symptoms precisely are produced by the application of Junod's boot to one of the lower extremities.

We miss any mention of the use of salts of iron in effervescence in the anæmia of persons with a delicate stomach. Blaud's pill he places upon the list and then the lactate, the pyrophosphate, the mallate and Quevenne's powder. Arsenic is lauded.

Chlorosis, lymphatic and splenic anæmia, leucocythæmia and pernicious anæmia compose the class of primary anæmias; and the writer further subdivides the affection into secondary anæmias (of fever, hemorrhage, phthisis, etc.); toxæmias (lead, arsenic, etc.); and parasitic anæmias (anchylostomum duodenale, filaria, etc.). The primary anæmias are discussed in full, and wide knowledge and good analysis are especially shown in the account of the grave and intricate problems involved in the pathology of the respective affections.

Briefly the writer puts chlorosis as the anæmia of puberty, at which period there is an urgent physiological demand upon the blood, without detriment to the vigorous, causing anæmia in the less vigorous, and in those with a congenital tendency to anæmia, the latter being most intense—a typical chlorosis.

Anæmia lymphatica is an infective hyperplasia of the lymphatic tissue of the body, with progressive anæmia. The writer believes in the occurrence of splenic and medullary leucocythæmia, and not of the lymphatic variety. The nature of leucocythæmia is hypothetical. In anæmia splenica the enlargement of the spleen is primary, the anæmia secondary. Either the enlarged spleen destroys the red corpuscles, or it forms materials which enter the circulation, and interfere with the functions of hæmatopoiesis. It is the splenic form of pseudo-leucæmia.

Following Coupland, this author believes that pernicious anæmia is the final stage of severe forms of symptomatic anæmia and of chlorosis. In this form of anæmia there is a transition to the type of blood found in lower animals. We could continuously quote good things, but leave the book, however, with the great satisfaction of being the better informed for it.

J. H. M.

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SPECIAL NOTICE TO SUBSCRIBERS.

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SCARLET FEVER AND MILK.

Among the interesting questions of public health which have recently come to occupy so much of the attention of medical men and of the whole community, none is of greater interest than that which concerns the mode of propagation of scarlet fever.

While certain physicians actually deny the contagious nature of scarlet fever, the great majority do not doubt it, and all consider it prudent to act as if its contagiousness were beyond question.

Recent investigations in England seem to indicate that scarlet fever, in addition to being contagious is also communicable by means of milk. Nearly two months ago, Klein delivered a lecture before the Royal

Institute on the milk of diseased cows as a source of scarlet fever. In this lecture he cited some strong evidence in favor of the theory that the poison of scarlet fever may be communicated to milk and by this conveyed to hitherto unattacked individuals. He mentioned endemics of scarlet fever which seemed to be distinctly traceable to the use of milk from farms on which scarlet fever was present. In some of these endemics it even appears that persons who drank the suspected milk uncooked contracted scarlet fever, while those who drank only milk which had been boiled escaped. When it is considered that boiling destroys the life of micrococci, it will be seen that the fact just stated makes a strong piece of confirmatory evidence. So that while Klein may be all wrong, there is enough reason for further investigation of this subject, and for acting as if the point were established, until we have information to the contrary.

But Klein's studies have touched another point of the greatest interest; he believes that milch cattle may acquire from human beings affected with scarlet fever a disease like it, but milder and harder to diagnose, which in turn may give scarlet fever to other human beings. The evidence which he adduces to prove this belief is not so strong as that he advanced in regard to the former point; but still is strong enough to demand careful consideration, and to warrant great vigilance on the part of dairymen and farmers that no cattle affected with scarlet fever should be used for milking.

The obscurity which still surrounds this subject is largely due to the ignorance of veterinary surgeons, as a class, the majority of whom have very little knowledge which could strictly be called scientific. At the same time it may be that Klein's ability to diagnose modified scarlet fever in cattle is much assisted by his zeal for his new theory.

Such being the facts in regard to this subject, we commend it to the observation and study of our readers, some of whom may before many months have excellent opportunity to confirm or to correct the opinions of Klein.

ANTIPYRINE IN SUBCUTANEOUS INJECTIONS, AS A SUBSTITUTE FOR MORPHIA.

Professor Germain Sée has just communicated to the Paris Academy of Medicine the results of his experience in the Hotel Dieu with antipyrine in subcutaneous injections, as an analgesic. The solubility of antipyrine in distilled water favors this mode of employment, eight grains being readily dissolved in a hypodermic syringeful of water. The injection causes a brief painful sensation of tension, then there is a considerable lull in the pain, whatever may be its cause.

Professor Sée finds that these subcutaneous injections have none of the ill effects which almost constantly attend the hypodermic introduction of morphine, such as vertigo, or vomiting; there is no danger of too deep or too prolonged somnolence, and, moreover, to its calmative action, antipyrine often conjoins that of a curative action. He calls attention to a series of cases of acute rheumatism which were signally benefitted by two or three injections of half a gramme of antipyrine; to one case of acute gout, very painful; to several cases of chronic gout and nodular rheumatism, which were in a marked manner relieved and favorably modified by antipyrine employed subcutaneously and taken internally.

Some of Prof. Sée's most signal successes were cases of neuralgia. Three patients suffering from tic douloureux of the face, one of three years standing, another of five weeks, and the third of six days, were permanently relieved in several hours; these cases came under the observation of several of Prof. Sée's colleagues. Several cases of zona of long standing were cured; and the same may be said of cases of migraine (one of these was ophthalmic migraine). He considers as deserving of special mention the relief given in the lightning pains of locomotor ataxia; some of these sufferers were enabled by means of a daily injection of antipyrine, and three or four gramme doses by mouth, to dispense altogether with the morphine to which they had become accustomed.

In bilious colic, where morphine injections have heretofore been deemed necessary (despite the fact that morphine diminishes the biliary and intestinal secretion), antipyrine injected subcutaneously has relieved the pain quite as effectually as morphine, and without any of the disadvantages above-named. In three cases of nephritic colic, there was the same favorable result, without, of course, any arrest in the urinary secretion.

In painful affections of the heart, and angina pectoris in particular, hypodermic injections of antipyrine have markedly reduced the number and intensity of the attacks, without any disturbance in the cerebral circulation.

In attacks of asthma, whether bronchial or spasmodic, antipyrine has afforded relief without suppressing the bronchial secretion; but it should be reserved principally for the acute paroxysms, when iodide of potassium has lost its effects, and when morphine succeeds only in large or frequently repeated doses.

Prof. Sée concludes that thus far his experience hardly indicates an instance where the hypodermic use of antipyrine may not profitably be substituted for that of morphine. We have thus at hand, he adds, a means of avoiding that fatal morphinism, with all its grave cerebral and other organic troubles, into which so many are led by reason of the physical suffering from which they are impelled to seek deliverance. Antipyrine seems to him to be the ideal analgesic, assuaging pain, and diminishing the reflex excitability of the cord; it ought to be of great use in the vague, general, nervo-muscular pains of hysteria and other neuroses. Being absolutely safe, it must tend more and more to supplant morphine.

SOLUBLE SALT OF QUININE, FOR HYPODERMIC USE.

Signor Erba, of Milan, prepares an acid hydrochlorate of quinine, which is sent out as an amorphous, yellowish white powder, soluble in one and one-half times its weight of water, and producing little local irritation when used, in saturated solution, for hypodermic injection.

NOTES AND COMMENTS.

Rupture of the Bladder in an Ox.

Dr. G. W. Squires, of East Avon, N. Y., writes: "A farmer lost a valuable ox, with the following history and autopsy: He had been in the habit of watering the team at the house well, which water was strong in the ingredients of lime. The ox was twelve years old, and had drunk of this water eleven years. It had at times shown signs of vesical trouble, but never to a degree to incapacitate him for work. He was found in the stable one day in great distress, lying down and getting up, turning round and round, swinging his head around to his haunches, and visibly in excruciating agony. He remained in this condition two days, all remedies failing to alleviate, but at the end of this time he was found lying down, apparently comfortable; he ate and drank a little, but with fastidious relish. For three days he lay down most of the time, and was noticed to be very thirsty—would drink great quantities of water. He now began to bloat, and there was a discharge of frothy water from the mouth and nose, increasing in quantity until it flowed almost in a stream. The ox appeared to be in little pain, but died on the seventh day. The examination revealed rupture of the bladder at the fundus, with slight hemorrhage. The abdomen contained eight common-sized pailfuls of water, of a urinous color and odor. Numerous small calculi, from the size of a number six shot to a good-sized pea were found impacted at the neck of the bladder. The bladder contained one hundred and fifty of these calculi, about one hundred and twenty-five of them being of the smaller size. They were most of them perfectly round, and of surpassing smoothness and beauty. The calculi, becoming impacted in the neck of the bladder, doubtless caused spasmodic closure of the urethral outlet, causing retention of urine, until the viscus was dilated to such a degree as to rupture, after which the pain was alleviated, the water passing through the tear into the abdominal cavity."—*N. Y. Med. Record*, July 16, 1887.

Melon Root as an Emetic.

Heberger in describing the bitter principle of the cucurbitaceæ attributed emetic and purgative properties to melon root. Torosicvitz has found that the emetic principle is a bitter substance extractable by alcohol from the aqueous extract of melon root, which he designates as *melon emetine*.

It occurs in compact brownish masses, breaking with a shining fracture. It is very deliquescent. The aqueous solution has a biting, bitter taste. It does not react with alkalies or acids, and colors ether. It quickly dissolves in alcohol, but is readily precipitated therefrom by lead acetate or infusion of galls. Liquor ammonia and liquor potassa dissolve it readily, and from the resulting solution a brownish-gray precipitate is thrown down on addition of acid, which is rather insoluble in water. Recent experiments show that a grain and a quarter of melon emetine produce vomiting. Dr. Langewicz states that the wild plants contains more melon emetine than the cultivated.

Note upon an Undescribed Variety of Vertical Fracture of the External Malleolus by being pulled asunder.

The *Centrallblatt für die med. Wissensch.*, for June 18th, reports the following case, which occurred in the practice of Léon Lefort: A young man, aged eighteen, made a misstep in which the left foot was twisted (rotated) inwards upon its vertical axis, so that the toe was in forced adduction. A simple sprain was suspected and massage used. Examination with the blunt point of a pencil, two days after the injury, showed only tenderness of the anterior border of the external malleolus. This tenderness did not extend toward the fibula, but upon the anterior tibio-fibular ligament. Here it very much diminished, and entirely disappeared at the tibia. Lefort supposed the external malleolus was fractured by being torn asunder in the long axis, and based this opinion, as in three other similar cases, upon the fact that in strong adduction of the foot the external surface of the end of the tibia may exert strong pressure upon the articulating surface of the fibula, which pressure is transferred to the posterior border of the tibia.

Bergeon's Treatment at Ventnor.

Dr. Sinclair Coghill reports his experience with this treatment at the Isle of Wight as follows: My experience, so far, of Dr. Bergeon's treatment of consumption and other lung affections, both in private and hospital practice, has been altogether most encouraging—indeed, in some instances, surprising. I believe it is the greatest advance by far that has ever been made in the therapeutics of pulmonary diseases.—*British Medical Journal*.

On the Neurotic Treatment of Summer Diarrhoea and Cholera Infantum.

Dr. Alexander Harkin, of Belfast, England, writes as follows in the *Boston Med. and Surg. Journal*, of July 14, 1887:

The cramps and spasms, the great depression of the nervous system and the powers of life, the convulsions of so frequent occurrence, and the stage of collapse which so often terminates the infant's existence, all betray the neurotic origin of the disease, and a lesion of the nervous centres.

According to Claude Bernard, the stage of collapse in cholera is referable to great irritation of the sympathetic nervous system, and, as most authorities regard cholera, choleraic diarrhoea, cholera infantum, cholera nostras, and Asiatic cholera as one in nature, but only differing in degree, if we accept the dictum of the great physiologist in the major, we may fairly apply its teachings to the other divisions of the class. Having for many years been converted to his views on this subject, I have formulated my plan of treatment accordingly, and, knowing that the pneumogastric is the antagonist and controller of the sympathetic nerve in the abdomen, I invoke the action of that spinal nerve by applying over its sheath in the neck a rapidly acting vesicant, the liquor epispasticus of the British Pharmacopœia, with the almost uniform result, that as soon as its powerful irritation is experienced, all vomiting, purging, and cramps immediately cease, natural heat returns to the body, the patient, be he child or adult, generally falls over asleep, and finally awakes, in a few hours, quite free from danger. I apply the fluid with a camel's hair pencil from behind the ear, as far as the angle of the lower jaw, over a space three inches in length and one in breadth; a blister rises in five hours, which I dress with cotton-wool.

In the preliminary stage I enjoin absolute repose, with warmth to the surface and extremities; total abstinence from mother's and cow's milk; order, when available, condensed milk, or as an alternative, arrow-root prepared with water, and the free addition thereto of port wine fairly sweetened; it is wonderful how much wine thus administered an infant of a few months will both require and consume; and beef tea carefully freed from fat; then counter-irritation over the abdomen by poultices and sinapisms; and failing these remedies, *a small blister over the region of the liver*. This latter procedure will often be found most salutary and successful. As internal remedies, having long since discarded the old-fashioned chalk

mixture and astringent tinctures, my chief reliance is placed on dilute sulphuric acid, with or without tincture of opium. If given alone, the acid may be taken after every loose motion; if with laudanum, then in regulated and specific doses. One argument for its use derived from recent speculation may be advanced, namely, that the microbes, to whose influence so much of the choleraic discharges are attributed, cannot live in an acid medium, but perish at once. Of course if milk be persisted in, as an article of food, the acid mixture will be the cause of increased griping and pain.

The simplicity and safety of my plan of treatment has been thoroughly tested by myself and many others for several years past, and might be expected to commend itself in the cure of a class of diseases, so little amenable to ordinary medication. But personal experience in a profession noted for great caution in the acceptance of new proposals, and even open sometimes to the charge of so-called scientific scepticism is not always sufficient.

The Treatment of Consumption.

In answer to the question,—“Given a case of consumption in an early stage, among the artisan or laboring classes, what can be done to prolong life and make the disease less distressing?”—Dr. Robert Esler (*Dublin Journal of Med. Science*, July, 1887) advises super-alimentation, cod-liver oil and iron, with avoidance of night air and undue exposure to cold. He narrates one case of many, which, after seven years of such regimen, followed his occupation as regularly as did his fellows.

For *cough* he advised, if actually necessary, ten minims of liq. morphinæ. Good results can be obtained, and sedative effects produced quickly, by a glass of hot water. For old people, a little old whiskey and sugar is useful. Sleepless nights are dispelled by a little morphine, chloral or a one-grain opium pill.

Quinine may be used occasionally for fever and loss of appetite, but a mixture containing tr. ferri chloridi, potas. chlorat. and spt. chloroform, is the most useful in his practice. As a clinical observation, he believes the good effects of the iron as a stimulant to the gastric mucous membrane and a local action on the intestines, cannot be disputed.

He calls attention to the following important methods of treatment:

Rest—not of the body, but of the weak lung—by strapping the chest with porous plaster cut in strips, or with Mead's porous plaster, nicely adjusted from spinal column to sternum. This gives much relief, and quiets cough.

Inhalation: Breathing the steam from boiling water, into which some of the terebene or antiseptic group of remedies have been introduced, is of value. Any of the various inhalers, or an ordinary jug, will do very well. *Ol. Pinus Sylvestris*, or, better, carbolic acid, and *tr. benzoin. comp.*, seem to answer best. They allay irritation, quiet cough and act locally on the disease.

Feeding, or cramming, is also advocated.

In the same journal, Dr. Wales's treatment of phthisis is epitomized. He finds the new antipyretics are not equal in duration of effect to quinia, digitalis and salicylate of sodium, singly or in combination.

In the chronic form of the disease he prefers a regimen which includes pure air—preferably a sea voyage—and attention to digestion.

As special remedies, he uses: 1. Counter-irritation, with equal parts of the liniments of iodine and of belladonna. 2. Inhalations of carbolic acid for diminution of profuse expectoration. 3. Gentle and appropriate sedatives for cough. "Grape-shot cough mixtures" are abjured. 4. Oxide of zinc and belladonna pill for night-sweats. 5. Cod-liver oil with Fairchild's pancreatine for the general nutrition. Secondly, the hypo-phosphites, and chloride of lime or iron in glycerine. 6. Turpentine (10-drop doses internally and inhalation of the vapor) will generally answer for hæmoptysis. Dry cupping, counter-irritation, acetate of lead, gallic acid and ergotin, are likewise of value. The use of caution as to the effects of carbolic acid and turpentine on the kidneys, is recommended in the direction for their respective uses.

A Study upon the Treatment of Diphtheria.

Dr. Palcardy writes as follows: For thirty years I have every year treated several cases of diphtheria, and in some years have observed epidemics. In young children cauterization is next to impossible, but in adults it is easy, though disagreeable. I have always employed it in adults, conjoined with constitutional treatment, and have never, from the time I commenced the treatment, had a single unsuccessful case within the first twelve hours of the disease. This is the procedure: As soon as diphtheria

is recognized, I apply at once cauterization with a solution of carbolic acid:

R Acid carbol..... $\frac{3}{4}$ j
Glycerini..... $f\frac{3}{4}$ ij
Aquæ..... $f\frac{3}{4}$ j

M.

The throat, tonsils and all affected parts are painted with this solution once or twice a day. After cauterization, the throat is gargled with some soothing liquid, such as:

R Potass. chlorat..... $\frac{3}{4}$ j
Tr. ferri. chlor..... $f\frac{3}{4}$ j
Aquæ..... $f\frac{3}{4}$ viij

M.

For constitutional treatment, the following is prescribed:

R Potass. chlorat..... $\frac{3}{4}$ i- $\frac{3}{4}$ iv
Tr. ferri. chlor..... $f\frac{3}{4}$ ss
Aquæ..... $f\frac{3}{4}$ iv

M. Sig.—Teaspoonful or more every hour, with brandy, wine, beef tea, etc.

The character of this disease being asthenic, you must not give any weakening agent. The basis of treatment ought to be stimulant and tonic, the rest being symptomatic. The treatment by cauterization is regarded as a local stimulant, and hence as an adjuvant to constitutional stimulation. After such cauterization I have always noted an improvement in the appearance of the ulcerations. The false membrane is reproduced, but is very often thinner, less organized and smaller. This renewal is rather the consequence of the progress of the disease than the result of cauterization. I have rarely been obliged to cauterize more than twice day.

To assist the other treatment, sulphur is burnt in the patient's chamber. These emanations of sulphurous acid which form in the air, besides acting as a disinfectant, have also a direct action in dissolving the false membrane, either chemically or by stupefying the bacteria of contagion.

The author employs a few whiffs of chloroform in the dyspnœa occurring in diphtheritic paralysis. This probably causes a disappearance of the spasm of the glottis. In adults he has had a mortality of scarcely one or two per cent., though in young children scarcely three or four per cent. are saved.—*L' Union Médicale*, July, 1887.

—Application has been made in the Common Pleas for a charter for the Visiting Nurse Society of Philadelphia, whose purpose is "to furnish visiting nurses to those otherwise unable to secure skilled attendance in time of illness, to teach cleanliness and the proper care of the sick."

CORRESPONDENCE.

A Bundle of Letters.

Very cordial and cheering words, commending the conduct of the REPORTER, reach us almost daily. They indicate that the ideal relation of personal friendship and confidence existing between a journal and its readers is not unattainable. To many readers these brief and cordial notes will prove a pleasant confirmation of their own judgment. To others, with whom all this is a matter of course, it may seem that we are unwarrantably trenching upon the thirty-two pages of new ideas which are each week due. We believe in full measure, too, and for that reason give two extra pages in this issue, and, without further apology, present some of the letters and our thanks:

I have taken the REPORTER for eighteen years past, and I like it somewhat better than under the *old* management. Give us all you can of the experience of country practitioners and not *too* much ophthalmology and learned writings on specialties.

J. W. DONNALLY.

Doddsville, Ill., June 30, 1887.

EDS. MED. AND SURG. REPORTER:

I am a subscriber to several medical and other journals. I find it quite a pecuniary tax to add to the number without stopping some. But as the REPORTER has long been a familiar friend and monitor, I thought that I should probably miss its weekly intellectual feast and so go hungry, and therefore have concluded to renew my subscription, which please find enclosed.

With esteem and respect,

THOMAS W. BENNETT.

Jeffersonville, N. Y., June 30, 1887.

The REPORTER is, indeed, a model journal, the best I have ever seen.

FAYETTE C. EWING, M. D.

Washington, D. C., July 6, 1887.

* * * * Certain it is that the REPORTER has very much improved under the present administration.

Yours truly,

E. P. HURD, M. D.

Newburyport, Mass., July 7, 1887.

Find enclosed \$5.00 for payment of my REPORTER to July, 1888. Feel I cannot get along without it.

A. NOEL SMITH, M. D.

Dover, N. H., July 6, 1887.

* * * * I have been a continuous subscriber for THE REPORTER since January, 1864. It always was a good journal and under the present management is even better than before.

DR. H. S. WOLF.

New Albany, Indiana, July 8, 1887.

* * * * I have taken the MED. AND SURG. REPORTER since 1876, and am very well pleased with it under the new management.

W. N. SHERMAN.

Kingman, Arizona, July 8, 1887.

Editors MEDICAL AND SURGICAL REPORTER:

Sirs:—Please forward my REPORTER to Benetzette, Elk county, Pa. Find enclosed amount of subscription due.

The improvement is so marked that I cannot afford to do without it.

Very truly, J. E. FREES.

Benetzette, Elk Co., Pa., July 11, 1887.

EDS. MED. AND SURG. REPORTER:

Sirs:—In 1860–1–2, I was associated with S. W. Butler, M.D., and Dr. R. J. Levis in the editorial management of the REPORTER. I have a complete file of it, bound and unbound, from its first issue down to the present time. I value it highly, and have always considered the REPORTER as the only medical journal which represented the *profession*, and not some publishing house.

I am pleased to observe the vigor and zeal you manifest in its conduct, and the efforts you are making to infuse into its pages more of life and professional enthusiasm.

I belong to the army of older physicians, but have lost none of my early interest in the profession, nor in the progress now making in its various departments.

Yours respectfully,

S. C. BUTLER, M.D.

Essex, Vt., July 11, 1887.

I have read the REPORTER for nearly twenty years and like it very much.

H. N. BURR.

Williamson, N. Y., July 12, 1887.

I am glad to note the healthfulness and independence of your editorials.

E. T. BLACKWELL.

Cedarville, N. J., July 25, 1887.

EDS. MED. AND SURG. REPORTER:

Sirs: * * * Your valuable Journal reaches me regularly, and suffer me to congratulate you on its improvement since it has fallen into your hands.

F. W. DANCY, M. D.

Holly Springs, Miss., July 30, 1887.

EDS. MED. AND SURG. REPORTER:

I cannot do without the REPORTER, as I am an old subscriber and have all our volumes bound for the past eleven years.

NATHAN HOLMES.

San Jose, Ill., July 18, 1887.

EDS. MED. AND SURG. REPORTER:

I do not think that I could get along without the REPORTER as long as it is published in the style that it is. I think it is the best journal published in the United States. It has been taken by some member of my family nearly ever since it was established.

E. J. POWELL, M.D.

Maysfield, Texas, Aug. 1, 1887.

EDS. MED. AND SURG. REPORTER :

After carefully reading and reviewing the new REPORTER, I feel like tendering you my compliments. It is just what every educated physician needs, because it develops the necessity of progression.

N. W. TRUXAL, M.D.

Brownsville, Pa., Aug. 6, 1887.

EDS. MED. AND SURG. REPORTER :

In former years I was a subscriber to the MEDICAL AND SURGICAL REPORTER, and then again last year and now. It is no disparagement to the former editors to say the present management has improved the REPORTER.

F. H. VAN EATON, M.D.

Clearwater, Kansas, Aug. 4, 1887.

Then, last but not least, comes this very pleasing instance of editorial courtesy from our valued exchange, *The Peoria Medical Monthly*:

Dr. D. G. Brinton has retired from the editorial chair of the MEDICAL AND SURGICAL REPORTER, of Philadelphia. This change was occasioned by some differences arising between Dr. Brinton and the owners of the REPORTER. While the loss of Dr. Brinton to medical journalism is one to be regretted, his successors, Drs. Randolph and Dulles, will not fail in their earnest endeavors to bring the REPORTER up to a high-water mark of literary excellence and professional favor. Their journal already bears evidence of new life and energy, and we feel assured that the friends of the REPORTER—and they are numbered by the thousands—will not lastingly regret the change.

“Waiting for Nature.”

When nature delivers a primipara, she accomplishes her work within a certain period of time, and we call the case a *natural* one. The vast majority of cases are thus delivered without the aid of art. If nature fails to do her work within the prescribed limits, even though in every other respect the case is natural, the moment the case transcends those limits the case becomes *unnatural*, and every minute of time thus borrowed is fraught with danger to the child first, and then to the mother, and calls loudly for whatever assistance art can afford. As certain as I am of my existence I am sure that in my first years of practice, I have stood by with folded arms “waiting for nature,” and stupidly sacrificed unborn babes to the blind prejudice existing against “meddlesome midwifery;” when a very little assistance with the forceps, sufficient merely to bring the head down upon the perineum, would have rewarded the suffering mother by ushering in in due time the long cherished moment when she could look upon the face of her first born. Time alone may render a case unnatural that is in every other respect natural, and it is *not* meddlesome midwifery in such cases to render instrumental assistance.

It is not a little surprising that at this late day any practitioner of midwifery should question, either directly or indirectly, the value and importance of the proper use of forceps. That Dr. A. has, in a practice of forty or fifty years, never had occasion to resort to them, or that Dr. B., in an attendance upon over two thousand cases, never met with one requiring their use, is no evidence upon which to base a proposition so sweeping as that they are *never* required, or are too frequently resorted to. If I was as sure of heaven as I am of having, by their use, saved the lives of mothers and *many* babes, my cup of joyful anticipation would be running over. DR. H. V. SWERINGEN.

Large Doses of Morphia.

EDS. MED. AND SURG. REPORTER,

Sirs :—The following brief statement may be of interest *apropos* of Dr. Sweringen's account in a recent number of the REPORTER: I treated a case of acute peritonitis last winter in a robust woman, 30 years old. She was kept under the influence of morph. sulph. for 25 days, during which time there was no evacuation of the bowels, and for 12 days she took one grain of morphia every half hour. Recovery perfect.

A. ADY, M.D.

Muscataine, Ia., July 19, 1887.

Recovery from the Toxic Effects of a Tobacco Enema.

As numerous instances of death from tobacco enemas having been recorded, it may be interesting to report a recovery from severe toxic symptoms produced in this way. The infusion was prepared from a pipeful of tobacco in a pipe which had been in continuous use for four years, and consequently saturated with nicotine. Of this, about two fluid ounces were introduced into the rectum of a child four years old for the destruction of seat worms. Vomiting and tenesmus ensued almost immediately, a portion of the enema was ejected, and severe convulsions followed. When seen, scarcely ten minutes after the administration of the drug, the patient was in a severe general convulsion; respiration oppressed, pulse rapid, and pupils dilated.

The prompt administration of soap enemas, external rubefacients (repeated hot baths, sinapisms, etc.) with alcohol freely internally, were followed by a rapid improvement of all the symptoms, and recovery followed.

JAMES K. YOUNG.

Philadelphia, Aug. 5, 1887.

Funds for the Congress.

To the Medical Profession:

The local Committee of Arrangements have the pleasure to announce to their American brethren that the widespread desire to attend the Congress is such that the amount of money for the reception and entertainment heretofore deemed sufficient, will be entirely inadequate to provide for the large number that will be in attendance. They are therefore constrained to appeal to their brethren throughout the country for additional subscriptions to the entertainment fund. They feel that to their patriotic countrymen it is only necessary for the fact to be stated in order to secure the sending of such liberal contributions as will ensure the entire success of the social features of this great International gathering, on a scale commensurate with its dignity and importance. Let all Americans come to the front and ensure to *all* the foreign members the full measure of the hospitality of free America. Contributions should be immediately forwarded to Dr. C. W. Franzoni, member of the Finance Committee for the District of Columbia.

By order of the Local Committee of Arrangements.

C. H. A. KLEINSCHMIDT, *Secretary*.
Washington, D. C., July 30, 1887.

Homœopathy.—Audi Alteram Partem.

EDS. MED. AND SURG. REPORTER:

Sirs: Some questions in a late number of your wide-a-woke journal, in regard to homœopathy, have aroused in the mind of an unprofessional a desire to ask a few more.

1.—Has any system of medicine yet arrived at the stage in which it can claim to be acting purely on principles, and not at all empirically or experimentally? Or if not, may there not be still left an area of common ground, open equally to scientific explorers from the different systems?

2.—Supposing the principles of the old practice to be mainly right, does it inevitably follow that those of homœopathy are all wrong? And *vice versa*. Might not both be included in some larger law, at which our race, if not our age, may finally arrive? If I know that I can work out a problem by arithmetic, and my neighbor knows he can get it by algebra, is either justified in calling the other names?

3.—If a homœopath, in some exigency of his patient, which in his judgment, calls for mechanical or immediate action, resorts to a

cathartic, has he proved himself a traitor to his principles? Or, if an old school physician, observing that his patient has absorbed malaria at unawares, and in infinitesimal doses, should imagine it possible to eradicate it by means as subtle, would he necessarily be a fool?

4.—Might it not be both practicable and profitable for representatives from these two schools to meet in friendly argument, say in the columns of such a journal as yours, each stating, without bitterness or superciliousness, not so much why he thought his neighbor's system wrong, as why he thought his own right? It would at least make very interesting reading for the lay readers of the REPORTER and they are doubtless many.

ONE OF THEM.

EDS. MED. AND SURG. REPORTER:

We presume that when you asked your readers to reply to the statement, "Homœopathy has increased and is increasing in the United States, by answering three interrogatories," you intended the questions to be answered in the interest of truth and science, and not to provoke controversy.

In this spirit I shall endeavor to give what I believe to be the true reasons, although they may conflict with the views of Dr. D. Colvin, of Clyde, N. Y., as published in the July number of your journal.

1. "The number of persons practicing under the name of "homœopathy" is increasing, and they now number, probably, from 10,000 to 15,000 regular graduates in medicine. 2. The patrons of homœopathy are numbered by tens of thousands, and are rapidly increasing yearly, simply because the people have tired of our former heroic treatment and nauseating doses, and hence they went over to homœopathy; at first, in self-defence, and being benefitted by the mild treatment, they remained in the ranks of homœopathists, and are now working as missionaries to persuade their friends to follow. 3. How the state of affairs is to be explained, let me say that the explanation is very simple, viz.: that homœopathic physicians are educated, and the people are becoming more enlightened, and the refined are able to grasp the idea as defined in the law of cure.

When they are told that if crude medicines are taken into the human system in large quantities, in health, they produce certain symptoms which are called physiological; and when similar symptoms are found in pathological conditions, and those medicines are given in the smallest dose possible so as

not to aggravate the case, or produce physiological symptoms, then the pathological symptoms and conditions are removed, and the patient is said to be cured homœopathically.

According to my understanding of the treatment the practitioner is not confined simply to infinitesimal doses, but his own experience must be his guide; and he may give the crude drug in small doses, in any given case, when he thinks proper, if it is homœopathic to the pathological symptoms. They claim that homœopathy does not consist in the size of the dose of medicine, but the physiological action of medicines and the pathological symptoms, constitute their guide in therapeutics.

Now, whether this be true or not, we know that they cure their patients quickly and safely with small doses of tasteless medicines, and the people are delighted with the system of treatment.

A. GIVEN.

Louisville, Ky., 1403 Jefferson St.,

July 15th, 1887.

[To give courteous hearing to an opponent is the first step in showing him his error. Then, too, a one-sided fight is not enlivening, and the discussion in these columns has so far been rather one-sided, albeit right-sided.]

EDITORS OF THE REPORTER.

NEWS AND MISCELLANY.

Western Pennsylvania Medical College.

This college has now a faculty of twenty-two professors and an equal number of adjunct teachers. The number of students graduated this year was twenty-two out of an attendance of sixty. The trustees have erected a substantial college building, adjoining the Western Pennsylvania Hospital, so as to facilitate clinical instruction.

The prospects of this college are good, and we hope it may be able to enforce a high standard and a three years' course, which latter is now optional, as in most American colleges.

Fever and Ague at Wyoming.

There is a great deal of fever and ague in Wyoming, close to the scene of the historic massacre. At the invitation of Dr. Knapp, of Wyoming, Dr. David Engleman, Dr. Benjamin Lee and Mr. Howard Murphy, of the State Board of Health, visited the village on July 22, to make an investigation.

For several years the inhabitants of Wyoming have been subject to these visitations of fever and ague, and this year the sickness is more aggravated than usual.

Small Medical Schools.

The *Indiana Medical Journal*, in an editorial entitled "The City Doctor," says:

"The country physician aspiring to city life may join with some of his brethren who know the ropes, rent, charter, elect trustees, issue catalogue, organize, lecture and be known as 'professor.' Rooms, \$200; outfit, \$100; diploma stone, \$100; permanent endowment fund for catalogue and graduating expenses, \$100. Ten students, if they pay, will be enough to foot the bill. It is not by any means necessary to have so many students as professors, and a board of trustees from the out towns may be had for the asking."

The same in Ohio. We now have sixteen medical colleges and more in view.—*Columbus Medical Journal*.

The Pasteur Commission.

The Commission appointed by the British Parliament to investigate Pasteur's method of treating rabies by inoculation, has just made a report which strongly endorses most of his claims. The report is signed by James Paget (Chairman), T. Lauder Brunton, George Fleming, Joseph Lister, Richard Quain, Henry E. Roscoe, T. Burdon Sander-son, and Victor Horsley (Secretary).

New York Law Concerning the Registration of Physicians.

The act to regulate the licensing and registration of physicians and surgeons, and to codify the medical laws of the State of New York, is now a law. The only opposition made to this act has come from those who believe that the power of healing by the laying-on of hands is likely to be diminished or impaired by the course of study required by the medical colleges. By this act, no person can be licensed or permitted to practice who has been convicted of a felony by any court of competent jurisdiction; and conviction of a felony cancels the license, if one has been granted. We are informed that there is now practising in New York one who has served three terms of imprisonment for criminal practice. The following offences are also punishable under the law: perjury, in false affidavit in registry; counterfeiting, buying, selling, and altering diplomas, or practising under counterfeited diplomas; or falsely personating another practitioner.—*Science*.

A New Obstetric Degree

Has been created by the University of Dublin, that of Bachelor of Obstetrics, B.A.O. This is the junior degree correlative to the M.A.O., for which a graduate must necessarily be a Master of Arts, whereas for the new degree it is sufficient that he shall be a Bachelor in Arts.

Charcot and Hypnotism.

In a letter addressed to Dr. Merlotti, an Italian physician, Professor Charcot alludes to the danger to morals and health which are likely to result from public exhibitions of hypnotism, or, as it used to be called, mesmerism. The induction of the hypnotic condition, says the professor, is by no means as inoffensive as we are asked to believe; it approximates so nearly to the hysterical neurosis that under such circumstances it may, like the latter, become freely contagious. If medicine in the cause of science has taken up this condition, its evocation should be restricted to the narrowest limits, and it ought never to be allowed in profane hands, capable of misusing it to the public detriment.

Can Doctors Practice Dentistry?

A case involving this point recently came up in New York, and was decided in the affirmative. A Dr. Bradford was charged with illegally practising dentistry. He showed that he was a legal physician, and the complaint was dismissed.

A Doctor in Trouble.

Before United States Commissioner Edmunds, in Philadelphia, a hearing was recently given Dr. Samuel Miller upon the charge of using the mails for the carrying on of a fraudulent business. Inspector Barrett testified to having received complaints that upon the receipt of postal cards issued by the defendant giving the titles of medical books, with the prices attached, orders had been given for books, money being sent at the same time for them. He had informed the defendant that unless the complaints ceased he (Miller) would get himself into trouble. He directed the defendant's attention to the fact that the postal laws had been violated. The excuses given by the accused for failing to send the books when ordered, were either that he had been disappointed by the book-binder or the printer.

A number of letters from physicians in various parts of the country were exhibited, complaining either of not getting the books they ordered or only a portion of them.

Items.

—In Berlin, twelve veterinary surgeons are employed to stamp meat before slaughter, and forty microscopists are continually employed to examine meat exposed for sale, beside one hundred experts, twenty-six of whom are women, who are also employed in protecting the people against the sale of unwholesome meat.

—It is stated that a lotion of weak carbolic acid, sponged over the body once or twice daily, affords an efficient means of protecting young children against the bites of gnats and other small insects.

—The *Chicago Medical Times* has the following, and we are not sure that it is not about right: "Country physicians save more money every year, on an average, than city doctors. Their minds are free, their consciences easy, and their pocket-books flush, even if they cannot 'put on style' and hold prominent college and government positions."

—The French Academy of Sciences has been authorized to accept a bequest of 40,000f., made by M. Martin-Damourette, for the purpose of founding a yearly or biennial prize to be awarded for researches on therapeutic physiology.

There have been no changes in the Medical Corps of the Navy for the week ending Aug. 6, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from July 31, 1887, to Aug. 6, 1887:

Col. Chas. Sutherland, Surgeon, leave of absence extended one month. S. O. 175, A. G. O., July 29, 1887.

Major B. E. Fryer, Surgeon, relieved from further duty at Ft. Lowell, Ariz. S. O. 176, A. G. O., Aug. 1, 1887.

Major Harvey E. Brown, Surgeon, relieved from duty in Dept. Mo., and ordered to Jackson Bks., La., for duty at that port. S. O. 174, A. G. O., July 29, 1887.

Capt. John de B. W. Gardiner, Asst. Surgeon, granted leave of absence for one year on surgeon's certificate of disability. S. O. 177, A. G. O., Aug. 2, 1887.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for two weeks, ended Aug. 6, 1887.

Fairfax Irwin, Passed Asst. Surgeon, to inspect unserviceable property at New York Marine Hospital, Aug. 6, 1887.

H. R. Carter, Passed Asst. Surgeon, granted leave of absence for six days, Aug. 1, 1887.

A. D. Bevan, Passed Asst. Surgeon, granted leave of absence for ten days, Aug. 5, 1887.

Seaton Norman, Assistant Surgeon, granted leave of absence for four days on account of sickness. Aug. 5, 1887.

THE MEDICAL AND SURGICAL REPORTER

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ALIMENTATION IN PHTHISIS.

BY SOLOMON SOLIS COHEN, A. M., M. D., PHILA.

After all is said and done, the most important feature in the management of a case of phthisis, is the maintenance of nutrition. We must endeavor not alone to balance current waste by repair, but also to make up previous waste by an excess of aliment above daily needs. In order to enable this excess of aliment to be appropriated and utilized, our hygienic and medicinal treatment must aim to put the digestive tract in proper condition, to remove as far as possible any obstacle to the elaboration and assimilation of the products of digestion, and to favor the speedy elimination of all effete materials. To do this there must be a proper regulation of rest and of exercise; respiration must be aided by gymnastic exercises, forced respiration, inhalation of compressed air, and similar measures; and certain symptomatic and antiseptic medication must be instituted, which in the present article is not intended to be discussed. Independently of drugs, however, the stomach and intestinal canal may often be put in proper condition for digestion and absorption of the materials furnished by systematic drinking of hot water (half pint to one pint an hour before meals), or by what is known as *lavage*, i. e., washing the stomach. The aliments from which the greatest food is derived by the greatest number of patients are pre-eminently the animal members of the nitrogenous

group, and of these, more especially, beef. It can be given cooked or raw, as may be found most palatable or most useful. It may simply be chopped finely and seasoned with pepper and salt, or various condiments; or it may be chopped finely, seasoned and made into cakes, which are then lightly browned on the gridiron; or it may be roasted or broiled, rare. It should never be well-done. Next to beef comes milk, then eggs, when the patient can digest them; mutton, poultry, fish and green vegetables, especially those of the leguminous group. Bread should be taken in moderation, and gluten bread, or that made from the whole wheat, is preferable. Farinaceous and starchy foods in general need not be avoided unless the form of indigestion present demands it, but they should be distinctly secondary to the nitrogenous materials; and the carbohydrates necessary should be sought in oils and fats, preferably from the animal kingdom. Inunctions with oil sometimes seem of service. The oil of gaultheria often furnishes an agreeable odor to disguise that of the oil employed for inunction. Sweetbreads are often valuable, both as aids to digestion and as food. Powders of beef as prepared by various pharmacists, and especially those that are predigested, such as Reed & Carnrick's Beef Peptonoids, are of great value, and are best given between meals, in milk. Of this preparation, I am in the habit of beginning with one teaspoonful in about four tablespoonfuls of warm milk, four times daily, and increasing the dose to a tablespoonful, as I find it well borne. Some patients prefer to take it in soup and at meal times; some

prefer it in cold milk, others in warm or cold water. It may advantageously be added to milk-punch or egg-nog. Nutritious soups of all kinds are of use, to vary the diet. To furnish the necessary fatty elements of food, oil dressings of salads, etc., will be advantageous. Butter should be used freely; and this use of it will often be found to avert the necessity of administering cod-liver oil. In fact, my own resort to cod-liver oil is extremely limited. Cream, when well digested, is of great service, and a tumblerful on retiring, with or without alcohol, will often be found to promote sleep, as well as to be of nutritive value. Alcohol has a positive nutritive value, especially in cases characterized by high temperature. The dosage and frequency must be regulated by circumstances. Usually a tumblerful of milk punch night and morning (with from half an ounce to an ounce or more of good whisky or good brandy in each tumblerful) will suffice. I have known, however, in two or three exceptional cases as much as a pint of whisky daily (in divided doses) to be taken for a limited time, with benefit. A claret glass of good Burgundy wine may be taken with the principal meal of the day. Wine of coca, if a reliable article is obtained, is often of benefit; from one to four or more wine glasses per diem being taken, according to the preparation and the indications. Various preparations of malt are often useful.

A phthisical patient should rarely go without food longer than three hours, and never for more than four hours, except during sleep. Three good set meals will suffice; but in the intervals the milk, milk-punch, cream, cream-punch, soup, beef-powder, beef-peptonoids, etc., should be taken. The physicians orders upon this point must be imperative, and the hours and quantities, as well as kinds of food, must be precisely stated. Of great importance is the glass of cream, or similar article, just before retiring; and when the patient goes to bed early, as he ought to, a glass of milk or of wine, according to circumstances, should be taken if he wakes during the night or early morning.

It is best to feed by natural methods, and when a sufficient quantity of food cannot be taken at one time, to increase the frequency of meals, rather than to overburden the digestive apparatus. In such cases, too, the condensed and predigested foods must be largely used. When milk is not well borne, it should be peptonized. Milk is sometimes best taken hot, sometimes cold. I know of no indication but experience. The manner

of drinking it is often important. Patients frequently gulp a glassful down, precipitating it in an unfit state upon a disordered stomach, in which case a hard and tough coagulum is likely to form, which is digested with difficulty if at all. They should be directed to take it slightly warmed if possible, say to blood-heat, and to sip it slowly, so as to thoroughly incorporate it with the saliva. A little lime-water may be added if necessary; but usually the slow sipping, consuming ten minutes to a tumblerful of milk, will alone do away with all the bad results attributed to the "disagreement" of the milk.

I have seen astonishing improvement follow forced feeding by the means of the cesophageal tube (gavage) after Debove's method.

Two patients under my own care increased in weight nearly a pound *per diem*, in one case for two weeks (9 pounds increase, 6 pounds in the first week), and in the other for five days (4½ pounds increase;) but their repugnance to the method could not be overcome and it was perforce abandoned. Less rapid but equally steady gains may be obtained from superalimentation by less distasteful methods. Nevertheless when sufficient food cannot be taken in the ordinary manner, the tube should be promptly and unhesitatingly employed. In such cases, too, when practicable, a combination of the "rest treatment" with the gavage, would probably be most beneficial.

219 S. Seventeenth st.

SUMMARY OF THE DIAGNOSIS, PATHOLOGY AND TREATMENT OF PERFORATION OF THE APPENDIX VERMIFORMIS.*

BY J. M. F. GASTON, M.D., ATLANTA, GA.

The practical deductions from this inquiry, in regard to the concomitants of perforation of the appendix vermiformis, may be included under the following heads:

1. The primary disorder is dependent upon a local irritant, either mechanical, chemical or vital, inducing ulceration and disintegration at some point in its walls.
2. The modification in the tissues of adjacent parts depends upon the presence of a toxic exudation from its cavity, that ultimately leads to disorganization of structure.
3. Extension of the degenerating process depends upon the formation of the structures

*Abstract of a paper read before the American Medical Association.

with the fæcal matter, but may result from suppuration, or the automatic propagation of inflammation from one part to another.

4. Agglutination between the layers of peritoneum may shut in purulent accumulation, and thus limit the inflammatory action to a circumscribed area, so as to assume the nature of an abscess in that locality.

5. General peritonitis may be accompanied by extensive adhesions of the adjacent serous membranes, and followed by vital prostration and collapse, calling for the knife.

6. Septicæmia may occur from absorption of septic matter, independent of suppuration, and associated with a low form of fever, which ought to be treated by antiseptics and irrigation of the abdominal cavity by hot water.

7. When there are sufficient indications of perforation in the general symptoms, with pain and tenderness on pressure over the cæcal region, without signs of fluctuation, an exploratory puncture below the ilio-cæcal junction is warranted.

8. If there are reasonable grounds to believe that pus is present, or there is extravasation of fæcal matter, whether from the perforation of the cæcum or appendix, a free incision above Poupart's ligament should be carried down to those parts and drainage kept up afterwards.

9. In perforation of the appendix, associated with general peritonitis, an incision in the linea alba affords the best prospect of washing all the parts involved, and should be accompanied by thorough cleansing of the abdominal cavity, and especially the ilio-cæcal region.

10. The most efficient means of closing an opening in the cæcum is by Lember suture, while one in the appendix demands excision and ligation.

11. When perforation is suspected, washing out the abdomen, by the use of a syringe and two tubes, will assist in the diagnosis and treatment.

12. An early operation, with a doubtful diagnosis of perforation of the appendix, lessens the liability for a confirmation of it by a necropsy, and hence no time should be lost in awaiting developments.

—The Austrian government has appointed a committee to revise the pharmacopœia of that country, in order to bring it up to the level of the recent advances in science. The last (sixth) edition of the work was published in 1869.

THE THERAPEUTICS OF STIMULANTS.

BY REBECCA C. HALLOWELL, M.D.
OF ATLANTIC CITY, NEW JERSEY.

Read before the Atlantic County Medical Society,
May 4th, 1887.

A notable revolution in the treatment and cure of disease seems threatening the permanence of old theories and practices. Weighed in the balance of new investigations, errors are being discovered and misconceptions corrected. By hygienic measures and careful regimen exclusively, abundant proofs are constantly being reported of the curability of disease. Instructors are making much of the basic facts of sanitation, and people in all classes are considering more and more ways and means promotive of health and pure living without physic. Harvard is looking forward to a Chair of Preventive Medicine, and the Woman's Medical College of Pennsylvania, will in the near future establish this branch; plans being now on foot for the purpose of raising the necessary funds. "The Chair to include" (so the announcement reads) "the scientific investigation of the conditions under which diseases originate and thrive; the thorough demonstration and practical application of the principles of hygiene, personal, domestic and public, and to bring this knowledge to bear upon the environment of individuals, classes and communities for the correction of conditions prejudicial to health."

The people are questioning as they never did before, and demanding to know why intoxicants are indispensable. It is said that the great and good men of the land, the leaders of public opinion, gravely study this intricate problem of the supposed necessity for alcoholic medication. With a higher intelligence daily rising to confront and question, it seems but the part of policy to say nothing of wisdom, not to dismiss with indifference and ridicule a subject which so profoundly disturbs the minds of the laity. Though our art still endeavors to hedge itself about with the bristling bayonets of exclusiveness, still resents questioning and prying eyes, and with mild scorn smiles at dictation and suggestion from the unanointed, yet each year the latter press closer to the sacred doors. England's people waited for twenty years, while her mentors tried to prove the boasted benefits of the cruel, immoral regulation laws; but at last the storm came, and last year the statute books were cleansed by

repealing them, and "rightly repealed," a brave gentleman said at the Sanitary Congress in England, last fall.

Dr. Richardson said to a class of students, "You must either stand above the masses or fall beneath them; sit with them you cannot. You must equip yourselves to become the leaders and teachers on all subjects that relate to their life and health." He further says, "All educated people are becoming scholars in natural science, physiological scholars especially, to whom two parts out of four of our art and mystery are revealed. One part out of four is preventive and personal, that is to say hygienic or sanative—a part of medicine which has become the property of all classes." Discussion seems to be in the very air. Surely it is the special prerogative of the physician to teach and lead not only in the sanitary conditions of the people, but in whatever has to do with the elevation of the race and the "great interests which are shaping its destinies."

In the light of the overwhelming testimony of the most distinguished practitioners of Europe, and a rapidly growing number in our own country, the intricacy of the question of the uses of alcohol in medicine becomes more apparent.

When entering upon the study of medicine the earnest, conscientious student, even if disposed to doubt the many virtues claimed for alcoholics, believes that to be loyal to the sacred cause he has espoused, he must be ready to yield all preconceived notions or prejudices not strictly in accordance with science. Besides, if disposed to question, what time there was to select one, from the great armamentarium of remedies to pursue with special inquiry? There was no time nor place on a crowded curriculum to weigh the *moral* aspects and evils, which to day so seriously engage the thought of the sanitarian.

"But the subject is influencing medical practice in the treatment of disease," said the Medical Health Officer, at the opening of the Sanitary Congress, held at York, England, last autumn. "We are arriving at a very different opinion in relation to the necessity for alcoholics from that formerly held. I think there is scarcely a disease for which we used to think alcohol necessary, that now we cannot treat equally well or better without. The question has come to the front, and we should do all we can for it."

One writer says, "I should like to know how many physicians administer alcohol on scientific principles. It requires a strong mental effort to throw off prejudices and the

influence of appetite to take a purely scientific view of the use of alcohol."

The *Lancet* says: "The question is one for the scientific and thoughtful physician to discuss gravely, and medicine will not be without much authority, and let us repeat, responsibility, in its settlement."

The subject seems to be engaging more and more the serious thought of the most brilliant apostles of medicine. Dr. Pepper remarked in an address before the Medical Faculty of Maryland, "The rise of the so-called restorative medicine brought to a dangerous and absurd height the practice of indiscriminate stimulation and gorging in all forms of disease. The reaction against this extreme has set in. . . . The restoration of power can be accomplished by cautiously but thoroughly adapting the diet and hygiene to the altered state of nutrition, and thus having adjusted the physiological balance, direct remedies to actual conditions."

Dr. James Ridge, Physician to the London Temperance Hospital, says: "Hundreds of physicians order alcoholic liquors from habit, from ignorance of their real effects, from fashion, or from a desire to please, or not to offend their patients. Port wine is constantly being ordered when persons are recovering from various diseases; day by day they regain their strength, and the port wine gets all the credit of it, especially since each glass seems to diffuse a comfortable glow over the whole body. They forget that the process of recovery would have gone on without the port, and that hundreds and thousands of people do get well without it. They often ignore the fact that they are taking real tonics in addition. They are misled by the sensations which the alcohol causes; they do not know that it relaxes the blood-vessels instead of improving their tone; that it exhausts the heart by making it beat more rapidly to no profit. Hence, convalescence is actually more prolonged than it would otherwise be. Gentle exercise, regulated baths, good food, balmy sleep, are the true restoratives of the exhausted system, and no jugglery with alcohol can produce the desired effect. It is by its sedative action that it has obtained its position in public opinion. The relief that can be obtained by alcohol is delusive and dangerous."

These are bold assertions, unless the writer can substantiate them with actual proofs. It has been pertinently said, "Alcoholics are far more agreeable to most people than other remedies. The taste and exhilarating effects are pleasant. The patient comes with the

inquiry whether a little wine will not be advisable. The physician frequently yields, because it pleases the patient, when he does not doubt that some other remedy would be preferable. He is not besieged in this way to use any other remedy. No one comes to inquire whether it would be best for him to go on with strychnine or belladonna, but this fishing for an alcholic prescription is of almost daily occurrence, and is far too frequently successful." And he adds: "Many a man has shielded himself behind a physician's prescription."

A doctor's wife, a lady of rare intelligence, once said to me: "Doctors are more to blame than they are aware for this love of tipping. They do not like to worry with tired, nervous people, and they take the easiest and most pleasant way out of the difficulty by ordering one of the many so-called tonics, for instance Johann Hoff's extract of malt, with its more than twenty per cent. of alcohol; or beef, wine and iron, which is so welcome on account of its sherry."

I am reminded here of a case I had several years ago. A lovely, fresh-looking young woman, the mother of several beautiful children, a home-loving mother and faithful wife, devoted to her children, was beginning to run down in health, and as a pleasant tonic I ordered beef, wine and iron. She said, "Doctor, that is delightful medicine. I am glad when the time comes around to take it," and her eyes grew expressive. Two or three years later it was whispered to me that the lady indulged to intoxication in beers and brandy. And later on bills for whisky and brandy were alarming her husband, and causing unhappiness, for there were times when she was unfitted to care for home duties. I afterward learned that her father had been a drinking man, and she had inherited her taste from him. The ugly thought shot into my mind, did I awaken this by my beef, wine and iron? It was certainly not a pleasant reflection,—inherited appetite only waiting for the propitious opportunity to come to the front and take dominion.

Dr. R. Greene, in a paper read before a Boston medical society, said: "The laws of descent, by which depraved appetites are transmitted, are but little understood, and yet nothing can be more absurd than to suppose that physical deformity and debased mental qualities can be the result of sound physical health and normal conditions of mind. An inherited appetite for liquors may lie dormant for years, without giving the least indication of its presence; but let

alcoholic liquors be taken even under the prescription of the physician, and the appetite, hitherto dormant, may be aroused and incited, and become difficult to control. We are largely the product of the past; our physical and mental conditions are in a great measure woven for us."

Statistics are ugly things when they are on the wrong side. Some medical writers seem to enjoy figures, and are forever drawing aside the veil that hides the scum of the back-yard of the nation, and in grim fashion pointing to the lunatics, idiots and monstrosities, which they assure us are the product of drunken ancestry, and in persistent tones say normal conditions never produce abnormal results, and to disprove this statement would be to dethrone God and give the government over to chance. There are today hundreds of thousands of parents addicted to the use of liquors, who would scorn the idea of being considered intemperate, and yet these very people are inevitably perpetuating weakness and entailing upon children and grandchildren an endless heritage of moral, mental and physical misery. Not only are physical deformities and predispositions to the taste of alcoholic liquors transmitted, but the frenzied excitement, nervous and demoniacal disposition of inebriate parents are often perpetuated as characteristics in their offspring, urging them into crime and degradation.

Hawthorne says: "We assume that faults and frailties are more readily and persistently reproduced than virtues, since the former belong to man's nature, as distinguished from that self-affected modification of his nature which we call character. Nature is passive, and character is active; and activity is more apt than passivity to be original and peculiar."

Dr. Greene further said in his address: "It is upon the members of the medical profession, and the exceptional laws which it has always demanded, that the whole liquor fraternity depends, more than upon anything else, to screen it from the opprobrium and just punishment for the evils which the traffic exerts upon society."

And how they do propitiate the doctors! One day there came to me by mail a budget in gorgeous array of coloring, setting forth the unrivaled medicinal virtues of rare old champagne; the wines of Burgundy, Moselle and Rhine; the Hungarian, with its *peculiar* medicinal qualities, and the sherry and the port, with a long list of virtues, so delicious to the senses, that one is tempted to believe that half the joy of life is lost when dis-

carding these "nutty," "fruity," "golden," "mellow," "delicate," "very old" and youth-giving delights. So rhythmically and musically did the appetizing adjectives run on that one's sense of the poetical was rudely jarred, and ugly pictures loomed up, when the list ended in the suggestive names: "Fish House Punch" and "Whisky Cock-tails!"

"No doubt," said a speaker at the Sanitary Congress, "alcohol may be a good rough-and-ready remedy, when you do not happen to have the pharmacopœia at your back; but where you have, you will find something that will do what alcohol cannot do. If you want a diffusible stimulant you will find something far better than alcohol. If you want something to quiet the stomach, you will find something better than alcohol."

When Dr. Nathan S. Davis, of Chicago, was entertained at the Brighton breakfast last summer by the British Association, he was called upon to speak, and said:

"The medical profession must face this matter of alcohol, and accept and act upon that responsibility. They must be the educators that are to teach the people that instead of wine and beer and ale and whisky being necessary for man, they are simply anæsthetics and absolutely poisonous, calculated to shorten the duration of human life, and to diminish every interest that man has in the world." Further on he said: "While medical advisers go to your fireside and educate your children by their very language into the belief in alcohol, that every fainting is to be propped up by it, and every cold is to be mitigated by it everywhere; that alcohol is the one agent that is to cure all the ills that ever sprang from the box of Pandora—as long as this is done by the medical profession it is in vain that you teach simply morality."

The "Lancet," in referring to this speech, said: "Dr. Davis's disparagement and denunciation were absolute and unconditional. We are tempted to ask if the doctor's indictment is the whole truth, if alcohol has no redeeming quality. Admitting that it does infinite harm, does it do no good? Does it prevent no evil? Can the able physicians who recognize its virtues be all mistaken?"

"What do we know about intoxicants?" asks Dr. Norman Kerr, President of the Society for the Study and Cure of Inebriety.

"Let us interrogate science; science is simply knowledge. She will tell us the exact truth unbiased by any consideration as to

the kind of answer we should like to have from her. We designate alcohol as a poison in the same manner as we designate chloroform or ether. If they are poisons, so is it. If they are not, it is not."

Turning to Davis' *Lectures on the Principles and Practice of Medicine*, a volume of nine hundred pages, on the methods and results of treating all varieties of disease without the administration of any kinds of alcoholics, we gather in the closing lecture in the Practitioners' Course for 1884, the following: "When the chemico-physiological school of investigation with Baron Liebig at its head, developed the fact that all alimentary substances were capable of being arranged into two classes, the nitrogenous and carbonaceous, the theoretical idea was adopted that the former were appropriated to tissue nourishment, and the latter uniting with oxygen by a species of combustion resulting in the development of heat and carbonic acid, were respiratory foods. Alcohol being rich in carbon and hydrogen was at once assigned a place at the head of the list of respiratory foods and of supporters of animal heat. When taken into the living system it was supposed to unite rapidly with the oxygen received through the lungs evolving heat, and leaving as resultants carbonic acid gas and water; in this way its supposed heating and stimulating effects were explained. The simplicity of the explanation, coupled with the high authority of Liebig, caused it to be universally accepted, although resting on a purely theoretical basis, without a single experimental fact for its support. Dr. Prout, of London, by direct experiment, proved the fallacy of the evolution of heat theory, and others followed. Dr. Percy found that alcohol taken in a dilute form into the stomach was carried with the blood into all the organs and structures of the body without change of composition, and that its presence could be easily detected by the proper chemical tests. The school of investigation still believing that alcohol being a hydro-carbon, must necessarily be used for maintaining temperature and respiration, suggested that its union with oxygen might result in forming acetic instead of carbonic acid, and the popular belief was sustained that alcoholics were capable of increasing both the temperature and strength of the human body." In the meantime experimentation went on. Dr. Böcker, of Germany, by a very careful series of experiments, proved that the presence of alcohol in the living system actually diminished the eliminations of effete matter, and consequently that its presence must retard those

molecular changes by which nutrition, secretion and elimination are effected. Dr. Davis proved by an extensive series of experiments that during the active period of digestion, after taking any ordinary food whether nitrogenous or carbonaceous, the temperature of the body is always increased, but after taking alcohol in the form of either fermented or distilled drinks, the temperature begins to fall within a half hour, and continues to decrease for two or three hours. Later on Lallemand and Perrin proved conclusively that alcohol when taken into the stomach was not only absorbed and carried into every organ and tissue of the body, but also that it was eliminated as alcohol, unchanged, chemically, from the lungs, skin and kidneys. Another French scientist, Duray, in his work on the action of alcohol and anæsthetics in the organism, gives the same testimony. Dr. Prout's experiments were repeated, and his results were confirmed by Sandras and Bouchardet of France; Hammond, Davis, and others of this country. Böcker's experiments were carefully repeated by Anstie and Hammond. Dr. Davis repeated his experiments on heat, and these were confirmed by a large number of observers, among whom were Richardson, Anstie and Hammond. Dr. Davis says further in his valuable work: "It is conceded by all investigators that when alcoholic liquors are taken into the stomach, the alcohol is rapidly absorbed into the blood, circulates with it throughout all the tissues of the body, and may be detected in the form of alcohol both in the blood and in the structures of the various organs. All agree also that it is eliminated through the various eliminating structures."

These facts, when observed in regard to the behavior of any other substance, are regarded as amply sufficient to prove that the substance so acting is not alimentary in its nature, but foreign to the system. But so strong is the predisposition to find some important use for alcohol in the human system, caused by customs and habits of thought through many generations, that the most vigorous tests and calculations have been made to ascertain whether some part at least of the alcohol taken might not be retained, and, if not used directly for nutrition of the tissues, certainly converted into some kind of force or energy. The experiments of Lallemand and others, in reference to the elimination of alcohol, have been abundantly confirmed, except the claim that the amount eliminated is not equal to the whole quantity taken. For a long time it was claimed

that the retained portion underwent oxydation and evolved heat. But this was at last fully demonstrated by direct application of the thermometer to be erroneous. It was then assumed, by Dr. Parkes and Count Wallowicz, that its consumption resulted in the evolution of nerve force. But here, again, the crucial test of direct experiment soon showed that so far as the motor and sensory nerve and muscular functions are concerned, both were diminished in direct ratio to the quantity of alcohol taken. Dr. Davis emphatically asserts that the propositions advanced are as well established as any facts in the domain of physiology, or in the whole field of natural science; and they point with all the clearness and force of a mathematical demonstration to the conclusion that alcohol is in no sense food, neither furnishing material for the tissues nor fuel for combustion, nor yet generating either nervous or muscular force. Its positive effects are simply those of an anæsthetic and organic sedative. The retained alcohol, that is not eliminated, is held simply by a strong affinity for the albuminous constituents of the blood and tissues, retarding by its presence the natural affinities and movements of such constituents, and is detached by the slow process of disintegration. It is exactly this retained alcohol that causes in the habitual, moderate drinker those slow but certain deteriorations of structure, described under the head of "fatty and atheromatous."

Lately I have received several letters in reference to the attitude of the profession as a class in this country on this question of alcohol as a medicinal agent, which so profoundly disturbs the British medical mind. One, a prominent clinical teacher, writes: "My belief is as heretofore. I advise alcohol as a fortifier and bridge in acute diseases, when sufficient food cannot be taken to meet the body needs. I have as much right to that belief as to any other clinical fact which I have witnessed."

Another, from a gentleman of wide acquaintance in the medical world, distinguished as a surgeon and a teacher of young men. Being of the conservative school, and not fond of innovations of any sort, I was desirous to have his opinion. After expressing strong condemnation of the stupidity of the class of people who convert any good into evil, he adds: "I know of no medical men in this country who are at all active or even markedly interested in the question. In prescribing, however, a judicious physician considers the habits and weaknesses of the patient prescribed for."

Dr. Davis seems to hold a different opinion in regard to the interest of the profession in this country, for he declared before the British Association, "when I am at home hardly a week passes but some one writes from different parts of the northwest country who has found by experience and actual test that he does not need alcohol in the treatment of disease. If these were summoned together, there would be near a thousand, some of them of high standing"; and he said further, "step by step the progress of science has nullified every theory on which the physician administers alcohol. Every position taken has been disproved, until it is narrowed down to this: acute diseases where it is supposed there is danger from extreme weakness. In typhoid fever it is resorted to as a tonic, and the weaker the patient the larger should be the dose to prop up the circulation. I have seen the experiment tested again and again, with my finger on the pulse, watching my patients at intervals, and I have never yet found any evidence that alcohol increases the force of the heart one iota. The result of absolute test and careful experiment have shown that just in proportion to the amount of alcohol mingled with the blood, just in the same proportion the heart's force was diminished, and the amount of blood delivered from the heart was diminished and at no stage increased from the beginning to the end. At no stage was there increased power until, as the alcohol was increased, the heart's action stopped in paralysis. And with my own countryman, Prof. Martin, of the Johns Hopkins' University, who had every requisite that science could invent to secure accuracy in learning exactly the amount of alcohol in the blood, at each successive stage of increase, from the slightest to the full amount that was fatal to the heart's action, the test proved just the same: that in exact proportion to the amount of alcohol added the power was diminished, and that diminution was arrived at in a very marked degree by mixing only two and one-half parts of alcohol to 10,000 of the blood; that is, estimating a certain quantity of blood in the average man, it would require the presence of half an ounce of alcohol to a good ordinary adult man—absorbed and diffused in the blood—to be sufficient, according to those experiments, to make a very marked and decided diminution in the cardiac powers and in efficiency in circulating the blood, thereby showing as clearly as possible that, instead of being a cardiac tonic, it is an absolute cardiac paralyzant; Martin's results were that simple increase in the relative pro-

portion of the blood, as in the other, stopped the heart in diastole—utter paralysis. And even before these experiments, Prof. Anstie, who investigated narcotics, anæsthetics, and stimulants, in his last edition, said: 'It must be conceded, from all experiments and observations, that instead of there being a stage at which alcohol produced an increased action of the heart, the paralyzing effect coming afterwards, that apparent excitement and exhilaration was only the first step of paralysis.' And further on he says: 'I have come to one distinct conclusion, the importance of which appears to be very great, namely, that, as in the case of chloroform and ether, the symptoms so commonly described as evidence of excitement depend on a stimulation of the nervous system preliminary to the occurrence of narcosis, and are in reality an essential part of the narcotic, that is, the paralytic phenomena.' Dr. Davis continued: "Hence, I assume that alcohol neither strengthens, nor nourishes, nor sustains the heart's action, but diminishes it. You will see that Dr. Parkes, one of your own countrymen, demonstrated by his figures that the heart under the influence of alcohol increases the amount of work done sufficient to be equivalent to lifting a ton weight a certain height in a day. He figured it all out mathematically. Pray let me ask you to look critically at those figures. They are founded entirely on the fact that, under the influence of alcohol, the heart is increased in the frequency of its beats, by a certain number in a minute. He has taken as the basis of his figures, that because the heart acts four or five times a minute faster on the average, under the influence of alcohol, it does so much more work. Now, if mere frequency were a cause of more work, the basis would be right; but does not every medical man I address know that, instead of that being a proper foundation, the more weak the heart gets, as a rule, the more frequent are its beats? that instead of increased contractions of the heart being a measure of the efficiency of the power, and the amount of work done, it is rather a pathological indication that its power is diminished? and this is in direct accordance with the results of other observation. Instead of it proving the heart does more work, it simply proves that its physiological power is disturbed, and unquestionably the paralyzing influence upon the vaso-motor nerves, diminishing the circulation in the capillaries, presents a barrier which is the immediate prompter to the heart acting to try to overcome the obstacle; and, if he could have done as Martin and the other experimenters did—measure the

actual amount of the delivery of the blood from the heart, so as to measure its power—he would have found that, instead of doing more work, it does less. Its quickness is an evidence of its embarrassment. I was taught, like all others, to use alcohol as a tonic. When convalescence came, a little wine each day, or some bitter herb in whiskey, was calculated to hasten recovery and promote strength. But some of my patients refused because they were teetotalers, and I soon found that they recovered strength sooner without it, and that there was less tendency to relapse than in the cases of those who continued its use. Here was the first step in progress, and consequently I came soon to abandon it as a tonic, as I found it of no value. On the contrary, while the patient took it for the first few days or nights, the anæsthetic effect diminished their weakness, and there lies the delusion. One of the curiosities in my mind in regard to alcohol is the delusion it has upon the world. The words “Wine is a mocker, and whosoever is deceived thereby is not wise,” were put in the good old book for a purpose. Mocker! What does a little alcohol do, such as would be considered a tonic? It is just like ether, or chloroform, or any other anæsthetic. It dulls the cerebral hemispheres, and so removes for the time being the consciousness of aches and pains and weariness, and leaves the individual at ease. But a little further, and it diminishes these sensations still more, and the body begins to feel light and hardly conscious of its own weight. In this stage there frequently comes the disposition to dance or sing, and the tongue gets loose. Now the world calls that evidence of excitement, evidence of stimulus; but instead of accepting that verdict, analyze it, and alcohol is found to be exactly parallel with every other anæsthetic. The patient goes through exactly the same stages as in chloroform anæsthesia. But where is the surgeon who supposes he is stimulating or invigorating his patient? It is only the transition from the first beginning of diminished consciousness. Next he begins to lose his sense of propriety, and talk as he would not were he free from that influence; and that same influence causes him to say that it protects him from the cold. How long the ages have been in which the belief has prevailed that, if you are going out into the cold, you cannot stand it without having something to warm you. And they would be ready to testify before a court of justice that it did warm them. How many thousands of our profession have been giving it, are giving it to-day, when the feet are cold,

to help to warm the patient, and yet the thermometer tells accurately, step by step, that from thirty minutes after it is taken to the end of its influence the temperature is diminished. The patient would testify the contrary. Why? Simply for the reason that the anæsthetic effect diminishes his consciousness of whether it is cold or not. The laborer, dripping in perspiration in July, takes it, and tells you “he cannot stand the heat without it,” exactly reversing the case. It warmed him in January; it cools him in July. Just the same with the good mother when nursing; she supposes that nursing pulls upon her strength and thins her blood, and she takes a little wine and beer at every meal to keep up her strength and to increase the flow of milk; and here she suffers exactly the same delusion as the laboring man. With the anæsthetic effect of the alcohol, she does not realize the sense of weariness in her muscles, and she says “it is the only thing that keeps me up;” but every one of these mothers, within four to six weeks of its use, when they stop and compare their condition with what it was when they began, know their last state is worse than their first. The alcohol has been a positive detriment. Its presence in the blood diminishes the absorption of oxygen in the air cells of the lungs, as was long since proved. It lessens the exhalations of the waste carbonic acid, keeps the blood with an excess of carbonic acid, which is itself a further anæsthetic, and in the course of a few weeks the beer comes to supplant the appetite for food, and she tries to live upon it instead of digestible food, material that can make flesh and blood.”

Just here permit me to refer to the history of the case of a lady, given to me lately, which I thought might be triumphantly claimed on the alcohol side. This lady had been a great sufferer from “nervous dyspepsia.” She is the wife of a physician, and was attended by a prominent gentleman of Philadelphia. There was great emaciation, extreme debility, and chronic diarrhœa, and not the smallest quantity of food could be retained. Every remedy that could be thought of had been tried but failed. At last a friend induced her to try small doses of claret. She did so, and in a short time was able to take food in small quantities. The claret was very unpleasant to her, and as time went on grew more and more distasteful, but she determined to persevere, and finally digestion was entirely restored, and when I saw her she was the picture of health. As I had commenced to study the

effects of alcohol I was greatly interested in this case, and wished to know Dr. Davis's opinion, for I thought I had surely scored *one* for alcohol. The following is an extract from his letter: "I presume the case you speak of was really one of simple hyperæsthesia of the gastric and intestinal mucous membrane, and was relieved by the anæsthetic effect of the small doses of alcohol in the claret, and might have been relieved just as certainly and as quickly by the judicious administration of small doses of any one or half dozen combinations of anæsthetic and soothing antiseptic remedies taken immediately before swallowing doses of the simplest kinds of nourishment. At least I have never found *one* of the kind that I did not succeed in relieving without any kind of wine whatever."

Dr. Sinclair, of Belfast, says: "A consideration of the influence of alcohol on the system which does not take into account its effect on the heart, is not unlike a representation of Hamlet with the Prince of Denmark left out." And he adds: "What do we think of the value of any drug as a dietetic agent that leaves out of consideration the effects on other organs besides the stomach? What should we think of any conclusion drawn from the action of digitalis that left out its effect on the heart? And yet a distinguished writer has stated: 'I consider the stimulating action on the heart to be one of the most important properties of alcohol.'" Dr. Sinclair goes on: "A powerful action of the heart which causes the dilatation of the capillary system, caused by paralysis of the vaso-motor nerves, produces an increased flow of blood to the different organs of the body. Thus, when we take alcohol with food, at a time when we specially require for the process of digestion freedom from excitement, and less, rather than more, blood to the brain, we produce by this agent a congestion of, or an increased flow of blood to the brain, and we further increase the excitement by stimulating the heart."

Parkes, in his "Manual of Practical Hygiene," says: "Alcohol would be a most dangerous agent if it were not for the yielding of the vessels produced by paralysis of the vaso-motor nerves, the strong wave from the strongly acting heart would break the vessels, or the heart would not be properly emptied of the blood during the contraction. It seems likely, therefore, that there must be danger in the use of alcohol when the arteries become rigid in advancing age, if the heart is then susceptible to the action of it."

This hardly agrees with the old saying that "wine is the milk of old age."

Dr. Richardson says: "A faint heart that can be systematically restored by resort to alcohol is a diseased heart; of this I am as certain as I am of the animal mechanism;" and he goes on further: "I can have no object in defending this question, except in my solemn convictions of its importance as one of the basic facts of sanitation, and as such that we should give it our support. For my own part I have no kind of prejudice on the matter. To me the phenomena of life present themselves so entirely in the experimental form, I can harbor no prejudice, can find no time to encourage one. I look for evidence and having found that in nature, am led by it. I wish for no professional brother to believe it because I say a thing bearing on the question, though my studies have been longer than his, but I would invoke his honest judgment. It often occurs in men of science to look only on the side of the question in which they have been educated. One medical man has stated authoritatively and officially with regard to alcohol that it is a 'food, a stimulant and a sedative.' I want the profession to take the other side and analyze such a statement—to consider these three words and see how they apply as used. To say them of any one substance, seems to my mind to be altogether illogical and out of the question. I have been studying as a student again, the works of the masters in my profession on the degenerations to which the body is subject. Without the slightest selection I have been seeking the authorities on the causes of these degenerations. I take up the works of those who are simply pathologists and I find there is nothing so striking in all that history as the circumstantial testimony which these men bear to this one agent alcohol, in the production of these degenerations; other agents are referred to only accidentally but on questions of pathology, this has an all-pervading influence. By consensus of opinion you find these men writing down a series of degenerations springing from that one cause which put together would make a volume of the largest kind." He further records as a matter of personal history: "I had no thought of alcohol except as a food, a generation of force and fortifier in mental and bodily fatigue, but was asked to study the action of alcohol along with a whole series of chemical bodies, and to investigate their bearing in relation to each other. So I took the alcohol from the shelf, as I might any other chemical, and experimented over

a lengthened period and the results were invariable—neither ‘food, fuel nor generation of force.’”

Dr. Green in his paper before the medical society of Boston several years ago, asserted that “alcohol is neither food nor medicine. It cannot add one molecule to the plasm out of which our bodies are daily built up. On the contrary, it exerts upon the whole animal economy a most deleterious influence. It does not supply, but diminishes vital force. It weakens the nerves, deadens the sensibilities, lessens the power of the system to resist disease or to recover from its effects. Alcoholic stimulants *may* serve a purpose in bridging over attacks of sinking and prostration and physicians may, and often do interpret such momentary exaltation as favorable to life and health and so continue them. But the incited activity produced by such stimulants does not last many hours and cannot be extended to any great length of time, because the depressing effects which are sure to follow their use, more than counteract their power to stimulate. Alcohol cannot sustain vital force. It weakens the powers of digestion and assimilation, and cannot be long continued without disastrous effects, and these cannot be vital force except by increased power of digestion. There can be no excess in the animal economy without a corresponding loss. The momentary exaltation of the functions of either body or mind produced by alcoholic stimulants, is always followed by an increased degree of depression. Alcohol may spur a weary brain or nerve a feeble arm to undue exertion for a time, but its work is *destructive* not *constructive*, such stimulation means destruction, not added force. It is not stimulus, but rest that is required for exhaustion from excessive mental labor. It is a whip, a cruel spur, quickening speed and consuming vitality;” and he adds, “in the case of a patient rapidly sinking, I might perhaps administer whisky or brandy were nothing else at hand, but with the firm belief that the object would have been more satisfactorily attained by harmless agents. As a result of thirty years of professional experience and practical observation, I feel assured that alcoholic stimulants are not required, and I believe that many if not the majority of physicians to-day of education and experience, are satisfied that alcoholic stimulants as medicine are worse than useless, and physicians generally have only to overcome the prevailing fashion of the day, to find a more excellent way, when they will look back with wonder and sur-

prise that they as individuals and as members of an honored profession, should have been so far compromised.”

Dr. King Chambers, one of the most distinguished teachers of medicine living, says, “Alcohol leads to a diathesis of general degeneration, and as far as evidence has gone its action upon life is consistent and uniform in all its phases, and always exhibits an arrest of vitality.”

Parkes, in his work on hygiene, asks, “Are men really better and more vigorous and longer lived with than without alcohol? If distinctly hurtful in large quantities, is it not so in these smaller amounts?” He says further, “There is no question that several brain diseases, including some cases of insanity, are produced by alcohol; also degenerative changes in the stomach, liver, lungs, and probably in the kidneys.” And he adds, “To use Dickinson’s expressive phrase, ‘Alcohol is the very genius of degeneration,’ and these degenerations are not confined to the notoriously intemperate. They have been seen in women accustomed to take wine in small quantities, not excessive, and who would have been shocked at the imputation that they were taking too much, although in their case the result proved that for them it was excess. The nature of the degenerative change appears to be in all cases the same, namely, fibroid and fatty; and furthermore, considering the increase in the action of the heart and the dilatation of the vessels, it can scarcely be doubted that alcohol is one of the agencies causing disease of the circulatory organs. Its influence on the nervous system generally, and on the regulating centres of the heart and vaso-motor nerves in particular, probably arises from a direct transitory union of the alcohol with the nervous substance.”

To Fothergill, who always commands the attention and confidence of the student by his charmingly written works, I turned with peculiar interest to seek his teachings on alcohol. In his “Manual of Dietetics,” recently published, he says: “Alcohol may well engage our attention, both as a stimulant and for its food value. It is a force liberator, and has some value as a ‘food fuel.’ Alcohol requires no digestion; let that fact be kept in view. It quickly passes by osmosis into the blood. This matter becomes very important when the digestive powers are seriously enfeebled. Alcohol provides some force, and borrows some from the system, and that is where the ‘shoe pinches.’ This reminds one of the Jew who smilingly

and with great good will offers to lend money when we are in a pinch, but extorts an interest that brings ruin at the last." The doctor goes on to say: "Whenever possible or practicable alcohol should be accompanied by some soluble carbo-hydrate, which should supply the place of the borrowed force, say with some malt extract or milk. The neglect of this matter is fraught with disaster. The effect of alcohol is to produce increased action of the heart, dilatation of the carotids, and so flush the brain with blood. The flooding of the post-cerebral lobes produces a sense of well being; the patient feels better for the time, but this effect is temporary and evanescent. Such stimulation carries with it the after effect of exhaustion. The heart flags, the carotids contract below their normal calibre, and the brain becomes bloodless. If this lead to sleep, as often happens, then the alcohol may have been advantageous in every way. But the temporary time of stimulation ought to be utilized to assimilate some easily digestible food; otherwise, it may have been useless, aye, worse than useless. Alcohol is a two-edged tool, not to be used without reflection; and must be used skillfully, for gastritis might be set up if pushed recklessly, in which case the stomach rejects it quickly. Here nature steps in to limit the stimulation which is threatening the organism, when exhaustion is close at hand. This condition of exhaustion is specially liable to come on when alcohol alternately with beef tea alone is given to the patient. Beef tea is no food. Alcohol, which is a food, carrying with it a heavy borrowing power! No wonder the system is in danger of sinking from exhaustion. All this applies to acute conditions, as fevers, bronchial attacks, etc., where we wish to sustain the powers, and for that end we use alcohol. But we must so use it in combination with soluble carbo-hydrates, that we do not make it a means of sinking the ship. When administered alone, experience has told us in unmistakable accents that the end is not far off."

We are led to ask: "How can a food carry a heavy borrowing power? How can anything properly called a food be the means of sinking the ship unless administered with soluble carbo-hydrates? How can its administration, without easily digested nourishment, be 'useless—aye, worse than useless,' if it be truly a food?" One is almost tempted to believe the doctor would wish that it might not be used at all, he hedges it about with so many cautions. In his delightfully written work on "Indigestion and Bilious-

ness," he says: "There are times when generous wine may be freely drunk, not only without injury, but benefit. (It is not forgotten that careless medical instruction to drink wine freely have led to sorrowful results, nor that a patient may interpret medical instructions liberally, so as to make an excuse for alcoholic indulgence). So long as it is certain that they are doing good and agreeing with him, alcoholic drinks may be used. The physician must speak out with a distinct utterance if his ideas are well-defined and chiseled out. There is a certain unstable temperament in certain persons, perhaps a part of the neural tendency of the age, which must be taken into consideration. The magistrates are aghast at the amount of asylum accommodations they are called upon now-a-days to provide, so great is the spread of lunacy. All nervous affections are on the increase, consequently there is a growing class for which it is more or less unadvisable to order stimulants, especially alcohol. We cannot order now a glass or two of wine daily, as of yore." And further on he says: "We must be more guided by rational knowledge, by physiology, and not by fashion in our dietetics."

I turn to another distinguished advocate of stimulants, Dr. Julius Uffelmann, of Leipsic, an investigator, whose work on "Febrile Diseases" is quoted as masterly. He says: "In the treatment of acute diseases alcoholic stimulants are indispensable. It is now believed that their action of reducing temperature depends on the influence of alcoholics in retarding oxidation. It is known that they are rapidly absorbed and transformed into water and carbonic acid. We must, therefore, acknowledge them to be nutritious and antipyretic. But it cannot be questioned that large doses, even in typhoid fever, may be followed by injurious consequences. The free administration of such dilute alcoholics even as Tokay wine, has not infrequently produced intense hyperæmia and ecchymosis (as has been proved) of the gastric mucous membrane, and this, at least, should serve as a significant warning. Their effects in individual cases are sometimes *incomprehensible*, so that it is not seldom, especially among those who are not accustomed to their use, or who are of sensitive constitution, that untoward symptoms are produced, such as restlessness, extravagant dreams, palpitation of the heart and acceleration of the pulse, without increase of temperature. These effects, with the relaxation following, produce an aggravation of the affection; and even when occasioned by

moderate doses, need to be witnessed but once to serve as an admonition. The continuous use of alcohol in all cases of acute disease is followed by another evil. Alcohol is the best remedy in conditions of great prostration, and by means of it we are frequently able to obtain a life saving reaction. But if administered with frequency, it may happen that, in a moment of great need, its analeptic action may fail us. This consideration, pointed out so clearly by Liebermeister, should not be lost sight of in conjunction with the question of alcoholics in fevers. Thus, with ample reason, we arrive at the conclusion that these stimulants may be properly administered in fevers, not in the large doses now recommended, but in small doses and very freely diluted; and if we are in doubt as to the manner in which the patient is affected by spirituous liquors, the effect of a single dose should be ascertained before going further."

Dr. James Ridge, from whose papers I have before quoted, says: "Speaking from my own experience I can affirm that I see far fewer cases of extreme prostration since I abandoned the alcoholic treatment, and I cannot resist the conviction that, whatever alcohol may seem to do, its ultimate effect is to produce prostration in cases which would otherwise escape. I believe this is particularly the case where alcohol is administered *as a food*, and is relied on for that purpose, replacing materials which truly deserve the name. Alcohol, it must be remembered, has a two-fold rôle in the system. It has its chemical influence on every cell with which it comes into contact, and is in turn affected by them, *sui generis*. But, on the other hand, it has its special influence on the nervous system, and through this upon the circulatory and trophic system. On these it acts as a paralysing and inhibiting agent. Hence, if it is desired to diminish the vitality of cells, whether nuclei or wandering leucocytes, it is necessary to give such quantities as will be seriously injurious to the processes of animal life. To effect one's object we must well-nigh poison the patient. I have never found any difficulty without alcohol in enteric fever after the crisis, and believe that even in collapse from hemorrhage alcohol is contra-indicated. I altogether disbelieve that alcohol can keep a heart going which would not have gone on without it, and we are certain that reactionary fever after hemorrhage is almost entirely due to the administration of alcohol; when that is not given there is little or none."

Dr. Hammond once stated that if the

presence of alcohol taken in the form of alcoholic drinks, lessened the sum total of elimination from the human body to the extent of half a pound in twenty-four hours, it was equivalent in value to half a pound of food taken. "This idea," Dr. Davis says, "originating with men of known scientific reputation, rapidly became popular, and again furnished all classes with a plausible reason for taking alcohol as a beverage. It was claimed that by waste being retarded it was equivalent to supply, and consequently "indirect food." Those who have drawn this inference forget two of the most important physiological laws relating to animal life; first, that all the active phenomena of life depends upon and directly involve molecular change, and consequently necessitates both waste and supply; second, every cell or organized atom of living animal matter has only a limited duration of integrity or life, at the end of which it must either undergo a natural disintegration into waste matter or degenerate into an unhealthy and lower type of organization. Therefore, whatever retards the natural molecular changes, retards the phenomena of life, and by retaining cells beyond the natural limit of time directly promotes their degeneration into materials of a positively injurious character—fatty, caseous or septic materials, instead of undergoing natural dissolution and excretion as waste matter. Hence the prevention of a certain amount of waste or living structure in a given time is in no proper sense physiologically equivalent to an equal amount of new material by nutrition in the same time. On the contrary, both experiment and common observation show that if the tissue changes and waste are retarded by the presence of some agent capable of exerting such an influence, derangement of structure or function invariably follows. Alcohol's strong affinity for the albuminous constituents of the body hold the natural molecular changes in check and thereby retard these changes as seen in the diminution of temperature and the quantity of eliminations. It is not these alone that are diminished by the interference with the natural affinities of the blood, but the taking up of the oxygen from the air cells of the lungs is retarded, and the necessary change from venous to arterial blood."

A late journal records that Drs. Mosso and Maggiora, two eminent Italian physiologists, have recently been overhauling the influence of various foods and other substances upon muscular work, and by novel and ingenious methods have confirmed in a most conclusive

manner the statement that alcohol positively diminishes energy. The editor, commenting on this, says: "The sooner the popular error respecting the food value of alcohol is thoroughly exploded the better for the rising generation.

Dr. Edwards, of the London Hospital, says: "I became anxious to test the effect of alcohol upon the sick. My observations soon brought me to the conclusion that my patients recovered far better after I discontinued its use. I went on very carefully and gradually, and I came definitely to the conclusion that even in cases of delirium tremens, they did better when treated without it. For five years I had charge of the hospital. One in fifty-eight of the mothers died and one in ten of the infants. During the time I had *sole* charge, March 1st, 1868, to February 28th, 1869, with only a few shillings expended on alcoholics, out of 167 deliveries, there was only one death of the mother, (a woman in advanced consumption,) and among the live-born children one in twenty-one."

Surgeon-Major Pringle, of India, at the Sanitary Congress, said: "I have spent thirty years of my life in India. I suppose I have seen as much cholera as it falls to the lot of most people to see, and I must say, in the army the giving of stimulants was almost a fatal treatment. When nature is trying to recover herself and alcohol is administered, her whole future efforts are shut up. It is a fact than can be proved to a demonstration. Look at carbonate of ammonia! What can you possess as a finer stimulant than that? Give that to a man,—there are no subsequent depressing effects. Our duty as a Medical Congress is an important one. Of course there will be difficulties. Numbers of people object to the withholding of stimulants, because they say they are necessary; but they always withhold one great reason, which is, because they like them. We must remember we are battling with a liking. If we can tackle that, then we shall make a great stride with the profession on this important subject."

Dr. Beaumont, Lecturer on *Materia Medica*, in the Sheffield Medical School, says: "Besides inducing an inflammatory condition of the system, alcohol perverts the blood, and it is owing to this circumstance that many chronic complaints are made worse and more prolonged by the wines and other liquors ordered habitually by medical attendants. I have treated several thousands of cases of all kinds occurring in general practice, without alcoholics of any kind,

and have been gratified with the successful results. The medicines take effect more potently and answer their end better. If I must tell the truth, it is I who am the sufferer by my non-alcoholic treatment, for the patients get well much sooner, and as a natural consequence, my bills for professional attendance are very considerably less. No doubt if I were to follow the usual custom and order wines and other liquors, my patients would yield a much larger revenue in the way of fees."

Dr. Cheyne, of Dublin, Physician to the Forces, says: "The benefits which have been supposed to be derived from alcoholic agents, have invested them with attributes to which they have no claim, and we as physicians ought to make every retribution in our power for having so long upheld one of the most fatal delusions that ever took possession of the human mind."

Dr. Higginbottom, of Ipswich, says: "I have amply tried both ways. I gave alcohol for twenty years in my practice, and have practiced thirty years without it. I have not found a single patient injured by the disuse of alcohol, or a constitution requiring it; indeed, to find either, although I am in my 77th year, I would walk fifty miles to see such an unnatural phenomenon. If I ordered or allowed alcohol in any form, either as food or as a medicine to a patient, I should certainly do it with felonious intent."

Dr. Nichols, Medical Officer of the Longford Fever Hospital and Infirmary, gives interesting statistics of treatment without alcohol. In the Fever Department, 51 admitted, 43 recovered, 6 died, 2 remained. In the Infirmary, where there were many serious surgical and midwifery cases, 823 admitted, 737 recovered, 45 died, 41 remained.

Dr. Bernard O'Conner testified before the British Medical Association, "During fourteen years practice I have never used alcohol for any patient, and my experience at the Consumption Hospital, to which I have been attached for some years, has been, that consumptive patients progress very much more favorably with the absence of any alcoholic liquid than they do when alcohol is administered. I have had many opportunities of comparing the results of non-alcoholic beverages towards evenings, with those directly traced to the alcoholic solutions which are administered in the latter part of the day to consumptive patients, and the result of my observations has been that alcohol simply increases the night's perspiration, increases the night's cough, and leaves the patient

jaded about six or seven in the morning. I would call upon my professional brethren, and more particularly those who have charge of the out-patient department of hospitals and who have large family practices, to be a little more careful than they appear to be, in the administration of alcohol."

In a letter lately received from Chicago, it is stated that at the Washingtonian Home in that city, hundreds of cases of delirium tremens are treated every year without alcohol: the bromides and chloral used instead. Dr. Wilkins, of that institution, says he placed his main dependence on beef tea and plenty of sleep. At the Harrison-Street Police Station, where some of the worst cases are treated, no alcohol is used: bromides and opium the chief remedies. At other places where they object to strong opiates, they use stramonium, lupulus, fld. ext. cinchona, nux vomica, etc. In some of the late journals I notice that strychnine is used by many French practitioners; also by the Russian. The Russian *Medical Journal* reports nine cases of acute and chronic alcoholism treated by means of hypodermic injections of strychnine; and in the immediate future, the writer says, there will be abundant material at hand on observations of the effect of this remedy.

"Armed with the knowledge that science has revealed to us," says the specialist Norman Kerr, "we can with boldness thunder at the doors of our legislation, with the demand of an awakened and indignant national conscience, that proper provision be made for the treatment of the diseased inebriate, both rich and poor, and that the plague may be stayed."

Pardon me if I summon Dr. Davis to the stand for a few moments more. He says, "I speak the more positively because for thirty years I have faithfully tested the correctness of the sentiments given in relation to the therapeutic effects of alcohol, in an ample clinical experience both in hospital and private practice. I have found no case of disease,—no emergency arising from accident that I could not treat more successfully without any form of fermented or distilled liquors. The preparations of ammonia and camphor are far more speedy and efficient remedies for immediately arousing the sensibility, while in caffeine, digitaline, convallaria, etc., I have found the proper cardiac tonics for restoring permanent steadiness and force to the circulation."

It is difficult to overcome the force of habit and traditional education, and one is loath to renounce a faith that has been believed to

be well grounded; but if the testimony gathered is worthy of consideration, has alcohol other place than on the druggist's shelf, guarded as vigilantly as strychnine, arsenic, or aconite, and dispensed as cautiously and only under the prescriptions of judicious and conscientious physicians?

ABDOMINAL SECTION DONE FOR ECTOPIC GESTATION.

BY JOSEPH PRICE, M. D., OF PHILADELPHIA.

Name of patient, Mary Fultz (white).

1. Date of operation, Wednesday, March 30th, 1887.
2. Age of woman, 37 years.
3. Number of normal pregnancies, 4,—3 males, 1 female.
4. Length of survival of woman, 14 days.
5. " " " child, 4 hours.
6. Duration of gestation about 7½ months.
7. Cause of death, hemorrhage; due to walking and straining while on the commode. She was an *intractable* subject.
8. Residence, 1810 Fillmore st., Camden, N. J.

Points of Interest.—Beginning as a right tubal pregnancy, with a history of pain, shock and high temperature, indicating rupture of tube at about the fourth month, from which she recovered in a few days; subsequently her condition improved until within about two weeks prior to the operation, when she had paroxysms of pain, which required the free use of opium; this continued up to the time of the operation.

Examination.—She was small boned and greatly emaciated. Palpation showed symmetrical tumor only to be felt; vaginal—thin sack wall low down and posterior through which the extremities of the child were easily felt; cervix high up and pushed far forward; the diagnosis of "extra uterine pregnancy" had been made by her physician, Dr. Donges.

Operation.—Short incision, free discharge of bloody serum, uterus only to be seen and felt, flattened out to about six inches, forming the anterior wall of the sac. A distinct sulcus between the fundus and sac. Sac punctured in the region of the left ovary, an active female child delivered, cord severed between compression forceps, uterus contracted rapidly, forming a perfect uterine ovoid about the size of a fist, the sack also contracted rapidly. General intestinal adhesions to posterior surface of sac and uterus and laterally. The rapid contraction of the uterus and friable sac and almost genera

placental attachment rendered the stitching of sac to abdominal opening most difficult; the intestines at the upper surface of the sac were stitched to the abdominal wall.

After Treatment.—Drainage and free irrigation. The wound remained healthy and clean, large quantities of placental tissue washed away daily, patient remained free of pain, and her general condition was good until she persisted in getting out of bed that she might use the commode and not the bedpan.

Notes of post-mortem made by DR. CHAS. B. PENROSE: "The abdominal incision was united throughout. The adhesions between the sac and the abdominal walls were firm, with the exception of the upper part, where the adhesions had yielded, and a loop of small intestine about five inches in length had slipped from above into the abdominal opening. About six ounces of clotted blood were found in the peritoneal cavity. There were no signs of peritonitis. The intestines were pale and bloodless. The uterus was enlarged and flattened against the anterior abdominal wall. The remains of the placenta presented at the lower right side, and were about the size of a small fist. The placenta was adherent to the posterior surface of the uterus, to the left ovary, to the posterior surface of the right broad ligament, to the right side of the pelvis, to a portion of the ilium and of the large intestine. A corpus-luteum was found in the right ovary. The outer half of the right Fallopian tube, if present, was not removed. No examination was made of the other parts of the body."

THERMIC FEVER—A CASE.

BY E. A. WOOD, M. D., OF PITTSBURG.

A German woman, age 20, lately arrived in America, was taken ill, July 18, at 2 P. M. Saw her within a few minutes of the onset of the attack. Found her sitting on a chair limp and unconscious. Pupils contracted; pulse 120, respirations 22, thermometer in axilla 109½, temperature of air in room 98. Had her laid on the floor, and all clothing removed. Applied ice and ice-water to all parts of her body. At three o'clock the bowels moved very freely; the temperature of her body fell to 106, and pulse was 115. Continued cold externally; injected 14 grs. antipyrin into arm. At 3.30 temperature was 105. At four o'clock, for the first time, when cold water was dashed on face, she would prolong the inspiratory movement—"catch the breath," showing returning sen-

sation. Thermometer in rectum registered 104. About this time she began to have spasms of the muscles of the arms—spasms of a mixed character—alternately clonic and tonic. She also began to moan as if in distress. Applications of cold water were now left off, except when heat of surface of body indicated their use. Thermometer at five showed 103. The legs at this time began also to be affected with convulsions of like character with those of arms. Injection of one-fourth grain of morphia quickly arrested all spasms, nor did they return. The pulse was 100, pupils normal. At seven o'clock she became conscious, after having vomited profusely undigested food, in which was cucumber, taken the day previous to the onset of attack. She purged and vomited till midnight, when she slept until morning. On the morning of the 19th she was rational, complained of dizziness, with headache, soreness and tiredness. She quickly recovered.

REPORTS OF SOCIETIES.

MEETING OF THE BRITISH MEDICAL ASSOCIATION, HELD AT DUBLIN, AUGUST 2-5, 1887.

Special Report for the MEDICAL AND SURGICAL REPORTER, by E. S. McKee, M. D.

The Antiseptic System of Surgery.

The address on surgery was delivered by EDWARD HAMILTON, M. D., F. R. C. S. I., Professor of Surgery in the Royal College of Surgeons of Ireland, and Surgeon to St. Stevens' Hospital, Dublin. He opened his address with a glowing tribute to Robert William Smith, an illustrious Irishman, who had filled the same position twenty years before, and then went on to say:

In an address of this kind the mind instinctively turns to a retrospect of the improvement of surgery. A prominent position must be accorded in this Victorian era to the antiseptic system of surgery, still enveloped in the clouds of uncertainty and misconception, notwithstanding the work which so many eager and enthusiastic admirers have bestowed upon it. The system may be wrong in practice and founded on an erroneous theory, but it has spread throughout the civilized world, and the wonderful results that have followed it cannot be denied. Yet, we find some of its most devoted adherents abandoning parts of the system long considered as essential, and that, too, without diminution of results. Again, we find antiseptic precautions so little regarded—

may, almost set at naught—as to prompt the ovariotomist to flush the peritoneum with water containing germs and spores and thirty different kinds of beasts, and yet point to a continuous record of success little if at all inferior to the more complex method. What conclusion can the simple inquirer after truth arrive at?

It may be conceded as proved that the atmosphere that surrounds our globe is infested with myriads of minute organisms, subject to constant and restless change. These changes are largely influenced, if not changed, by their surroundings, and they again produce disturbance in their environments. Some of these can only develop in material which is dead; and are, therefore, amenable to physico-chemical laws. Others, again, are capable of living in tissue which is alive, where they increase and multiply, disarranging and vitiating the whole organism. In the first variety the effect produced is in direct proportion to the actual amount of the ferment introduced. In the second, the amount of disturbance produced is out of all proportion to the minute quantity of the poison which produces it. That these latter bodies are potent factors in supuration and infective inflammation would appear to be proved beyond a doubt. Experiments have proved that injury may be produced, either mechanical or physical, on the deep tissues of the living body, and if due cleanliness of the instruments be observed, and atmospheric air absolutely excluded, no effect whatever is produced beyond the injured spot. The hot iron, or injections of strong solutions of chloride of zinc kill the tissues, but the necrosed mass produces no ill effect on the surrounding structures.

It is certainly our duty to destroy and exclude from the body all these micro-organisms, and if the means adopted for that purpose—call them Listerism, antisepticism, surgical cleanliness, or by whatsoever name you will—turn the scale a feather weight in restoration to health, or saving the life of a single human being, the man who refuses to employ them through apathy or prejudice, incurs a responsibility nothing short of crime.

A suitable germicide is now the object of pathologists and chemists. It is interesting to watch now one, now another, lauded and proclaimed, only to be superseded by a new claimant. Carbolic acid, corrosive sublimate, iodoform, thymol, have each for a time worn the crown, only in their turn to be deposed and dismissed for new favorites.

Up to the present time attention has been almost exclusively fixed upon infective germs, sufficient regard not having been paid to the important influence of environment. We know that these atoms, no matter how virulent they may be, cannot undergo their life changes, cannot produce their infective result, unless the environment, like the cultivation fluids of the pathologist, is capable of developing and sustaining this change. Deposited on a clean glass, metal or porcelain, they die of inanition. In contact with dead organic matter or living matter, in certain conditions of altered or reduced vitality, they become a teeming source of infection, decomposition and decay. If we bring pathological surfaces to such a condition that they do not afford a suitable soil, do we not accomplish as much as when we destroy germs? Surely the perfection of antisepticism must be attained when these two conditions are fully developed and enforced.

The protective power of vaccination against small pox and the protection of the blood by the previous action of the exanthemata are examples of the influence of environment. The bacilli of splenic fever, so destructive to herbivorous animals, take little effect on carnivorous, and none at all on the pachydermata. The bacteria which will cause septicæmia in the mouse are wholly inert in the field-mouse. If we study human by comparative pathology we learn much. Look at the flood of light which has been shed by the study of the bacilli of splenic fever, chicken cholera and glanders, and by Pasteur's discovery of the cause of disease in the silk worm. We can learn much from the pathology of the vegetable kingdom. Some of the most troublesome diseases which the surgeon has to deal with are caused by the invasion of vegetable parasites. Fruit can be ripened with almost mathematical precision by interposing between it specimen fruit of the same species which is already ripe, as if the emanations from the ripe fruit exercised a ripening influence upon the fruit in its immediate vicinity. I think we see this principle of environment frequently illustrated in human pathology when disease extends to adjacent but not continuous surfaces.

This two-fold aspect of chronic inflammation was forced on my attention by trying to think out the best mode of dealing with chronic abscesses. The discharges from a recently opened abscess do not show any of these micro-organisms which are so characteristic of purulent matter in acute suppuration.

The treatment of open wounds by a solution of chloride of zinc, the method introduced by the late Campbell D. Morgan, has been the treatment of my colleagues and myself at St. Steven's Hospital for over twenty years. This has no rational foundation in histo-pathology, yet our faith in the practice cannot be shaken by the dictum of even so high an authority as Koch, who asserts that chloride of zinc is inert as a germicide and much less effective than corrosive sublimate, iodine or carbolic acid. I firmly believe that it will render a cut surface a barren cultivation field, and I think we may infer that it will produce a similar effect on the wall of an abscess.

My method of proceeding is the following: A long curved trocar and canula is pushed through the abscess, and made to transfix it some four or five inches; a piece of rubber tubing with a single hole about the centre was drawn through the canula by a thread connected with the cutting end of the trocar; the aperture in the tubing being lodged midway between the two trocar wounds, the canula was removed; one end of the tube was attached by glass tubing to the exit conduit of an irrigating can hung upon the wall above the patient's bed; the other end discharged into a reservoir at the bedside; by means of a stop cock the flow of liquid could be regulated with the greatest nicety, so that it could escape drop by drop, and render not only the contained fluid but the abscess wall, perfectly aseptic. Again, by compressing the exit portion of the tube between the thumb and finger, you can cause distension of the sac to any degree desirable, and thus produce all the advantages of the distension method proposed by Mr. Callender. And now, as to the fluid which is to be used for irrigating an abscess. In my earlier trials of course, I employed the fashionable antiseptic, carbolic acid, but my patients, after a few hours, exhibited olive-colored urine and gastric disturbance, warning me that I could not persist without reducing the strength of the solution to such a degree as to render it inert. Subsequently I employed a very weak solution of chloride of zinc, 1 pint to 200, with the best possible results. The cavity remained antiseptic; remarkable changes were developed in the wall of the abscess; thin membranous matter was discharged from time to time. After about a week the tubes through which the solutions were passed became enlarged so as to be no longer water-tight. This at first causes considerable trouble in keeping the patient dry and comfortable, but more extended experi-

ence proved that at this time continuous irrigation is not needed, the cyst wall having undergone such decided alteration in its structure that occasional syringing is quite sufficient for the perfect healing of the cavity. Such, Mr. President and gentlemen, is the treatment of chronic abscess by irrigation.

In conclusion, fellow-laborers of the British Medical Association who are engaged in surgical work, we have committed to us a goodly heritage. This Victorian age in which we live has been signalized by some most remarkable advances in all the arts and sciences. Human intellect and inventive faculties, day after day gain fresh triumphs over matter, but in none have greater strides been made than in the art and practice of surgery; more especially in those lines where it is being extended by a more careful application of anatomy and physiology. It is true that in this country experimental research, which has done so much to relieve human suffering and save human life, should be untrammelled, instead of being cribbed, cabined and confined within the four corners of an Act of Parliament, which is a reproach to the common sense of that august assembly and an outrage on the characters of the members of a profession who, whatever may be their faults and failings, have never been open to the charge of cruelty or disregard of pain.

The hysterical shrieks of a few women and the puling sentimentality of some weak-minded men, have placed and retained in the statute book the Vivisection Act. *Tu quoque* is, I believe, a bad defence; but we see them mount their horses and hunt to the death the timid hare or clever fox. I should be sorry indeed, to say a word against field sports, which have no doubt their useful purpose; I only ask for consistency, and that scientists in this country should not be placed at so great disadvantage compared with their continental brethren.

We must however, make the best use of the means at our disposal, and carry forward the standard of investigation into new and unexplored fields. One by one the dark caverns of the body are being illumined by the light of scientific surgery, even the ivory walls which guard and protect the dome of thought are pierced by its rays, and the brain itself mapped out with geographical precision, as in a chart; so that we can by careful reading of the symptoms place our finger on the very spot oppressed by injury or disease, and then by a bold and decisive operation lay it bare, and remove the cause of its morbid condition or disturbed func-

tion. There is ample room and verge enough for work—many untrodden fields of discovery, so that we can make the future of Queen Victoria's reign as glorious in the annals of scientific discovery, and as full of help to the sick and wounded sufferer, as it has been in the past.

At the same meeting, Prof. T. Grainger Stewart, of Edinburgh, discussed

The Incidence of Albuminuria Among the Sick.

Following up the inquiry as to the incidence of albumin in urine presumably healthy, reported to the Royal Society of Edinburgh, the author has made a series of observations on various groups of patients to which he had access, as to its incidence among the sick. These patients consisted of 150 consecutive private patients, 150 consecutive cases from the wards of the Royal Infirmary, 100 consecutive out patients, 50 cases from the wards of the hospital for sick children, 40 cases from a ward devoted mainly to the treatment of cases suffering from alcoholism, 50 patients from the fever hospital and 25 cases of women from the maternity hospital.

In each case the urine was examined with nitric acid, picric acid, and Fehling's solution.

The author then presented a series of tables.

Table I. Showed that among the private patients 36, or 24 per cent. showed albumin; among the indoor patients of the infirmary 10 per cent., and among the sick children 7 or 14 per cent., among the fever cases 38 or 66 per cent., among the maternity cases 10 or 72 per cent.

Table II. Dealt with the causes of the incidence of the albuminuria in the 150 private cases. Thirteen out of the 36 were due to Bright's disease, 1 febrile, 2 vascular, 3 alimentary, 2 glycosuria, 8 functional, 6 accidental, and one probably accidental.

Table III. Dealt of the probable causes in the 150 indoor infirmary cases: 74 cases of albuminuria were met with in the wards, 26 were from Bright's disease, 5 febrile cases, 10 vascular, alimentary 6, nervous 5, glycosuria 53, cases accidental 5.

Table IV. Dealt with the probable cause in 100 outdoor infirmary cases. Of 19 showing albuminuria, 8 were from Bright's disease, 3 as probable Bright's disease, 5 vascular, 1 alimentary, 1 glycosuria, 1 probably accidental.

Table V. Dealt with the cause in the 50 children. Bright's disease occurred in 1 case out of the 7, probable Bright's disease 3, febrile 3, nervous 1.

Table VI. Showed the results obtained as to the occurrence of albuminuria amongst 50 fever cases in the Edinburgh Fever Hospital. Of the 50, 18 or 36 per cent. showed albumin with nitric acid, and 38 or 72 per cent. with picric acid. Taking the 38 cases of scarlet fever separately, we find that 13 or 34.2 per cent. showed albumin with nitric acid, and 23 or 30.53 per cent with picric acid.

Table VII. Showed the results in 40 cases of alcoholism, either acute or chronic, treated in the Royal Infirmary. The specimens were obtained on the morning after their admission. One would naturally expect a large proportion of albuminurics among such patients and no doubt the per cent. is high. Still we must remember that the class of patients of whom this group is composed is most closely related to that of the soldiers, that is, the conditions of life such as heavy bodily labor, etc., which in soldiers, conduce to make albuminuria frequent, and also operative here. Still, the percentage of albuminurics is distinctly higher than it is amongst the soldiers, and, indeed, more closely corresponds to the statistics obtained among the indoor infirmary patients. While, therefore the albuminuria is probably mainly to be ascribed not to alcohol, but to the conditions of life, the alcohol must be credited with the increase over what we would expect in healthy individuals of the same class. This may be partly a direct effect of the alcohol, but doubtless the indirect influence as regards inferior diet, bad hygienic conditions which intemperance involves, are also factors in the case.

The next question is, how we are to explain the albuminuria in these various conditions. I shall not attempt to do this until I have gone over the results of experiments made by different observers, with the view of clearing up the question. Certain inferences seem to be warranted from the facts I have stated:

1. That in health, so in disease, albuminuria is more common than is generally supposed.
2. That it is more common among patients of adult age than among children.
3. That cases of Bright's disease do not account for one-half the cases of albuminuria met with in practice.
4. That they account for more than any other individual cause.
5. That next to them rank the changes in the renal circulation due to cardiac and other maladies, and accidental cases due to the admixture of blood, pus, etc., with the urine.
6. That so far as this series of observation shows, cyclical, diatetic and simple persistent albuminurias are rare.
7. That

while in Bright's disease, especially the waxy and cirrhotic forms, the quantity of albumen is at first so slight as to be only shown by picric acid, it yet is more abundant than in albuminuria due to other causes. 8. That in the digestive and nervous cases, and those due to high temperature, the quantity is often so small as only to be discovered by picric acid.

We now turn to note the results of our observations as to the occurrence of peptones in the series of cases examined. Table VIII shows incidence of peptonuria in the series of cases examined. It thus appears that only 4 out of 150 patients showed this condition. These cases were: 1st. A case of cirrhotic Bright's disease, with gout and dyspepsia. 2d. A case of cirrhotic Bright's disease with heart disease. 3d. A case of rupture of the kidney; and, 4th. A case of acute rheumatism. The urines were all albuminous. Of 150 indoor patients at the Infirmary, 16 gave the reaction. These were a cases of dyspepsia, a case of malignant disease of the liver, stomach, lungs, etc.; a case of heart disease; two of phthisis (one of them syphilitic); a case of pleurisy; nine cases of Bright's disease and a case of acute rheumatism. Except in the case of dyspepsia, all the urines contained albumen as well.

Dr. G. Apostoli, Professor of Gynecology and Electro-Therapeutics at Paris, then discussed

The Treatment of Fibroid Tumours of the Uterus by Electricity.

The author who is well known in gynecological literature, said that the great danger to life resulting from the surgical interference in these cases together with the inefficacy of drugs had caused him to look about for something more satisfactory. This he had found in the method which he had termed galvano-chemical cauterization. This might be vaginal, intra-uterine or parenchymatous, but was always monopolar.

In the hands of his predecessors electricity had been used in a vague and indefinite manner, those using it not knowing how much they were using. His method was energetic, tolerable, better localized and thoroughly under control. He insisted upon absolute and regular antiseptic vaginal irrigations before and after each operation. The punctures should not be more than one or two centimeters in depth and should be made by a small steel trocar or needle, the most prominent point of the tumor should be punctured, and this should, if possible, be done in the posterior cul-de-sac.

The anatomical and clinical results to be expected are:

a. As regards the material changes we may affirm that every fibroid tumor submitted to this treatment, sometimes after so short a time as one month, but certainly when the treatment is fully carried out, will undergo a manifest reduction of size, a reduction appreciable by the touch, and demonstrable by internal measurement. The further diminution of the tumor which continues for some months, varying in amount from one-eighth to one half of the original volume, is generally associated with a coincident and equal accumulation of subcutaneous adipose tissue on the abdominal walls. The retrogression of the tumor is not only apparent during the time of active treatment, but goes on continuously after it has been stopped, and is the persistent proof of the enduring influence of the electrical operation.

The liberation of the tumor from its local attachments takes place simultaneously with its decrease of bulk. The tumor, which at the commencement of the treatment was immovable, can progressively be made more and more to change its position, as the absorption of the enveloping tissues deposited round it advances.

Another phenomenon is observed in connection with the retrogression of the tumor. It not only contracts on itself but shows a tendency to separate from the uterus, to become more distinctly sub-peritoneal, to detach its mass as it were, from its setting in the uterine wall, and to remodel itself into a pedunculated form.

b. Clinically the results are not less striking. Perhaps they are even more so, as they are not only matter of proof by the examination of the surgeon, but the patient herself is the living exhibition of them. We may generalize the extent and importance of these results by saying that ninety-five times out of one hundred, they comprise the suppression of all the miseries constituting the fibroidal symptomatology. These cases may be categorically enumerated thus:—Hemorrhages; the troubles of menstruation, dysmenorrhea, amenorrhea, nervous disturbances; the direct pains in the growth itself, and those arising from mechanical pressure; and the harassing series of reflex actions.

In a word, the assertion may be safely advanced that, though our therapeutic resources only carry us so far as the sensible reduction of fibroid tumors, and not to their total absorption, we may with regard to the symptoms, certainly anticipate their complete removal, and the establishment of a state of

health equivalent to a true resurrection. I am justified in saying that the greater number of women who have persisted in the necessary treatment, not only were cured, but remained so.

I use the expression "greater number," because there is no such thing as infallibility, especially in medicine. I acknowledge having been sometimes unsuccessful, and so instructive are my failures that I shall recount them at length in a work now preparing. It will be seen they were cases in which there was no possibility of satisfactory treatment, owing to an apparently absolute intolerance of high intensities of current. I see now that I was wrong in retreating before this supposed intolerance. Among them were three cases of fibroma with ascites, and I now regret that with the aid of an anæsthetic I did not persist in going to the limit of my power. I have also met with the same intolerance in some hysterical subjects, in cases of very irritable uterus, and in others of periuterine and intestinal phlegmasia. Now with my present experience, I should not hesitate to operate to the fullest extent under chloroform. There yet remains the obscure question as to the class of cystic fibromas, and tumors with a tendency to malignant degeneration, where there is often a fearful and irrepressible hydrorrhœa accompanying. I have recorded three such instances, and in them intra-uterine galvano-cauterization generally proves useless. Something more is demanded and we must seek in galvano-punctures a means of denutritive action more powerful and more efficacious.

Finally, I may lay down the following proposition: No operator should admit the failure of intra-uterine galvano-cauterization before having had recourse to the galvano-punctures, which he must enforce either with or without anæsthetics.

We will now turn aside from all theoretical considerations, and look at the facts. I may rely upon them with confidence as my great support. I desire, however, in the first instance to prove the comparative safety of intra-uterine medication when my method is adopted.

Both in my clinic and in private consultations, as far as regards gynecological practice, the application of electricity therapeutically assumes two forms. In the one it is exclusively faradic, and in the other galvanic. For the present I pass over faradism to occupy myself solely with the patients who have been subject to the treatment by continuous currents.

In the five years from July, 1882, to July, 1887, I have made either privately or at the clinic as many as 5201 applications of continuous galvanic currents, for most of the maladies included in gynecological nosology, and I may enumerate them in the following order:

Fibroids of the uterus, polypi, entire or partial hypertrophy of the uterus, subinvolutions, acute and chronic metritis, ulcerations of the neck of the uterus, periuterine inflammations (perimetritis, parametritis, cellulitis, phlegmons), ovarialgia, ovaritis and periovaritis, salpingitis, ovarian and tubercular cysts at an early stage, atresia, hematocele.

These 5201 operations were thus classified:

1. At my clinic, 2837.
 - a. 1524 galvano-cauterizations, chemical, positive, intra-uterine.
 - b. 749 galvano-cauterizations, chemical, intra-uterine, negative.
 - c. 368 galvano-punctures, chemical, negative, vaginal.
 - d. 200 cauterizations, galvano-chemical of neck of uterus.
2. In my private practice, 2864.
 - a. 1245 galvano-cauterizations, chemical, positive, intra-uterine.
 - b. 1027 galvano-cauterizations, chemical, negative, intra-uterine.
 - c. 72 galvano punctures, chemical, negative, vaginal.
 - d. 30 galvano-cauterizations, chemical, of neck of uterus.

These 5201 operations which range over a space of five years, were made upon 403 patients, who went through the treatment more or less systematically. I must not omit to mention that I intentionally say nothing about the number, for in one of the above, who were made the subjects of faradism, as I intend publishing a separate memoir on that subject.

Now, in referring to the history of these 403 patients, 276 at the clinic, 127 private, I have only to deplore the loss of two. Of these two deaths I take upon myself the entire responsibility. My method was not at fault. I alone was to blame as may be seen by the full and detailed report.

In one case I admit candidly there was a fatal error in my diagnosis. I did not recognize the presence of a suppurating ovarian cyst, which ended in death from peritonitis. In the second case death was due to a puncture made too deeply. The consequence was intra-peritoneal gangrene, for which the abdomen was not opened.

In addition I have to confess to having either excited or aggravated, in the course of the five years, ten periuterine phlegmonous inflammations. These must be attributed to blunders in carrying out the treatment, as will be shown when the account is published at length.

But errors of practice happened during the earlier days of my work, and were either negligence of antiseptic measures, which were either altogether omitted, or done imperfectly; or, the too violent or too intense use of the negative pole, in cases of subacute periuterine inflammations.

The fact is, that the negative pole, having a strong power of producing congestion, is a dangerous weapon, which at the beginning of any treatment must be used with great prudence and reserve, if one would avoid overshooting the mark for which it is intended.

To lay before you the facts of these accidents will serve the double purpose of warning you of what may befall, and preventing you from making similar errors. My caution is that whenever the negative pole is put to use, and there is any trace of periuterine inflammation present, you must not only redouble your antiseptic heedfulness, but your operative proceedings must be carried on with deliberate carefulness. You must feel your way, testing the susceptibility of your patient by two or three preliminary operations, in which you can give doses so feeble that they only serve to enlighten you and habituate the patient so as to lead on safely to the use of higher intensities.

But when I tell you that this operative gynecology, as I have to practice it, is carried on in such exceptional circumstances that no one else has ventured to encounter them, and upon a class of women who are obliged to walk home shortly after they get up from the couch, who seldom take the necessary rest in bed, and whom poverty forces in some fashion to get through with the ordinary duties of life, you will ask of me with curiosity, the explanation of this illusive mystery. All that I can say is, it appears to me that the intra-uterine current at the high proportions I trust to, seems to have in itself some special antiseptic and atrophic property.

I must close these remarks on the failures which I have no wish to conceal, but expose to you in all their nakedness, though they so stand as the evidence of only the usual difficulties which accompany the laborious and misty development of any new method. I do not speak of other dangers which lie in the way, such as the possibility of concealed

pregnancy, and accidental abortion, and also the risk of opening up a vesico-vaginal fistula. I have already enlarged on this matter elsewhere, and in my next work on gynecological electrical therapeutics, I shall devote a chapter to the needful precautions.

I am anxious to-day as the completion of my paper to bring forward a simple statistical statement of what has been my treatment of uterine fibroid.

From July, 1882, to July, 1887, I have had under my care 278 patients with fibromas or hypertrophy of the uterus in some manifest degree, upon whom I have used 4246 applications of currents of electricity. The patients and operations may be thus classified:

I.—Clinique. 188 patients, and 2347 operations.

1433 Galvano-cauterizations, positive, intra-uterine.

598 Galvano-cauterizations, negative, intra-uterine.

321 Galvano-punctures, negative, vaginal.

II.—Private. 92 patients, 1898 operations.

1085 Galvano-cauterizations, positive, intra-uterine.

746 Galvano-cauterizations, negative, intra-uterine.

68 Galvano-punctures, negative, vaginal.

As I said before I do not wish to convey the impression that all these patients have been cured. It is not so for the reason that some of them have not persevered to the end, especially in the clinique, the attendance having been discontinued upon the first feeling of amendment. But I can affirm that where there has been no negligence, 95 times out of 100 permanent benefit has been acknowledged. I may also predict that if adopted in its integrity and worked out as it should be, the mortality henceforward will be nothing. The following is a report which gives occasion for melancholy comparison. Among the patients who had not the will to let me finish the work begun, and whose impatience lead them voluntarily to seek the removal of their tumors by excision, seven put themselves into the hands of our most eminent surgeons, and not one of the seven recovered from the operation. Comment on this would be superfluous.

One word in parting. Men and their labors can, in general, only find their proper level and value through the esteem of their associates, and the way in which their work is publicly accepted. If my method ever meets with the confidence of the profession, (to speak only of England) it will be mainly

due to your illustrious countryman Sir Spencer Wells, who was one of the first to extend to me the benefit of his experience and authority; and to his learned friend Dr. Woodman Webb, whose name will ever be coupled with its introduction and diffusion. It would be injustice, were I not also to refer to the honor, such distinguished gynecologists, as the Keiths, father and son, Playfair, Savage, Elder and others have done me by their visits, and the encouragement given me by their approbation. I cordially thank all who are present, and assure you that the best recompense of the work of my life will be to find many of you becoming my followers.

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EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Gonorrhœa by Injections of Iodoform Oil.

Dr. Thiéry (*Le Progrès Medical*, March 3d, 1887,) says, that amongst diseases of the genito-urinary tract few have called forth methods of treatment at once so numerous and so inefficient as gonorrhœa, and this multiplicity itself shows the difficulties to be encountered by the physician when he undertakes the care of this malady, so common and so productive of grave consequence. The patient demands prompt relief, and the aim of the physician is not only to accomplish this but to secure a radical cure.

Now, gonorrhœa left to itself tends to spontaneous resolution, and although a bacterial disease, it has a well-marked cyclic evolution and is often seen to get well without any treatment. This, however, is the exception, largely because of the imprudence of the patient, whose excesses cause the gonorrhœa to pass into a chronic state, and it is this chronic gonorrhœa which is so frequent and so rebellious.

Three methods of treatment may be employed. The expectant which sometimes succeeds; the emollient followed by balsams; and the abortive. We employ at the Midi Hospital the second method in preference to the others, from having observed its good results, and we do not hesitate to say that the treatment, properly carried out, almost always succeeds when the patient can manage, and is desirous of a complete cure. The following is the plan followed:

In the first period. 1. Patients are absolutely forbidden to drink beer, coffee, liquors or white wine, or to visit women, and are to be cautioned about touching the eyes with the hands.

2. Three times per week they are to take a full bath of an hour's duration.

3. Water colored with red wine may be taken with meals, but no other drink is allowed. Each day, between meals, a quart of water is to be drunk, in which forty-five grains of bicarbonate of soda has been dissolved.

4. A suspensory bandage is to be worn.

Second Period. 1. The same rules are to be observed as laid down under Section 1 of preceding rules.

2. The baths and bicarbonate are to be omitted and no liquid is to be taken between meals.

3. Six large pills of the following confection are to be taken each day:

R Pulv. cubebæ.
Pulv. copaviæ.....āā 5 j
Magnesiæ.....q.s. ut. confect

If all these conditions are filled, and if the directions are carried out in all their details, and all the deprivations which they entail are put up with, success may be guaranteed. Wine and women have however such strong attractions for the hospital population (and they are so urgent in their demand for a speedy cure) that abortive treatment was introduced. This, however, is painful, and in inexperienced hands dangerous, and in most cases should be rejected.

The author, after using bichloride, nitrate of silver and other injections, has met with greater success in the employment of iodoform suspended in oil, a means of treatment which he characterizes as "active, rapid and absolutely innocuous." After trying saturated solutions of iodoform in ether, which were found too painful, a mixture of ether, iodoform and oil of sweet almonds was used, but both were given up in favor of a simple suspension of iodoform in the oil. About two drachms are injected in the usual way, after urinating, and retained for some time in the canal. The claim is made that iodoform adds to the antiseptic and microbian action an analgesic property which is of great value.

The odor of the drug is found to be sufficiently hidden by the addition of vanilline, coumarine, or spirits of eucalyptus.

Six cases are reported which were treated in the manner described; five were completely cured in from five to twenty-eight days, and the sixth was nearly well on the sixth day of treatment, when he left the hospital, making an average of thirteen days. From eight to twenty-nine injections were given.—*Jour. of Cut. and Genito-Urinary Diseases*.

Scarlatinal Uræmia in Children.

The uræmic symptoms which are noticed in diseases of the kidneys do not always arise in the same way and cannot all be explained upon the same ground. An especial significance attaches to those cases of scarlatinal nephritis in which the uræmic complex of symptoms appears without diminution of the quantity of urine, and sometimes even with an increased quantity. In five cases in point which the author reports, it is unfortunate that the anatomical condition of the kidneys is not in all cases clearly recognizable. In all these cases, however, the quantity of urine reached on the day before death at least the normal, frequently exceeded this amount very considerably, while the specific gravity showed no deviation from the normal. For the explanation of uræmia in these cases, the chemical theory is, according to the author, altogether useless, and cedema of the brain is invoked as the explanation. Upon the ground of theoretical observations, he thinks that the cause of the latter is a hydræmic condition of the blood, and disease of the blood vessel walls, as a result of the scarlatinal poisoning.—JACOBOWITSCH. *Centrallblatt f. d. med. Wissensch.*, July 9, 1887.

Note upon a variety of Transient Erythema arising in a person taking Choral and Alcohol Internally.

The fleeting eruption arising after the use of chloral hydrate, which has been many times described, happens, according to the author's experience, most frequently in young children; and of these the most frequently affected are those who have used at the same time some alcoholic beverage, such as wine, beer, etc. In cases where the face was affected in a very marked manner, the author saw at times the conjunctival as well as the mucous membrane of the mouth and throat, either as a whole or in spots, strongly reddened, glistening and dry. The breath

of the patient, always, but only at the time of the eruption, gave a peculiar odor, reminding one of chloroform. Daily doses under forty-five grains were but rarely followed by an exanthem. Moreover, the author saw the same thing occur in two children who had taken alcohol but no chloral. BARBILLION in *Centrallblatt f. d. med. Wissensch.*, July 2, 1887.

On Diseases of Wild Animals.

Dr. H. C. Chapman says that nine-tenths of these suffer from heart diseases. Elephants suffer most from rheumatism, monkeys die ordinarily from lung or heart affections, the feline family of dysentery and heart disease, the canine of all possible diseases.—*Deutsche Medizinal-Zeitung*, July 14, 1887.

Ménière's Disease.

In the interest of the nosology of Ménière's disease (which the author thinks is better called Ménière's vertigo) it seems to be demanded that the severe cases marked by deafness that arises suddenly and quickly should be separated from the lighter forms, as both possibly depend upon a different anatomico-pathological basis. Many cases of the severe form could be attributed to hemorrhage into the labyrinth; many of the lighter forms to vaso-motor neurosis. But Brunner believes that hemorrhage has been allowed too wide a scope in the explanation of Ménière's vertigo, and is inclined to think that a large number of cases depend upon pathological conditions of pressure in the labyrinth; and that the interference with or obstruction of collateral paths for the peri and endolymph plays an important rôle in this. The following seem to the author indications of a neurotic (vaso-motor) cause of the disease: 1. A vertiginous aura preceding attacks. 2. Slight and only gradual appearance of disturbance of function. 3. A certain regularity and frequency of attacks. 4. The action of quinine in cutting short or weakening attacks (eventually also galvanization of the cervical sympathetic). For a case in point, contributed by the author, see the original article. The favorable influence of large doses of quinine is explained by the author as due to the production of a high degree of ischæmia of the labyrinth, just as has been proved to occur in the retina.—BRUNNER. *Centrallblatt f. d. med. Wissensch.*, July 9, 1887.

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ARTIFICIAL DIABETES.

Prof. Langendorff, in some recent investigations into the artificial diabetes produced in frogs by strychnine and curare, comes to the conclusion that under the influence of the former poison the degree and persistency of the diabetes are dependent upon the glycogenic capacity of the liver, and the season of the year; while the diabetes induced by the latter poison (curare), is independent of the liver, occurring after removal of that organ from the body, but only lasting one or two days.

As to the influence of seasons, the author found the maximum quantity of sugar in the autumn, during which time the liver of the

frog is stored with glycogen to be used gradually during the winter; at this season the diabetes lasted generally four or five days, occasionally a week or over. The farther the winter advanced, the shorter was the duration of diabetes, in spring sugar continued in the urine on the average one or two days. The author was able to imitate this influence of season, by placing upon ice some freshly captured summer frogs that had been recently fed and keeping them there several days, thereupon, strychnine diabetes appeared, though under other circumstances it was absent at this season of the year. *Vice versa*, when the author had kept winter frogs which are rich in glycogen for two to four weeks in warmed water, poisoning by strychnine produced no sugar in the urine, or only a trace of it, while the liver was diminished in size and entirely free from glycogen. Moreover, under the influence of strychnine diabetes, the change in the weight of the liver was very striking. While the average weight of the liver of non-diabetic autumn frogs (which contain a large store of glycogen) was two and a half grammes, this average was reduced to one and seven-tenth grammes after induction of glycosuria, the liver being at the same time entirely free from glycogen. To confute the possible supposition that glycosuria in strychnine poisoning is due to muscular spasm, the author states that in frogs paralyzed by curare, but non-diabetic, he was able to induce diabetes by strychnine. Therefore muscular action is not the cause of diabetes. Prof. Langendorff believes that "the nervous system stands in a relation to the glycogenic function and to secretion of sugar that is similar to that existing between secretory nerves of other glands and their respective processes, and that strychnine would then be the source of direct or reflex stimulation of the secretory nerves of the liver."

Seegen, of Vienna, in his researches upon the quantity of sugar in the blood of diabetics, claims to have found a decided increase in the severe forms of the disease. It is of great interest that in two of his cases

having a mild form of the disease, the ingestion of food rich in starch increased decidedly the amount of sugar in the urine, without increasing the quantity of sugar in the blood. It will be remembered that Bernard maintained that an increase of the normal quantity of sugar in the blood was a necessary condition of glycosuria. If these results of Seegen are confirmed, glycosuria can not be considered as an increased glycæmia. A further item of interest in this connection is contained in the paper of Theil, of Königsberg, on experimental diabetes in birds. He explains the difficulty of producing artificial diabetes in birds upon the ground of the extraordinary powers of oxidation which birds possess.

In concluding a review of these highly valuable observations, it can only be said that at present they are not explicable by our present knowledge of the disease. They indicate, however, that what is at present known as diabetes mellitus can be divided into several diseases; and that one of these will probably be referred in a causal way to disease of the central nervous system and another to disease of the liver.

ON THE EMPLOYMENT OF KEFIR IN THE DISEASES OF CHILDREN.

We learn from the Austrian correspondent of the *Semaine Médicale* that Professor Monti, of Vienna, employs kefir with excellent results in the diseases of children. He uses for this purpose pure cow's milk.

For infants under three months, the milk employed for the preparation of kefir should be diluted with equal parts of water. For infants between three and seven months, a mixture may be made of two parts of milk and one part of water; and for children between seven and fifteen months, the preparation should be three parts of milk and one part of water.

The kefir is prepared in the following way: A quantity of kefir grains is soaked five or six hours in warm water, then put into a glass of milk, where they are left till

they rise to the surface of the milk and become white, which takes two or three hours. A tablespoonful of the grains thus prepared is added to a pint of milk, which is then covered with a cloth; the mixture is shaken or stirred every two hours for eight hours, and kept at a temperature of from 63° to 65° F. The milk is then poured into a bottle which is hermetically sealed, and exposed to a temperature of 63 to 65° F.; the bottle is shaken every two or three hours. The kefir thus prepared differs according to the length of time the fermentation has been going on. Kefir No. 1 is the product of twenty-four hours fermentation. It is a thick drink, slightly acid, containing but little alcohol and carbonic acid. Kefir No. 2 is the product of two days fermentation. It is sourer, thicker, and foams in the glass. After a fermentation of three days (kefir No. 3) the richness of kefir in alcohol and carbonic acid is still greater.

There is another very simple process of preparing kefir, namely, by mixing equal parts of milk and kefir, prepared in the way indicated above, and shaking the mixture several times a day. In adding to milk a small quantity of kefir a beverage is obtained at the end of two or three days, equivalent to kefir No. 1 or 2.

Levy has recently prepared a Koumiss almost identical with kefir by adding curdled milk (bonny-clabber) to eight or ten parts of boiled milk, and repeatedly shaking the mixture, then exposing it to a temperature of 54° F. According to Monti's analysis, the quantity of alcohol and carbonic acid contained in this beverage is less than that in kefir No. 1, and he regards it as quite different from kefir. The physiological action of kefir is due to the presence of lactic acid, carbonic acid, alcohol and peptones.

Infants soon learn to like kefir, and take it readily, seldom vomit it, the healthy action of the digestive canal and the kidneys is promoted by it, and the weight of the body augmented.

Kefir grains come from Caucasia, and the preparation of Koumiss from kefir is familiar to the populace of Eastern Europe.

NOTES AND COMMENTS.

MODERN TREATMENT OF COMMON DISEASES—DYSPEPSIA.

General Consideration.—Before giving some of the newest formulæ for the medicinal treatment that is suitable in different groups of cases, there are some statements applicable to the disease as a whole. 1. Medicines of themselves rarely if ever cure the disease, they are adjuvants and palliatives. 2. For a cure we must always aim to discover and remove the cause. 3. The most diverse influences may manifest themselves as some one of the many possible forms of dyspepsia, and we must be prepared to run the whole gamut from phthisis to masturbation, and from some obscure cerebral disease to simple constipation. It is quite possible that even when the cause is discovered, the stomachic condition will still remain the only manifestation of the disease that we are able to treat. This fact, while it enhances the importance of skill in the treatment of dyspepsia, at the same time vastly modifies prognosis. 4. Though the possible causes are many, the most frequent are bolting of food improperly masticated; indigestible food, or food that is unsuitable to particular persons; insufficient clothing, particularly of the feet. Whatever lowers the general bodily health, may, in a person predisposed, operate as a factor in the production of dyspepsia. Under this head belongs a sedentary life or close confinement in a vitiated air, such as many clerks and saleswomen are obliged to endure.

It will be seen that improved hygiene and a diet adapted to the digestive powers and requirements of the individual cover the ground. But to the average patient and to not a few physicians, "hygiene, regimen and diet," the cardinal principles upon which alone dependence can be placed for a cure of dyspepsia, are not presentive words pregnant with meaning; but mere catch-words, to be rattled off glibly because they sound well, and have a certain professional ring. We have called them principles, and properly used each one should serve as the basis for categorical question and answer from each patient, regarding whatever may cause or perpetuate the disease. Nor is it sufficient to inquire and obtain an answer. Whenever possible, make a personal examination.

Attempts to divide dyspepsia into different forms have been unsatisfactory. For therapeutic purposes, it is better to simply recol-

lect that the disease is a unit, but that every case must be subjected to a comprehensive and yet critical and minute examination. After this has been done, take the symptoms that seem to the patient most urgent and direct remedies to those.

Pain in Dyspepsia.—Sometimes this is the only symptom, as in gastralgia; sometimes it is the result of digestion that has been retarded until fermentation has produced acids. It may then take the form of heartburn; or if the offending matters have been carried into the intestines, give rise to colic; distension and rumbling in the bowels, or pain may be due to an excessive acidity of the gastric juice itself. Other less distinct forms of pain, amounting to weight, heaviness and various degrees of discomfort are rather common.

The value of some of the older methods of treatment has been well established. These are briefly: For the acute attack, copious draughts of hot water just short of scalding, combined with the local application to the epigastrium of a rubber bag containing hot water, or of a mustard plaster, or still better in some cases, a blister. Morphine hypodermatically is often demanded. During the intervals between the attacks, or in less severe cases, Fowler's solution before meals (gtt i-ij), small doses of nitrate of silver and belladonna in pill form, or dilute hydrocyanic acid.

For more recent remedies, we turn to the pages of Ewald's last edition, and obtain the following: Valerianate of Bismuth. This remedy Ewald recommends as one whose value has been many times verified. It should be given in pill or powder.

R Bismuthi valerian. gr viiss
Bismuthi subnit. gr. xv
Ext. belladonnæ. gr. iss
Ext. valerianæ. q. s.

Div. in pil. No. xx. Sig. two or three pills three times a day.

R Quininae. gr. viiss
Ferri reducti. gr. v

M. Div. in pulv. No. vi.

S. One at the beginning of meals in gastralgia from general weakness.

R Potass. cyanidi. gr. 3/4
Aque destil. ℥ lxxv

M. 15-30 drops three times daily.

R Creosoti. gr. xv
Bread crumbs and mucilage. q. s.
Ad. fiant pil. No. xl.
Conspere pulv. cort. cinnam.

SIG.—One to two pills after each meal. In gastralgia due to abnormal formation of acid in stomach from fermentation.

R Zinci ferrocyanidi gr. iiiss
 Magnesie ust. gr. xxxiss
 Cort. cinnam. cass. gr. xxiv
 M. Div. in pulv. No. viii.
 S.—One powder four times a day, in nervous
 stomachic pains.

R Zinci sulph. gr. iij-ijss
 Aq. dest. 5 vss

M. SIG.—15ss 4 times a day in gastralgia.

R Bismuth subnit. gr. xv
 Morph. acetat. gr. 3-5
 Sacch. alb. gr. lxxv

M. Div. in pulv. viii.

One powder twice daily in cardialgia.

R Bismuthi subnit. gr. xc
 Ext. conii. gr. xv
 Sapon. med. q. s.

Div. in pil. No. c. Sprinkle with Lycopodium.
 Take one or two pills 3 times a day on an empty
 stomach. For gastric ulcer and gastralgia.

R Ext. nuc. vom. gr. iij
 Bismuth. subnit. gr. vss
 Magnesie carb. gr. xxxvj
 Sacch. gr. cvij
 Ol. menth. pip. gr. xvij

M. Div. in pulv. No. xii.

SIG.—One powder daily. For gastralgia.

R Ext. belladonnæ. gr. iss
 Bismuth. subnit. gr. xv
 Elæosacch. chamom. gr. lxxv

M. Div. in pulv. No. x.

SIG.—Take one 4 times a day.—Cardialgia.

R Pulv. fol. belladon. gr. xv
 Bismuth. subnit. gr. xc
 Elæosacch. chamom. gr. cl

M. Div. in pulv. No. xx.

R Morph. hydrochlor. gr. viiss
 Sodii carb. gr. cl
 Sodii bicarb. gr. ccxx
 Elæosacch. calami. gr. xlv
 Sacch. lactis. gr. cccclxxv.

M. SIG.—To be taken on the point of a knife in
 cardialgia from excessive acidity of the gastric juice.

Ewald also recommends inhalations of
 nitrite of amyl.

In addition to the formulæ just given,
 alkalis after meals or acids before meals (as
 recommended by Ringer), are useful in pain
 from acidity of the stomach. When this is
 due to fermentation, salicylate of soda, about
 one hour after meals, is valuable.

Nux vomica with a dilute acid often acts
 very happily when given before meals in
 cases where heart-burn develops after meals.
 Anstie also recommends strychnine hypo-
 dermatically in gastralgia and gastrodynia.
 "There is," says he, "no such remedy as
 this." Besides the remedies already men-
 tioned, chloral, charcoal and manganese de-
 serve mention. When there is pain with
 acidity and flatulence, charcoal is often
 advantageously combined with an equal
 quantity of bismuth, say ten grains each, as
 suggested by Ringer.

Scarlet Fever and its Treatment.

Clement Dukes, M.D., London, writes to
 the *British Medical Journal*, July 9th, 1887:
 The Journal of June 11th, 1887, contained
 a valuable article by Drs. Jamieson and
 Edington on "A Method of Prophylaxis,
 and an Investigation into the Nature of the
 Contagium of Scarlet Fever." They have
 proved that the specific cause of scarlet fever
 is a bacillus, which they have cultivated,
 and with which they have inoculated animals
 and produced scarlet fever. They have also
 shown that this bacillus occurs in the blood
 during the first three days of the fever;
 that, later on, it is absent from the blood;
 and that it is found most extensively in the
 desquamating skin after the third week.
 They have, further, indicated a method by
 which this bacillus can be destroyed in the
 skin, and thus the spread of the infection of
 scarlet fever can be minimized, and the un-
 protected, even while residing in the same
 house, be safe from falling into its trammels.

But a still more important matter is the
 treatment and arrest of scarlet fever in each
 individual; for the first cry of a parent
 whose child has scarlet fever, is, "What can
 you do to save my child; and how can you
 spare him from becoming maimed for life
 by its sequelæ?" his second question being,
 "How can you prevent its spreading to my
 other children?" This second question
 Drs. Jamieson and Edington have answered.
 It is with the hope that I may induce them
 to investigate the first question that I am
 writing this paper; for it has already been
 brought within a measurable distance of
 being answered by Dr. Illingsworth, of
 Accrington, who, in a letter in the *Journal*
 for May 1st, 1886, stated that the biniodide
 of mercury ($Hg I_2$) is a specific for scarlet
 fever. Recognizing the importance of his
 letter in the use of mercury as a germicide,
 I resolved to administer the drug at the
 earliest opportunity. I have now given the
 $Hg I_2$ in several cases of scarlet fever—with
 this result, that it not only arrests the fever,
 but it prevents the desquamation of the skin,
 or arrests it to such an extent that only a
 slight scurfiness of the skin of the hands and
 feet arises. If such be found to be invari-
 ably the case, will the bacilli of scarlet fever
 be found in the skin at all; and, if not, will
 not the infectious period of scarlet fever be
 thereby reduced to a few days only, and will
 not the sequelæ of scarlet fever be absolutely
 prevented?

The $Hg I_2$ can be administered in the
 form of a pill or as a mixture of the liq. hyd.
 perchloridi c. pot. iodid. The only draw-

back to its use which I have at present found is that if it be given before the diagnosis is absolutely certain, the physician will be apt to think, when he finds no desquamation taking place at the usual time, that the case was not one of scarlet fever. The drug prevents the desquamation of the epithelium of the tongue, as well as of the skin, and the throat rapidly heals under its use.

I was busy collecting the facts when Drs. Jamieson and Edington's valuable paper appeared, and I should have waited until I had collected a sufficient number of instances before writing this paper had it not been for the desire that others, especially the above-named authors, would assist in establishing, or refuting, this treatment, for the experience of one individual is limited.

The benefit to be obtained from the use of Hg I₂ is far-reaching if it be reliable in all cases, for it not only prevents the desquamation of the skin, and thereby probably prevents the major part of the infectious nature of scarlet fever, but it will probably also be found that it obviates the necessity of keeping patients in bed for three weeks, which is the only safe rule hitherto, and isolated for five or six weeks, and will prevent the occurrence of the much-dreaded sequelæ.

The gist of the whole matter seems to be this: 1, that if the bacilli of scarlet fever are only discovered in the blood for about three days; 2, that if the bacilli, after this date, chiefly occupy the desquamating cuticle; 3, that is this desquamation can be prevented altogether by a medicine which destroys bacilli; 4, then, in all probability, the infection of scarlet fever will only last a few days, and we are within a measurable distance of limiting the spread of scarlet fever, and of removing its fangs by preventing the sequelæ.

The Abortive Treatment of Furuncles.

Dr. Louis Heitzman, of New York, writes as follows: After it was shown, some years ago, that micro-organisms are the actual causes of furuncles, it is rather surprising that parasiticides have not long ago been used in the local treatment of boils. It is well known that among the numerous parasiticides, salicylic acid often does excellent service in diseases of the skin, but in furuncles it has, to my knowledge, never been used. I therefore tried to abort furuncles with salicylic acid, plaster or salve, and the result was really surprising, for it acted beautifully. The first case in which it was used was that of a young man, who, for

three weeks previously had suffered from a large number of boils of different sizes at the back of the neck. In spite of numerous incisions, new nodules appeared as soon as others were cured. The man suffered such pains that he was unable to sleep, and he could not turn his head in the slightest degree without most severe pains. When I saw him first, he had about one dozen larger and smaller elevated, indurated, inflammatory nodules on the left side of the back of the neck. I prescribed locally an eight per cent. salicylic-acid plaster:

R	Acid. salicyl.,	5 ij
	Empl. saponat.,	5 ij
	Empl. diachyl.,	3 j

When I again saw him, three days later, the pains had disappeared, he could move his head in every direction, and only a few superficial nodules remained; in three days more he was cured. I had opportunity to test the action of salicylic acid in furuncles several times, and almost every time with the best success. If applied early enough, it never took longer than six or eight days to cure furuncles of even a large size and of long duration, and the relief to the patient was manifested in a very short time. It is immaterial whether the salicylic acid is used as a salve or in the form of a plaster, the effect is always the same, and a five to ten per cent. salicylic-acid salve is of the same service. I use the officinal Unguentum aquæ rosæ as the basis for salves, not only because it has an agreeable smell, but because it is harmless; and this cannot always be said of vaseline, which is sometimes not free from sulphuric acid. A pleasant way to use the salicylic acid is in the form of the ten per cent. mull, which was first introduced by Unna; it is used in the same way as the plaster, and causes a superficial formation of blisters, or a sloughing of the skin.

If, as I hope, the salicylic acid will prove as efficacious in other hands as it has in mine, we have a means to cure the furuncles every time as soon as they are formed, and, if applied early enough, necrosis will never set in. I have noticed that, if applied too late, no core will be formed, but merely an accumulation of pus, which can be treated as a common abscess. If necrosis of the tissue is once present, salicylic acid also will have no more effect, and the best thing then is to open the boil with the knife, and hasten the cure by application of the salicylic acid salve. This treatment of furuncles is very simple, and is, I think, to be preferred to an injection. Whether this mode of

treatment is also efficient in carbuncles and felons I do not know, for I have had no opportunity to use it in these. In all probability a favorable result will be seen even here, since salicylic acid first macerates the epidermis and then softens it, whereby it can quickly penetrate into the skin and kill the staphylococcus.

In conclusion, a few words about the general treatment of furunculosis and about the so-called furunculoid diathesis. It cannot be denied that a badly nourished person or one weakened by disease offers, on account of the great irritability of the skin, a more favorable soil to the staphylococcus than a healthy individual, and an improvement of the general health, as far as it is in our power, is certainly indicated. The local treatment, however, is by all means more important in furunculosis than the general, since it gives immediate relief to the patient. I know of cases where a furunculosis, which had lasted for weeks and months, was cured by the local application of a one per cent. salicylic-acid salve. Special care must be taken that the salicylic acid is equally divided throughout the salve, and all the patient has to do is to apply it every morning and evening in a thin layer.—*The Med. Record*, August 6, 1887.

The Pathology of Lumbago.

At a recent meeting of the Society of Biology, Féré, in discussing the subject of lumbago (*tour des reins*) remarked that this affection consists in a pain more or less severe, seated in the lumbar region, and manifesting itself suddenly after a violent effort. This pain disappears in a space of time, which may vary from one to four weeks. Valleix considers it as a "rheumatic pain," supervening in individuals predisposed, and seated in the muscles. It is generally admitted that "sprain in the back" (*tour des reins*) consists of a rupture of the muscular fibres, determining an effusion of blood and local pain. Fricard and Nielly regard it as a "neuralgia of the lumbar and sacral plexus," and they reject the theory of muscular rupture. The existence of a neuralgic element in certain cases of "sprained back," or lumbago, seemed to Féré to be put beyond doubt by a case which had come under his observation. Besides the lumbar pain, there existed certain *points douloureux* along the track of divers branches of the lumbar and sacral plexus. These painful points indicated "neuralgia of the superior, gluteal and obturator nerves, and external popliteal branch of the sciatic." These three nerves can be affected

simultaneously in only one point, namely, at the emergence of the fourth pair of lumbar nerves, which sends to them filaments. There was, then, reason to believe that Féré's patient had neuralgia of the roots of the fourth lumbar nerves. Féré thought it altogether improbable that this neuralgia could have been due to "compression or traction" of the nerve branches during the exaggerated contractions of the psoas muscle, and external muscles of the vertebral column. Nor did the hypothesis of compression of nerves by blood effused from ruptured muscles, seem to him probable. The only tenable hypothesis, then, was that of "neuritis or neuralgia."

No more common or more troublesome affection vexes the general practitioner than what is called *lame back*, *sprained back*, or lumbago, and what is the exact pathological condition cannot yet be defined. According to one of the most recent medical lexicographers (Robin), "lumbago is a very painful state of contractions (sic) suddenly manifesting themselves throughout a part or the whole extent of the sacro-lumbar muscles, twenty-four to forty-eight hours after a chill. This pain, so keen during each contraction and extension of the muscles, is continued for eight or ten days, gradually ceasing, with or without treatment. There is no neuralgic condition of the skin. It is a manifestation in the sacro-lumbar mass of a state of the muscular tissue, which is sometimes also produced under similar circumstances, in the trapezius, sterno-mastoid, deltoid, etc. Frictions, massage, sinapisms, galvanism, hypodermic injections of morphia or ether, the use of tighter belts or bandages attenuate the pain and diminish its duration."

Senator (Ziemssen's Cyclopædia) classes lumbago among the myalgias. It is sometimes due to a strain and muscular rupture; sometimes to cold and damp. True cases of lumbago, which are confined to the lumbar mass of muscles, are, he says, not likely to be confounded with neuralgic pains which are apt to be of a wandering, fugitive character. The treatment is essentially the same, whatever may be the cause. Of late, remarkable results have been reported from methyl chloride spray.

—"How much calomel did you sell to that man for a quarter?" asked the druggist of his clerk. "One drachm," he replied. "Mercy, you'll compel me to make an assignment at that rate! Don't you know that stuff costs us forty cents a pound?"

Medicine: Before, With or After Meals?

Dr. J. Edward Green, of Macon, Ga., says, in the *Atlanta Med. and Surg. Journal*, June, 1887, that as all medicines are poisons to a certain extent, and that as in most instances they set up abnormal action in the human system, it is better to administer them upon a full stomach. This applies especially to two classes of remedies, those which are constructive in their action, and those which act as irritants. Remedies of the latter class, coming in immediate and direct contact with the branches of the pneumogastric nerve, set up violent convulsive action of the whole alimentary canal in order to expel the offending material, thus frequently eliminating the substance before it has had its effect on the system. The effects of opium and alcohol, taken on a full, and on an empty stomach, are illustrations of the points under discussion. As regards tonics, Dr. Green says that the best time for their administration is after eating. For, given on an empty stomach, they excite an excessive flow of the gastric juice, which, having nothing upon which to act, is either re-absorbed, or does positive injury by its corrosive influence on the mucous membrane. Iron and arsenic are illustrations of this point. Cod-liver oil is best given on a full stomach for two reasons—1st, When ingested while the stomach is empty, it irritates the pneumogastric nerve, which promptly causes its expulsion. 2d. The gastric juice exerts little or no solvent power on pure oily matters, and consequently the effect is *nil*. In order to effect a certain organ or locality, it is necessary that the remedy should permeate the whole system. This cannot be accomplished when such irritation is set up as to cause the expulsion of the medicine before it is absorbed. Iodide of potassium in syphilis is an illustration of this. To sum up, it may be stated that all medicines which are irritant in their action, all constructive agents, all alterative, all remedies which are to be thoroughly carried into the system, and all alcoholic stimulants, had better be given with, or just after, meals.

Treatment of Scrofulous Glands.

H. C. Rogers, M. D., in the *New York Med. Journal*, June 25, 1887, discusses the difficulties in the treatment of strumous glands, and alludes to the large number of strumous children with slowly suppurating cervical and other lymphatic glands, which, after months or years of suffering, end in elevated or depressed cicatrices and un-

sightly scars. Under the most careful and judicious treatment the surgeon is liable to disgust his patient and bring discredit on himself.

During the past two years he has pursued one of two lines of treatment: 1. Teak's method of dissecting out the enlarged and inflamed glands and scraping old sinuses. He has resorted to this method in three cases, with results which were all that could be desired. The only objection to it is that it is quite an operation and cannot be adopted without an anæsthetic. To this the parents and friends of the children frequently object, remarking that they would rather take a longer time than to have any operation performed on their little ones.

2. He has treated nine cases by the method of Professor Verneuil, which consists in first evacuating the abscess by aspiration with a large-sized trocar, handling the parts as little as possible. Then as soon as the liquid becomes slightly blood-stained he injects the cavity with a five per cent. solution of iodoform in ether. The largest quantity used is about 3 fluid ounces, generally an ounce to an ounce and a half suffice. The amount of iodoform remaining in the abscess cavity to be absorbed rarely exceeds one drachm.

Dr. Roger's experience has been that generally one injection will be sufficient. In only three cases has he found it necessary to repeat the injection into the same swelling. In four cases he injected glands where he could not find pus, but where the centre of the swelling was soft and in a condition to break down. In such cases his plan is to inject from ten to twenty minims of a two-per-cent. to three per-cent. solution. In all cases the swelling is gradually reduced, so that in from four weeks to three months it has entirely disappeared. In all his cases he has employed internal treatment, as all the patients were more or less anæmic. Up to some six months ago he had been using a tonic containing arsenic, iron, and iodide of potassium; but, on account of the difficulty apothecaries have in making up a pleasant mixture that children would take, he has had some trouble in keeping up the treatment with regularity.

—A little "fresh-air child," who had never seen a cow before, was watching the milking process with eyes full of astonishment. After looking on in astonishment for some time, she drew near, and, placing her hand on the cow's distended side, exclaimed: "Why, she's chock full of it, ain't she?"

Experimental and Clinical Studies upon Tuberculosis.

These studies, published under the direction of Prof. Verneuil, of Paris, acknowledge their indebtedness to a summons issued by Verneuil, for a collection of prize contributions which should be related to assisting and advancing the investigation of tuberculosis. Eighteen large and small treatises, relating to the pathology and therapeutics of tuberculosis, were thus obtained, and some of them will be here discussed:

1. *The Phenomena of Karyokinesis in Tuberculosis*, by Cornil.

Cornil's report is based upon his investigations concerning the histogenesis of tubercle. With reference particularly to the karyokinetic phenomena, he comes to the result that under the influence of tubercle bacilli, both the connective tissue cells, as well as the endothelium of the vessels and the epithelium, begin to divide themselves and to multiply. In this way the well known so-called epithelioid cells arise. Then the bacilli pierce even into the vessels, remain fixed in the capillaries, and hence lead to a wandering out of white blood corpuscles, which collect around the tuberculous new formation.

2. *The Weakening of Tuberculous virus*, by Gosselin.

Gosselin has sought, in different ways to obtain a weakening of tuberculous virus. Next, he tried to determine whether inoculation of tuberculosis in animals, who are difficult to infect by artificial means, (carnivorous animals, crows, dogs), called forth a change in the virulence of the poison. These propositions, however, proved incorrect. Through inoculation with the tuberculous material of sick dogs, rabbits could be made as easily and firmly tuberculous as in any other way. Also in the virulence of the bacilli of severe tuberculous diseases and in those of milder, local, "benign" affections (as of bones and articulations) no difference was shown. Through injections of blood of tuberculous animals the disease could be transferred frequently. If the first injection remained without result, the animals did not on that account have immunity from infection. Animals could be easily infected, who sometime before infection had received daily injections of corrosive sublimate, iodide of mercury or iodoform. So, also, after infection had taken place, injection of mercurial preparations had no effect. On the contrary, iodoform seemed to strongly hinder the tubercle bacilli in their development. Rab-

bits that had been injected, remained healthy for a month by daily injections of iodoform. Immediately upon stopping the iodoform, tuberculosis set in.

3. *Upon the means of making the organism rebellious to Tuberculosis*. By Raymond and Arthaud.

These authors believe that the tubercle bacilli, just according to the state of their development, show a certain polymorphism, and that this corresponds, also, to their virulence. Particularly, there are certain zoogloea forms of the bacilli which possess decidedly insignificant virulence as compared with the ordinary rods and spores. Experiments to artificially alter the morphology of bacilli, seem to be hopeless. The same authors also experimented to obtain an immunity for animals through the introduction of medicines. Iodoform was without effect, while tannin seemed in this connection to have a certain influence.

4. *Upon experimental tuberculosis*. By Daremberg.

By inoculation of tuberculous masses by means of trephining, an artificial tuberculous meningitis was produced. The fresh spinal marrow of a tuberculous animal, even though the same animal had no meningitis, acted virulently. Experiments to produce immunity to tuberculosis, analogous to the well-known methods of Pasteur, had no result.

5. *Upon some of the histories of hereditary tuberculosis with reference to experimental facts*. By Landouzy and Martin.

These men have observed that the five children of a tuberculous father all died of tuberculosis, while the mother was and continued to be perfectly healthy. In this instance, an introduction of the disease through the semen seemed very probable. In order to obtain confirmation of this view, they inoculated sixteen guinea pigs with the semen of eight tuberculous rabbits. Six of the sixteen inoculated animals became tuberculous.

6. *Upon tuberculosis arising congenitally and suddenly*. By Prof. Lannelongue.

This is a clinical communication upon observations concerning tuberculosis of the bones and articulations, etc., in children a few weeks or months old—a theoretical essay upon the different possibilities of infection.

7. *Upon tuberculosis of the liver*. By Brissaud and Toupet.

This work treats of tuberculosis from a purely anatomico-pathological point of view. From their detailed account we gather that the attempt to recognize tubercle bacilli in the liver is frequently unsuccessful, because,

as they believe, the bile exerts an influence upon the coloration of the bacilli. In opposition to most other authors, they believe that the first tubercle is developed in the capsule of Glisson, and in the connective tissues associated with it, without having its point of origin in the portal vessels. Finally, they hold that there is also a specific, tuberculous cirrhosis of the liver, of a chronic inflammatory nature, without a proper tuberculous new formation.

8. *Upon pre-operative treatment.* By Verneuil.

To obviate evil results in operating upon persons in whom there is a localized tuberculosis, the author recommends the previous injection of iodoform, which has a deleterious influence upon the bacilli; and to administer daily thereafter to the patient from 5 to 15 cgr. of iodoform. When protected in this manner, evil results in his clinic very rarely occur.—*Allgemeine Med. Centrall-Zeitung*, July 2, 1887.

Aromatics and Bacteria.

The ancients, it is well known, used aromatics in much the same way as we now use powerful antiseptics. The late Mr. Rimmel devoted a considerable portion of his life to demonstrating that bodies of an aromatic character, such as essential oils, are antiseptics; and the views which he expressed are quite in accordance with those now accepted. M. Chamberland has recently reported upon the action of essential oils on the bacteria of charbon. Only 14 out of the 115 oils which he used had no effect on the bacillus, and oil of cloves was included in the number. Oil of cinnamon completely destroyed the germs in four days, whilst bacteridian germs placed in fresh yeast-water have been cultivated after having been for four days in contact with other oils. Cassia oil does not stop the development of filamentous bacteria, but oil of vespetro seems to kill it completely in eighteen hours. Placed in contact with carbuncle bacillus, or its germs, in solution, seven oils killed that bacterium. These oils were found to have about the same antiseptic power as sulphate of copper. Amongst these oils are cassia, cinnamon, and thyme oil, which, however, are only of full power when fresh and unoxidized. Experiments were also made with thymol; and summing up, M. Chamberland states that the most energetic antiseptics were corrosive sublimate and thymol. Sulphate and acetate of copper and bichromate of potash, although very ac-

tive, allowed vegetations to grow; next to them in power were cassia oil, persulphate of iron, carbolic acid, alum, and sulphate of quinine. Boric acid, hyposulphite of soda, salicylate of soda, arseniate of potash, bisulphite of soda, chloride of alumina, and chloride of lime, are comparatively weak antiseptics.—*Chemist and Druggist*.

Palpation of Lymphatic Glands.

At the instance of Penzoldt, Dietrich investigated the number and size of the lymph glands that were normally palpable in four hundred and thirty-nine healthy soldiers and pupils. In this examination were included the glands of the occipital, cervical (cervical and supra-clavicular), axillary, cubital and inguinal regions. He found that nearly all healthy persons have some region or other in which the lymph glands are normally palpable, and that the most common region is the inguinal, in which they are found in 92.9 per cent.; next they are most frequently found in the cubital region (82.6 per cent.); then in the neck (79.4 per cent.); and least frequently in the occipital region (2.2 per cent.). As to the average number of palpable glands, it is greatest where the most lymph glands lie, that is to say, in the inguinal region; then follow in decreasing ratio the neck, axillary, cubital and occipital regions. Children have a higher percentage of palpable lymph glands than adults. The average number of glands decreases in general with advancing age; this is most strikingly seen in the neck. The average size in different regions of the body is about the same at all ages, namely, that of a lentil or bean. In fifty persons with florid secondary syphilis, the percentage of the whole number of palpable lymph glands as compared with the healthy, showed an increase in the average number and in the average volume of the glands, and this increase was especially marked in the cervical and inguinal glands. On the other hand, a general glandular swelling was not constantly found in syphilitics, though the cubital glands in number and in size were more marked than in the healthy. In sixty-nine adult patients with diphtheria an average increase in the swelling of the cervical glands was established, though this was wanting in children (perhaps accidentally: the submaxillary glands were not considered). General glandular swelling in diphtheria at least, is by no means regularly present.—*Centrallblatt f. d. med. Wissensch.*, July 9, 1887.

How to Make Sponges Antiseptic.

Upon this subject, Bernbeck writes as follows: "Select sponges of moderate porosity; if they are too fine it is difficult to free them from sand and lime. Next, dry them, and free them from the coarser sand by repeated beating with canes. After this, place them upon a coarse hair-sieve, and wash them until the last water runs off absolutely clear and free of sediment. When this has been accomplished, soak the sponges for about two hours in a solution of potassium permanganate 1-1000, and then add crude hydrochloric acid until the violet color entirely disappears. This manipulation presents three advantages: while the sponges are disinfected, they are also bleached through the formation of free chlorine out of potassium permanganate and hydrochloric acid; and finally the residue of the lime, which often clings with great tenacity to the sponge, is dissolved by the excess of hydrochloric acid, and thus easily removed.

Subsequently, the sponges are repeatedly washed with water until the latter no longer reddens litmus paper.—*Deutsche Medicinal-Zeitung*, July 14, 1887.

Adulteration of Morphine.

J. Geo. Spenzer, of Cleveland, describes the results of analysis of a sample of morphine, as follows: This morphine, of foreign make, was offered for sale at a very low figure, but was represented to be quite pure. Its solution was, however, repeatedly complained of as producing excessive irritation when used by the hypodermic method. It was observed that the solution, although at first apparently clear, would throw down a precipitate. On examination this proved to be sulphate of calcium. Other samples of morphine sulphate were examined, some of which also showed the presence of this same impurity, but this could hardly account for the irritating effects produced by the solution. The other specimens were all strictly neutral in their reaction; this, however, was distinctly acid, and it was apparently the excess of acid which rendered it irritating.—*Western Druggist*, July, 1887.

Transplantation by Exchange.

Mr. C. B. Keetley, surgeon to the West London Hospital, reports an operation which he calls "transplantation by exchange." The operation was performed on a child with a very large mole on the face, and consisted of the reflection of a flap from the child's arm upon the face, and the implantation of the

mole on the arm, to prevent excessive cicatricial contraction interfering with motion.

The flap from the face was left attached by its inferior; that on the arm by its superior border. The two were then rotated into position and secured there by sutures; the arm having been brought close to the face for that purpose. A plaster-of-Paris bandage was then applied, so as to keep the arm close to the face and at rest. Both flaps lived, having been severed from their bases on the twelfth day. Nine months after the operation the result was announced as being quite satisfactory.

Dioscorine in Hepatic Colic.

A judge of one of our highest courts was reduced to the verge of the grave with frequent attacks of that excruciating malady, *hepatic colic*. He had the best medical advice that Georgia could give; he vainly sought distant watering-places and other physicians; he was a wreck; gave up his business and lost hope. He was advised to take fluid ext. wild yam—dioscorine—by some one, and never after did he have an attack. I do not mean that one dose cured him, but that from the beginning of its use dated the end of his trouble. He is now one of the finest specimens of the physical man that you meet in our city of healthfulness. He imparted this information to me five years ago. My success with the remedy in hepatic colic has been simply all that I expected or desired. It heightens the pain-relieving power of opium during the attacks and prevents their return when the remedy is continued. I will not worry you with details, but affirm that I have cured cases where parties had suffered for years with oft-repeated attacks.—DR. J. S. TODD, *Atlanta Medical and Surgical Journal*.

A Peculiar Case of Iodism.

This interesting case is reported from the Clinic of Von Ziemssen: A factory hand, twenty-four years old, suffering from chronic lead poisoning, was taking iodide of potash, and instead of the coryza and salivation customary in iodism, a diminution of the saliva, accompanied by enormous swelling of the parotid glands asserted itself. The voice was harsh and barking, the radial pulse 130 and scarcely perceptible, urine scanty and containing many white and red blood corpuscles, and later, also, free hæmoglobin.—RIEDER, *Centralblatt f. d. Med. Wissenschaft.*

CORRESPONDENCE.

Ruptured Perineum.

After some experience in the suturing and non-suturing methods of treatment of ruptured perineums, I read a short paper on the subject before the Indiana State Medical Society a few years ago, in which I favored the latter method, keeping the patient on her right and left side alternately, her genitalia clean and her knees together.

I referred to a number of cases thus successfully treated, in one of which the laceration was so extensive that it was impossible for the patient to retain her fæces. I asserted that in all cases where sutures succeed in effecting a speedy union of the severed parts, nature would likewise succeed if proper care and cleanliness were exercised. My paper was surprisingly well received by the society, but at the following meeting a year later; was vigorously attacked by a leading gynecologist of Indianapolis, who considered it criminal to allow a ruptured perineum to remain unsutured, and that in every case, if properly done, immediate union will result.

The time which has elapsed since my paper was read has served but to strengthen me in the position then taken. Subsequent cases have not only strongly fortified it, but one of them has entirely negatived the proposition of my antagonist, that "in every case if properly sutured, immediate union will result." The case to which I refer was a German woman in the City Hospital, Fort Wayne, unmarried, aged 35 years, whose first stage of labor began Wednesday, February 23, 1887. On the following Sunday, the 27, after an hour's manipulation with my hands alternately employed, I succeeded in making room sufficient in which to apply the forceps, when I delivered her of a child, still born, weighing ten pounds, rupturing her perineum throughout more than half its entire extent, which I *immediately* closed "properly" with three deep sutures, before she recovered from the effects of the chloroform. Not a particle of union occurred and the sutures were removed in four days when septicæmia threatened. In this case neither method would have been successful because her general system was at fault. She requires constitutional treatment before the parts are revived, after which, if her condition is right, either method will prove successful if "properly" attended to. Dr. Hamilton, of New York, in a paper contributed to the *Journal of the American Medical Association* three years after my own was read as

above mentioned, supports me fully in the position I take upon this important practical question.

DR. H. V. SWERINGEN.

Fort Wayne, Indiana.

Medical Epitaphs.

EDS. MED. AND SURG. REPORTER:

Sirs: I brought home with me from England, the other day, these epitaphs, which may interest you. I never saw them published.

J. M. KEATING.

In Bunhillfield's Cemetery, London:

"Here lyes Dame Mary Page, Relict of Sir Gregory Page, Baronet.

She departed this life March 11, 1728, in the 56th year of her age.

In 67 months she was tapped 66 times. Had taken away from her 240 gallons of water without ever repining at her case or fearing the operation."

From a tombstone in the cemetery at Winchester, England:

"In memory of — who died of a violent fever contracted by drinking small beer when hot. May, 1764. Aged 26.

Here sleeps in peace a Hampshire Grenadier,
Who caught his death by drinking cold small beer.
Soldiers, be wise from his untimely fall,
And when ye're hot drink strong or na't all.
An honest soldier never is forgot,
Whether he die by gunshot or by pot.

[Epitaphs *per se* are, of course, painfully out of place in a journal devoted to the science of cure; but those above given are too edifying in matters of causation and symptomatology to be omitted.—EDITORS OF THE REPORTER.]

Country Practice in Texas.

MEDICATED BOUGIES.

Some time ago I was treating a case of enlarged prostate and wished to introduce cocaine directly to the irritable membranous portion of the urethra, and keep it there. I tried the porte-caustique and bougies, made of coca butter, etc. At last I thought of the ordinary tallow candle; selected a tube of proper size and length, pulled a wick through it made of several threads of silk twist. I then melted in a test tube, oil of theobroma, medicated to suit the case, pouring it into the tube, so as to have the medicated portion just where I wanted it. The tube is then held a few moments in ice water until the oil hardens. Now rub gently through the fingers and the oil next the tube softens.

When the candle is drawn out, again insert it in ice water and it immediately hardens, and you have a medicated bougie, manufactured in less time than I can describe it, at a nominal cost. I always prepare them at the bed-side, and have used them in all cases of gonorrhœa, stricture, diseased prostate; in fact, wherever I wish to keep the diseased surfaces apart, or introduce remedial agents into cavities, sinuses, etc.

GRASS LINE FOR LIGATURES.

In two cases of ovariectomy I recently performed, I was at a loss what to use to ligate the pedicle. On other occasions I had used silk, but the only samples I could now procure were the iron-dyed, and so brittle, I could not safely rely on them. I chanced to examine some fine grass lines, *i. e.*, fish lines, very fine, yet exceedingly strong, which I used in ligating the pedicle. In the last case I removed both ovaries, using the grass line ligature. My patient made an excellent recovery, the highest temperature being $99\frac{3}{4}^{\circ}$, and was quite well in twelve days. I don't know what the grass fish line is made from, but it is certainly the best material for ligatures I ever saw. I enclose herewith a specimen, and would like very much to know how it is made. ARTHUR E. SPOHN.

Corpus Christi, Texas.

[The tackle dealers state that this line is known as West India Islands grass line.—EDITORS OF THE REPORTER.]

Gonorrhœa.

EDS. MED. AND SURG. REPORTER:

Sirs:—Having lately a rather unique case, or rather having uniquely treated a case of gonorrhœa, I beg to offer the same for publication:

D. D. called on me with a well-developed case of this disease in its first stage. Judging him to be of a scrofulous nature I gave him internally grs. v iodide potash, and gtts. v Fowler's solution daily. For local use as an injection, aqua $\frac{3}{4}$ iv., acid carbohc gtts xx, to be used twice daily after carefully cleansing the urethra with clear water. He returned in three or four days practically cured.

JAMES BATES, M. D.

Warren, O., Aug. 8, 1887.

Large Doses of Morphia.

EDS. MED. AND SURG. REPORTER:

Sirs:—Your note of the 3d inst. at hand. There was no slip of the pen nor mistake in saying that during 12 pays she took one grain

of morph. sulph. every half hour, making 576 grains in that time. [See REPORTER, Aug. 13, 1887, p. 227.] She then took one grain every hour for a few days, and as the inflammation declined the interval between doses was increased until she only took one capsule per day, but the amount was kept 1 gr.

I talked with her husband to-day, and he says at no time was she narcotized, and generally was calling for her medicine by the time the half hour was up. The pain was excessive. She was convalescent by the last of January, and her husband says to-day she is able to do as much work as any woman in the city. Yours truly, A. ADY.
Muscatine, Iowa, Aug. 6, 1887.

Purpura.

EDITORS MED. AND SURG. REPORTER:

Sirs:—In the REPORTER for August 6th, Dr. E. T. Blackwell, of Cedarville, N. J., referring to my report of a case in REPORTER of July 23d, speaks as if such cases were of common occurrence; but as there stated, "I have never seen nor read of a case similar to my own."

Dr. Arthur Van Harlingen, of Philadelphia, says: "Purpura consists in the development of variously sized and shaped non-elevated or raised, smooth, reddish, hemorrhagic patches characterized by not disappearing under pressure."—(*Hobbes' Surgery*, vol. 3, p. 462.)

Drs. Thomas Hillier and Tilbury Fox, of London, Eng., in an article on Purpura say, that "*the discolored spots are not themselves raised*," (italics mine,) but under the heading of *purpura urticans* they say, "it is characterized by rounded and reddish elevations of the cuticle resembling wheals, but which are not accompanied like the wheals of urticaria by any sensation of itching or tingling," (italics mine)—(See *Reynolds' System of Medicine*, vol 1, p. 460). In the same article, on page 463, they refer to a case marked by slight elevation reported by MM. Barthez and Rilliet; those authors, however, considered it to be a case of *erythema* complicated with extravasation into the cutis. See also case reported by Ollivier, same page. In Prof. Austin Flint's description, the whole consideration of the case is summed up in less than two pages of his excellent work on "Practice;" while I do not find anything in the article which would lead one to expect elevation of the spots above the surrounding surface. It was in this particular symptom that I thought the case unusual.

Now, as to the term "cerebral pneumonia." In my MS., I wrote: "I considered the case to be what an editorial in the *Therapeutic Gazette* for January, 1887, terms 'cerebral pneumonia.' " Dr. Blackwell will thus see that I have the authority of so advanced a writer as Dr. H. C. Wood or of R. M. Smith, the editors of that journal, and had my article come out as written, it would have saved me the blame of burdening our medical nomenclature with another name. The first R in my article of July 23d should read as follows:

R Tr. ferri chlor. 3 ij instead of 3 j
 Liq. potas. arsen. 3 ss " 3 js
 Aquæ q. s. ad. 3 j

Hoping to hear from Dr. B. with reports of many cases through the columns of the REPORTER, I remain, fraternally yours,

A. A. NEFE, M. D.

Whetstone, Iowa.

Salol.

EDITORS MED. & SURG. REPORTER:

Sirs.—Will you kindly furnish through the REPORTER some information concerning *Salol*? If *antipyretic* as well as antiseptic what are the doses, and can it be given in *solution*? How would it do in solution with alcohol in a case of continued fever?

W. N. SHERMAN, M. D.

Kingman, Arizona.

[*Salol* is unlike most of the other derivatives of coal tar in that it is made by the combination of carbolic and salicylic acid. For this reason it is sometimes called salicylate of phenol. It was first recommended as a medicinal agent by Sahli, of Berne, and his paper has been followed by several others of an exhaustive character, notably by that of Georgi.

Naturally it has been found of benefit in rheumatism in the dose of 15 or 20 grains in capsules, or in pills of from 3–5 grains. It possesses according to Georgi marked antiseptic power; and two French observers, MM. Perrin and Potain, have lately published reports of surgical cases where rapid healing took place under its use as an antiseptic. This in a case of finger amputation, with a *salol* dressing, healing took place by first intention.

It is better in his opinion than iodoform for several reasons, although it is used in the same manner. It is also recommended by some of the German writers in the form of

a wash in leucorrhœa with fetid discharge and also in erysipelatous inflammations. Some of the physicians who have used it think it a good antipyretic in dose of 5–15 grains.

This last power, however, has not as yet been proved to exist. Its advantages over salicylic acid and the other salicylates is, that it is not so apt to disorder the stomach since it is absorbed in the intestine, at least this is Georgi's theory. As a dressing it lacks the strong and disagreeable odor of carbolic acid or iodoform. The reports are so far so favorable as to warrant it a further trial. Recently Dr. A. H. Goelet has highly recommended its use in doses of one grain every two hours, coupled with ice water enemata, in diarrhœas of children. He gives it dry upon the tongue. His results justify a further trial.—EDITORS OF THE REPORTER.]

NEWS AND MISCELLANY.

The Value of a Life.

The courts as a rule, fix the value of a person killed by a railroad at \$5,000, but vital statisticians place the value of an adult person to the State at \$750, and the annual productive power at \$95. One-half of all deaths occur during the productive age. The total annual deaths in the United States during this age is 200,000, therefore creating a loss of \$150,000,000. There are, also, 1,500,000 persons sick all the time in the United States, causing a loss of \$142,500,000.

A large per cent. of deaths is caused by preventable diseases. In view of this fact, can any reasonable person object to any legislation which will tend to secure a reduction of so costly a sacrifice? State and local boards of health are created to this end, but their work must be supplemented by the co-operation of the people.

The relative market value of the different parts of the human body has been calculated by a German mathematician with a view to fix a basis for the award of damages in case of disablement. The loss of both eyes, arms, legs, hands or feet, is put at 100, that of the right hand at 60, of a foot at 50, of the left hand at 40, the right thumb at 33½, an eye at 22, the left thumb or right forefinger at 14, the left forefinger at 8, and any other finger of the left hand at 4 per cent.

Dr. Hiram Corson.

Dr. Mary Willits gives the following pleasant description of a visit to Dr. Hiram Corson:

A few evenings ago, in company with some medical friends, I called upon a prominent member of the profession. After a long drive over rough country roads, past many farm-houses nestled among the trees, we turned into a drive which led us to a large, comfortable stone house situated in the midst of a level lawn across which several large trees threw their shadows. As the carriage stopped, we were met by a man rather above the medium height, spare in person, with snow-white beard and hair, who beamed a kindly welcome through his spectacles when he greeted us and presented us to his wife, whose welcome was not less warm as she led us indoors.

An ideal host we found him, engaging each one in conversation separately for a few minutes, making that one feel, for the time being, that no other guest was present, and then causing the conversation to become general, leading it into channels interesting to all of us.

I speak of Dr. Hiram Corson, of Plymouth Meeting, Montgomery County, Pa., who, although he will be eighty-three years old in October, is in vigorous mental and physical condition, bidding fair to render service to humanity for some years to come; as he is still in active practice, but rarely goes out at night, as his wife informed one of our party.

A little distance from the house is "the office," a frame building with one room, on one side of which are shelves, almost from floor to ceiling, well filled with books and bottles of drugs, the latter being a necessary part of a country physician's armamentarium. A table in front of one of the windows was covered with manuscript, and the doctor informed us that he was writing a paper on the use of "Cold Applications in Inflammation." Every one knows what an advocate of this treatment he is. Scarcely were we seated in the parlor before he asked one of our number if he had ever used "cold." This led to a general discussion on the subject, and Dr. Corson spoke of its being so superior to poultices in pneumonia. Upon being asked *how* he applied it, his reply was: "I take a bladder, or rubber ice-bag, fill it about half full of water and then put in pieces of ice; to put in pieces of ice alone makes an uneven surface, which is not readily applied to the chest."

He has used cold applications in many diseases—in scarlatina to reduce the temper-

ature and allay the throat symptoms. He has observed in this disease that if the cerebral symptoms were well marked the throat symptoms were not so prominent. He thinks the reason for this is that, when the cerebrum is much affected, the whole nervous system is affected and the glandular system is less apt to become involved.

An article of his, on the use of "Cimicifuga in Chorea," which appeared in the *MEDICAL AND SURGICAL REPORTER* a few months ago, was mentioned, and he was questioned as to the dose and preparation. He uses the infusion, giving a teaspoonful three times a day, gathering the root in the early autumn and preparing it himself, thus being sure of a *reliable* preparation. Two other articles of his which have recently been published—"Sumach in Stomatitis" and "Quinine in Pneumonia," both in the same journal as the preceding—were mentioned and discussed at some length. And so one subject after another was brought up, and we all listened eagerly to the opinions of a man who for nearly sixty years has been practicing medicine in this quiet country place, and for more than half that time has been an acknowledged leader in the profession, clearly demonstrating that prominence and great intellectual development are not confined to those who dwell in the city, boast as we will of its superior advantages.—*N. Y. Med. Journ.*, August 6, 1887.

The Element of Truth in Popular Beliefs.

Dr. T. Lauder Brunton recently gave a lecture on the subject quoted above before the Royal Institute of Great Britain. The following is an abstract of his lecture:—

The common saying "Seeing is believing" gives a clue to the origin of many popular delusions, for the evidence of our eyes is by no means to be trusted, and unless corrected by the observations derived from other senses will often prove deceptive. Some popular beliefs are correct in regard to fact, but erroneous in regard to interpretation. Some others, which in their present form are absurd, are the survivals or modifications of other beliefs which were true.

In endeavoring to discover the element of truth in many belief we may be aided by tracing its history backwards in time, or by comparing it with allied forms of belief in different places.

As an example of the historical method we may take the belief that horse-flesh is unfit for food, a delusion which arose from the circumstance that horse-flesh was unfit

for Christian food, inasmuch as the horse was sacred to Odin, and eating its flesh was a sign of paganism.

As an illustration of the comparative method we may take the belief that a person cannot die if any door in the house be locked. Other forms of the belief are that a person cannot die as long as the doors or windows of the room in which he is lying are closed, and observation enables us to ascertain that this is due to the fact that the room is thus kept warm, and life therefore prolonged.

The belief that disease may be cured by hanging up rags in a sacred place may be connected by intermediate forms with the fact that infectious diseases may be conveyed from one to another by articles of clothing.

Some omens probably have an historical origin. Others depend on physical conditions, such as stumbling on leaving the threshold as an indication of coming misfortune. This may be regarded as simply an evidence of a deficiency in the motor power of the individual which may cause him to fail in an emergency.

Others again may be referred to indistinct sensations or subconscious conditions. Dreams are frequently influenced by the circumstances of the dreamer, either at the time or some days before, and hallucinations as well as visions of ghosts and fairies may be regarded as forms of waking dreams. The signs which were regarded in the Middle Ages as distinctive of witchcraft are now looked upon as symptoms of hysteria, and the condition of hysteria may perhaps be defined to be one in which impressions originating within the body itself tend to overpower those transmitted from without by the usual sensory channels.

The phenomena of thought reading and of the divining rod may in many cases be explained by the fact that sensory impressions may be received and may lead to action without rising into complete consciousness in the individual who receives them.

A Pessimistic View of American Medical Literature.

The country that has a Fourth of July, a Declaration of Independence, and an American Eagle, the country that gave birth to the telegraph and the telephone and stump oratory, can afford to have more medical journals than all the world besides; but it is questionable whether the immature observations and hasty conclusions that characterize the great mass of literature will redound to the power and glory of American medicine.

A fog of uncondensed experiences hovers over our consciousness like an atmosphere of uncombined gases. The sanguine and imaginative rush into print with their hopes and impressions. We are periodically startled by new theories and new remedies, or new virtues in old remedies; but it turns out at last that a will-o'-the-wisp flitting over a bog has been mistaken for a beacon light upon a hill. But shall we not record facts? Certainly, but first ascertain that you have one. Fact! that omnipotent monosyllable, has been the patrimony of cheats, and the currency of dupes from time immemorial. Facts have furnished the basis of the most stupendous delusions of medical history. The miracles of the Temples of Æsculapius, the cures wrought by the metallic tractors of Perkins, the Royal touch, Bishop Berkeley's tar water, homœopathy and mind-cure have all been sanctified by an irresistible array of stubborn facts. The focal adjustment of each individual is arranged to a different scale—no two ever look at the same object at exactly the same mental angle, and the faculty of correct observation, and the power of grasping a complex subject, articulating it distinctly and of treating it not only with effect, but luminously in its widest bearings and in its most intricate details, is the rarest and most exalted attainment of the mind.—Dr. W. S. Thorne, in the *The Pacific Medical and Surgical Journal*.

The Mortality of Physicians.

According to the experience of the life insurance company of Gotha, out of the whole number insured, there was a mortality of 11.53 per cent. Infectious diseases, diseases of the lungs, and apoplexy preponderated. Of the infectious diseases, typhus carried off a part of the younger physicians. Of ten hundred and fifty-two deaths, there was only one from poisoning by a dissecting wound, but nine other cases of blood poisoning; eight of erysipelas, one hundred and fifteen of typhus, fourteen by suicide, and four of melancholia.—*Deutsche Medizinisch-Zeitung*, June 20, 1887.

A Solvent for Antifebrin.

Dr. Proegler, of Fort Wayne, Ind., states that he has used the aromatic spirits of ammonia as a solvent for antifebrin, and has found it very good for that purpose. It was suggested to him by Mr. Louis Schmidt, a pharmacist of that city.

Clairvoyante Diagnosis.

A physician in this city recently had under his care a case of typhoid fever. As the patient did not progress very rapidly toward recovery an officious relative consulted a notorious clairvoyante regarding the patient. She affected the usual "trance state" and gave the following curious diagnosis which was copied by her daughter, who acts as amenuensis: "As I examine your case I find the membrane of the head has a watery fluid secreted in the membrane, which produces a sort of confusion and a roaring at the ears. The blood seems to loose its force of blood as it reaches the base of brain. this is caused by the strings of the kidneys drawing on the spinal nerves. this also is the cause of pain about the shoulder. I find both kidneys have been strained and the casings swell. I find the liver congested and filled with slime. this at times passes to the stomach, windpipe, left lung and throat. The left lung settles on casing of heart. I find a watery fluid between the heart and casing which causes the right ventricle and centre valve to be weak. The cough is caused by the left lung settling on the stomach. The stomach I find has been weakened by medicine, and I find a sort of white powder secreted in the casing of stomach and membrane of bowels, which is the effect of medicine. I find a little difficulty with bladder. I find a catching pain from hip to knee which has been caused from kidneys. I find the blood in a stagnant state, and the blood only quivers through the limbs.

"Take No. 5 with 10 Stomach Drops 5 times a day, and Tea of Sweet Balm and Poor Robin's Plantain."

As the clairvoyante had described only one symptom—the cough—in the case, the prescription was turned over to the attending physician.—*Buffalo Med. and Surg. Journal.*

Scarlet Fever in a Horse.

A case of scarlet fever in a horse is reported from Mechanicsville, Cedar county. If the attending veterinary surgeon is correct in his diagnosis, the case is a remarkable one. We hope to give the facts in the August *Bulletin*. That the disease exists in cattle has been demonstrated in London, England, where a herd of dairy cattle were infected for nearly two years, causing a large number of deaths of children and adult persons, from using the milk. The entire herd was destroyed and there was no further appearance of the disease.—*Bulletin Iowa State Board of Health*, July 15th, 1887.

One Point of View.

At the last meeting of the Orange County (N. Y.) Medical Society, Dr. Pillsbury, chairman of the nominating committee, was interrogated as to the omission of a delegate to the American Medical Association upon the ticket, whereupon he replied:

"The Society formerly sent a delegate to the American Medical Association. The American Medical Association no longer recognizes us as members of the profession under its code. The great State of New York is thus practically without representation in the National council. I think we are justified in emphasizing the remark—so much the worse for the National council. We trust the loss may be sanctified to them for their medical and spiritual good, and that when those who are too old to learn have slept with the other grandfathers of medicine, and those who grow up find wisdom, they may not be too proud to acknowledge and confess to the end that they may obtain forgiveness for the sins and follies of their youth. And what is the matter with us? The New York State Medical Society, and the societies in affiliation therewith, have declared their willingness to clasp hands with all physicians whose learning and good repute obviously entitle them to the recognition demanded by the country in this age so famously enlightened."

Tannin Test for Drinking Water.

Dr. Hager, in 1871, used a clear solution of tannin. Pour a tablespoonful of the solution into a tumblerful of the suspected water. If no turbidity occurs within five hours the water is good, if turpidity occur within one hour the water is decidedly unwholesome.

Colleges in Good Standing.

At the quarterly meeting of the Illinois State Board of Health, held July 8th, 1887, the following resolution, offered by Dr. Clark, of the board, was adopted: *Resolved*, That the phrase, "medical colleges in good standing," in the first section of the Act to Regulate the Practice of Medicine, approved June 16, 1887, is hereby defined to include only those colleges which shall, after the sessions of 1890-91, require four years of professional study, including any time spent with a preceptor, and three regular courses of lectures, as conditions of graduation, and shall otherwise conform to the Schedule of Minimum Requirements heretofore adopted by the board.

"Ode to Bacillus."

Oh, powerful Bacillus,
With wonder how you fill us,
Every day!
While medical detectives,
With powerful objectives,
Watch you play.

In epidemic glanders,
In certain forms of "janders,"
You delight.
E'en to the fifteenth culture,
Voracious as a vulture,
You can bite.

Koch and Spina growing splenic,
O'er your power so septicæmic,
Rant and roar.
Schmidt says when pus grows rotten,
Only then you are begotten,
Not before.

In lung tuberculosis,
In skin necrobiosis,
How you squirm.
While gonorrhœal burning,
Is caused by sporules turning,
Some affirm.

'Tis said a crypto-coccus
Will very often choke us,
If we fail
To drop the acid phenic—
Which is antisepticæmic,—
On its tail.

Freire says in fever, yellow,
He finds a little fellow
Breeding pest.
Gregg swears, do what he will, he
Sees nothing but fibrilli,
By his test.

In atmosphere mephitic,
In poison diphtheritic,
How you revel!
In earth and air and ocean,
You keep disease in motion,
Like a devil.

But Bacillus, Oh! Bacillus,
You try in vain to kill us,
Yet we thrive.
And though you try to blind us,
Yet, next year I hope you'll find us
Quite alive. —*Unknown Poet.*

Effect of the Hot Weather in Brooklyn.

Dr. Young, Registrar of Vital Statistics, of Brooklyn, speaking of the heavy mortality there in one week recently, chiefly from the oppressive heat, says, out of a total of 564 deaths, 373 were children under five years of age, and of these 91 had not passed their first year. Two hundred died of diarrhoeal complaints. The mortality for the week was at the rate of 38.82 per annum out of every 1000 of the population. Last year it was 33.34. The Doctor also says: "There are

few who have any idea of the suffering of people who live in these tenement houses during this fearful weather. It is hard to blame them for sleeping on fire escapes and the roofs, when their small rooms, in which perhaps washing and ironing are daily occupations, are veritable ovens."

Unwholesome Milk.

A large share of the mortality from diarrhoeal affections must be attributed to the use of unhealthy milk. In Holland, she asses are driven about the streets and milked before the houses where bottle-fed infants are found. It is said that the mortality among children thus nourished is exceedingly low. Competent authorities state that next to the milk of the mother, that of the ass is the best adopted to the infantile digestive organs. But asses' milk is not obtainable here, and even in Paris it brings \$1.50 per quart. We are accordingly obliged in cities to content ourselves with milk which is supposed to have been derived from the cow. It is absolutely impossible to obtain fresh milk, and we are extremely fortunate if we can procure that which has not undergone partial decomposition.—*Dr. Campbell, in Buffalo Medical and Surgical Journal, July, 1887.*

What is Pain?

We all know what pain is, says the *Popular Science News*, but to give a scientific definition of it has taxed the brains of lexicographers and encyclopædists. An eminent physiologist calls it "an excess of the sense of touch;" and another "hyperæsthesia of the sensory fibres." Dunglison, in his *Medical Dictionary*, says it is a disagreeable sensation, which scarcely admits of definition;" and Gardner, in his work of the same title, under "Pain," says "See Dolor;" and, turning to "Dolor," we find it concisely explained as "pain." The great French *Dictionnaire des Sciences Médicales* coolly and conveniently tells us that to define it is superfluous. Professor Erb, in *Ziemssen's Cyclopædia*, after some discussion, comes to the conclusion that pain is a new sensation, experienced when excitation of the nerves reaches a certain intensity." Perhaps the *Imperial Dictionary* covers the ground in describing it as "an uneasy sensation in animal bodies, of any degree from slight uneasiness to extreme distress or torture, proceeding from pressure, tension, or spasm, separation of parts by violence, or any derangement of functions."

Contraindications of Nitro-glycerine.

When headache and neuralgia occur in patients with chronic congestion of the subcutaneous veins of the face, nitro-glycerine is to be avoided; and similarly it is of no use in asthma, when the face is reddened in consequence of emphysema. If however, a pale face exists with angina pectoris, migraine, giddiness, shock, toothache, or seasickness, the best results may be looked for by giving nitro-glycerine.—*Lancet*.

Never Ask How Much.

"Take my advice, and when you get a prescription put up at a drug store never ask how much it is," said one gentleman to another the other day. "Why not?" he was asked. "Because the clerk will 'size you up,' as the boys say, guess how much money you have got, and charge you your pile." "What do you advise?" "Just this. When the urbane compounder of medicines hands forth your prescription, just look wise and lay down a quarter. Now the chances are that the drugs in the preparation don't cost over a dime. He will look at the quarter, study a minute, and then make up his mind that he has been foolish enough to sell you the same dose for 25 cents at some past time, and he'll take it and not say a word. Lay down a dollar, however, and it will be just the same—no change. Try it and see."

Items.

—The Arab who invented alcohol died 900 years ago, but his spirit still lives.

—It has been discovered that chrome yellow is extensively used to color "noodles."

—A farmer sent \$10 to a city advertiser for the best feed-cutter and got a \$2 set of teeth.

—One hundred and sixty-five people died in Chicago, July 15, 16, and 17, from the effects of heat.

—One of the best things about Mr. Lawson Tait is that he declines to "talk shop" at dinner.

—An Austrian doctor advertises to pay one-half the funeral expenses in cases in which he is not successful.

—A printer up in Canada is said to be 103 years old. He has made so many typographical errors during his career that he is afraid to die.

—Fifty thousand tons of soot are taken from the chimneys of London annually. It is valued at two hundred thousand dollars, and is used for fertilizing purposes.

—To exterminate the rabbits, which have become a plague in Australia, it is proposed to propagate a contagious disease among them, and the experiment is to be first tried on Torren's Island.

—The number of insane patients committed to the Flatbush Asylum, New York, for three weeks of July was 56, and the total for the month is likely to reach 70, which is considerably in excess of the highest number of commitments for any one month in the history of the department. The physicians are disposed to impute the large increase to the protracted excessive heat.

—Two men have been arrested in Rochester, N. Y., on the charge of violating the revenue law in selling wine without a license. They testified that they sold to saloons about 100 gallons of a drink made by this recipe: Put about 16 gallons of water into a common wash-boiler, add 48 pounds of sugar, 1 pound of tartaric acid, and some anilin dye for coloring. After stirring with a stick until dissolved, add a quantity of orris root, cut with a pint of alcohol, to give the flavor of raspberry wine. This stuff has been sold for more than a year as wine.

There have been no changes in the Medical Corps of the Navy for the week ending Aug. 13, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Aug. 7, 1887, to Aug. 13, 1887:

Major J. C. McKee, Surgeon, ordered for duty at Watertown Arsenal, Mass. S. O. 101, A. G. O., Aug. 6, 1887.

Major H. E. Brown, Surgeon, sick leave extended to Aug. 6, 1887, on account of sickness. S. O. 184, A. G. O., Aug. 10, 1887.

Major P. J. A. Cleary, Surgeon, ordered to Ft. McDowell, A. T., instead of Ft. Assiniboine, M. T. S. O. 180, A. G. O., Aug. 5, 1887.

Capt. John M. Dixon, Asst. Surgeon, died Aug. 8, 1887, (station Ft. Mason, Cal.)

Capt. J. C. Morrill, Asst. Surgeon, ordered from Ft. Klamath, Oregon, to Waterlist Arsenal, N. Y. S. O. 181, A. G. O., Aug. 6, 1887.

1st Lt. Wm. E. Hopkins, Asst. Surgeon, ordered from Angel Isl'd, Cal., to Ft. Mason, Cal. S. O. 104, A. G. O., Aug. 10, 1887.

1st Lt. C. N. B. Macauley, Asst. Surgeon, promoted to be Asst. Surgeon, with the rank of Captain, by operation of law, Aug. 10, 1887.

1st Lt. J. E. Pilsher, Asst. Surgeon, ordered from Ft. Monroe, Va., to Ft. Wood, N. Y. Harbor. S. O. 180, A. G. O., Aug. 5, 1887.

1st Lt. C. S. G. Anderson, Asst. Surgeon, (station Whipple Bks., A. T.,) ordered to Ft. McDowell, A. T. S. O. 81, Dept. Aug. 3, 1887.

1st Lt. Wm. A. Suter, Asst. Surgeon, ordered to return to Washington Bks., D. C., on the breaking up of the Camp at Creedmoor, N. Y. S. O. 166, Div. Atlantic, Aug. 10, 1887.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CEREBRAL LOCALIZATIONS.

BY E. P. HURD, M.D., NEWBURYPORT, MASS.

The peripatetic phrenological professor, presumably long since dead, though lingering in our memories of bygone days, could he come to life would doubtless be appalled at the havoc which modern cerebral topography has made with his specialty. The old "bumps," as indices of character have disappeared from the surface of the cranium, and instead thereof we have certain tolerably well defined motor and sensory centres in the cerebral cortex, while the functions of whole regions (as the frontal lobes) are still a matter of speculation.

Professors Nothnagel and Naunyn, at the recent medical congress held at Wiesbaden (April 13-16, 1887), made known the results of their studies in cerebral localizations. Naunyn, by the way has previously done good work in this department of nervous diseases, and Nothnagel has published the best treatises yet written on diagnosis as based on the doctrine of cerebral localization. From the addresses of these two authorities we shall endeavor to sum up the present status of the question.

The first great discovery was that of Broca respecting the seat of aphasia in the third left frontal convolution, known as Broca's convolution.

After this discovery, cases of aphasia were reported in which lesion of Broca's centre were said to be absent, while other neigh-

boring parts of the cortex were found diseased. It was hence concluded by certain English physiologists "that it was only 'ataxic aphasia' which was caused by lesion of the third left convolution, and that there is still another form of aphasia, connected with lesion of other cortical regions, which form is characterized by the loss of verbal images." It is noteworthy that subsequent investigation has completely confirmed this view. In 1874 Wernicke proved that this second form of aphasia, characterized by loss of the comprehension of words, is located in the posterior two-thirds of the superior temporal convolution. In 1877 Kussmaul characterized this second form of aphasia as accompanied with a verbal deafness. Naunyn affirms that his own observations, 70 in number, go to prove that making some allowance for some individual differences of structure, and occasional substitution of function by the right hemisphere, both sensory and motor aphasia have the seats originally assigned to them by the authorities named.

Nothnagel, in analyzing the facts which have a bearing on the localization of the sense of sight, mentions the following visual troubles as associated with definite lesions of the occipital lobe:

1. *Hemianopsia*—blindness in the homogeneous parts of the visual field. If the cortical lesion which produces this blindness be bi-lateral, there is (2) complete *amblyopia*. In (3) *mental blindness* (*seelenblindheit*), the eye sees, but there is no comprehension of what is seen; the patient has lost his visual memories. This affection is linked to definite lesions (destroying lesions) of the

occipital lobe. (4) *Daltonism*. This is sometimes associated with mental blindness, but may exist separately. (5) *Hallucinations of sight*. These may also be due to cortical lesions.

"There have been a sufficient number of autopsies," says Nothnagel, "to prove that these disorders are connected with lesions of the occipital lobe." In answer to the question: "What part of the occipital lobe presides over the visual function?" Nothnagel affirms his persuasion that it is chiefly the cuneus and the first occipital convolution (O_1). In pronounced cases of hemianopsia, the lesion almost always exists in both regions mentioned; on the other hand, hemianopsia is wanting if O_2 and O_3 are alone the seats of lesion.

As for the seat of *intellectual blindness*, in which all the visual memories of objects are abolished, Nothnagel finds reason for locating it in the gray matter of the occipital lobe, abstraction being made of the cuneus and O_1 , which he thinks have nothing to do with this particular function. How much of the occipital lobe is concerned with visual memories is not known.

Localization of the motor function.—It is generally admitted that lesions of the cortex cerebri produce troubles of motility, but the cerebral localization of all the muscles of the body has not yet been determined. The essentially motor regions are the central convolutions and the paracentral lobule. Whether these portions of the hemispheres be the absolute, or only the relative motor field for certain groups of muscles (*absolute Rindenfeld of Exner*), certain it is that monoplegia is generally found associated with a circumscribed lesion of these regions.

Localization of the muscular sense.—Nothnagel considers it sufficiently proved by what he calls "old stationary foci of deficit" ("destroying lesions") that the centre of the muscular sense is in the parietal lobe.

Troubles of the sensibility.—There is almost everything yet to be learned about the localization of different kinds of sensibility. Paralysis due to cortical lesion are generally accompanied by diminished sensibility of the parts paralyzed; but there seems to be no correlation between the intensity of the motor disturbance and the modifications observed on the part of the sensibility. Certainly the existence of hemianæsthesia has generally been found to be dependent on lesions other than those of the cortex cerebri, as of the internal capsule.

Nothnagel concludes his paper by passing judgment on the following questions:

1. "Do paralytic and other troubles of cortical origin result in fact from cortical lesions, or from lesions of the underlying medullary substance?" "Fifteen years ago," he says, "doubt was warranted on this question; to-day we have a sufficient number of conclusive observations to authorize us in deciding in favor of the cortical origin of these disorders."

2. "Is it the ganglionic cell or the fibres of association which must be regarded as the seat of the lesion?" Practically, he says, it makes but little difference which view of the case you take. Theoretically, the lesion of the ganglionic cells suffices to explain the abolition of function in the centrifugal conductor, as well as in the centripetal conductor.

3. In answer to the question: "Is there any such thing as functional substitution in the cerebrum?" he says; "not for the paralytic and other troubles resulting from permanent destruction of the cortical regions presiding over the function in question." We must bear in mind, he continues, that paralysis may be inhibitory, and disappear with the irritation which produced them, or the loss of function may be temporary from lesion of some *relative* centre, and not of an *absolute* functional centre (Exner).

"The existence of localizations is no longer open to doubt. But how shall we explain the cortical function? The gray substance is the seat of the psychical functions, and as the centres presiding over motility are also in the cortex, the term *psycho-motor centres* has come into use, the understanding of this term often being this, that the internal representation of the movement is identical with the impulse given to the centres of the said movement. This view is certainly erroneous. The muscular movement depends on circumscribed centres, but not the production of the *image* of the said movement. A man who has suddenly become blind by an embolus retains his visual images; he cannot acquire new ones, but the old remain. I believe that the cortical region for motor images is in the parietal lobe, while the motor region is the *gyri centrales* and the paracentral lobule. The motor centres are agglomerations of cells into which is conveyed the impulse to movement by the association of fibres from any part of the region of motor images. Hence it is, that simple muscular paralysis results from the destruction of the motor centres, intellectual paralysis (*Seelenlähmung*) from

that of the regions of motor images; the psychical process has for its seat the entire surface of the cerebrum."

It may seem to many readers that the above somewhat rapid resumé of what is known respecting cerebral localizations leaves vast regions still unexplored. This is true, but it also indicates the direction in which progress is being made, and must still continue to be made.

One thing has been clearly brought out by late discoveries; the distinction of *partial memories* has become a settled fact; to every sense corresponds a memory which has a definite seat in the cerebral cortex, which may be destroyed by disease; on the sum of these memories largely depend character and conduct.

NOTES ON THE TREATMENT OF SOME COMMON UTERINE AFFECTIONS.

BY JOHN AULDE, M. D., PHILADELPHIA.

Among the numerous difficult and intractable cases which the general practitioner meets in his daily rounds, probably none are more troublesome in their solution than the more common class of uterine affections; and the object of the present paper is to place the matter before the reader in such a light that there will not be further necessity for condemning the poor sufferers to a life of pain for the want of appropriate treatment. To this end a few simple measures may be easily carried out by any physician, with satisfaction to himself and with the greatest benefit to his patient. So long have these affections been overlooked or disregarded by the family physician, that the patients have been compelled in self-defense to seek relief from specialists; and although the specialists in their particular departments have done their work thoroughly, a very large proportion of the patients have been unable to avail themselves of these advantages, either from lack of financial ability or from fear that some formidable operation would be proposed.

These cases have been regarded as the *opprobrium medicatorum* for generations past, and have been facetiously referred to as "internal, infernal and eternal;" but the time is now when the physician who resists the appeals for relief will certainly be the wiser by the loss of his patrons.

Much has been written and printed in regard to cases of this class, and it would be difficult to find a single medical journal without a flaming advertisement of some infall-

ible "uterine tonic," or a "universal pessary guaranteed to cure all the ills that fall to the lot of this much abused organ. No one will condemn any legitimate operation which scientific skill demands; but for one, I must protest against unsexing a woman on mere suspicion that the womb and its appendages are at the root of her troubles. I call judgment on this question, and believe that the conservative element of the profession will uphold me in this claim by its unqualified approval. But I shall lose sight of the object of my paper, which is not to condemn but to praise. Let me therefore proceed to a consideration of the subject in hand, and if the occult business is made clearer and more simple to a single practitioner my duty will have been fully discharged.

Believing that an attempt to designate the cases which follow by technical terms would in a measure detract from the real interest in its perusal, it is deemed advisable to confine the descriptions or histories to those general terms which, while being thoroughly understood, will at the same time admit of the introduction of other material as concomitant factors bearing important relations to the various cases. This method will readily be seen to be the more acceptable from the fact that but few of the diseases seen in practice compare favorably with the book cases. It is an exceedingly rare thing to find any of these cases without complications, complications which frequently overtop the malady for which the patient desires to consult you; and as these notes are selected casually from my visiting list, they are so arranged that different classes will be distributed where they belong, although it is readily seen that my collection is far from complete. I have studiously avoided selecting any but those cases which will properly come under the heading of my paper.

First Class.—*Case 1.* About four years ago I was consulted by a widow lady, aged 47, for what she had been told was "falling of the womb." She had reached, but had not passed that critical period known as the *menopause*, and although she had consulted half a dozen doctors, both male and female, she had lived the life of an invalid for more than twenty-five years. She showed me a spot, somewhat dark and distinctly red on close inspection, on the the left temple, which appeared to be an epithelioma, but she did not care much about that if she only could be made well enough to walk about and attend to her household duties. The reason for consulting me was stated to be on account

of a peculiar attack of numbness which had occurred a few weeks previously, the whole right side being affected, though only for a short time. Similar attacks had occurred previously, but none of the severity of this last one, and she desired to know how soon she would be likely to die from paralysis. It was not without some words of encouragement that an examination was permitted, as she told me frankly that she only wanted to take some medicine that would do her good.

Physical examination disclosed the uterus low down, the os eroded, with a granular cervix, but protruding in front of it, and external to the body, there was a pouch nearly as large as a hen's egg, apparently covered with natural skin, which was in reality the upper floor of the vagina (cystocele). Treatment consisted in the local application of Churchill's tincture with a glycerine tampon, until a suitable instrument could be obtained. I should have stated that there was a history of one or more hemorrhages; and this together with the suspicious scar on the temple, led me strongly to suspect that the cervical granulations were malignant in character. I was further inclined to this belief from the fact that there was a history of cancer in the family, but as a counter-indication I had before me a well nourished and healthy woman. She was not altogether healthy, however, as she frequently complained of pain in the cardiac region and there were the usual indications of tension at the radials (endarteritis). The attempt to use a tampon proved a failure, just as preceding attempts at the use of a pessary had done, several of which she showed me.

What is to be done in this case? Here is a patient who ought to be able to enjoy life for many years to come, and it is evident that should the menopause be passed without any serious accident, and the cystocele overcome, her future presents many features of encouragement, even after her case has been given up by the physicians whom she had previously consulted. Would it be advisable to attempt an operation for the cystocele? I think not, in her present condition. Will she be likely to make any perceptible advance towards health by internal medication, so long as this difficulty remains? It is extremely doubtful, and for the simple reason that she cannot take the exercise requisite to maintain a good standard of health. It is necessary, therefore, to adopt palliative measures for the relief of this trouble, and what is more clearly called for than a suitable pessary? But she has already had a trial of half a dozen, and all

of them were failures. After looking the ground over, I decided that Dr. Stauffer's "Stem-ball instrument" was the only one which presented any reasonable prospects of success, and accordingly one was procured and properly adjusted. The name of this instrument sufficiently indicates its character, but I may mention the points which prompted me to make this selection. First, it is wholly supported outside the vagina, so that none of the abdominal tissues suffer from undue pressure. Second, a belt is applied below the umbilicus, to which are attached rubber tubes passing through eyelets in the lower end of the stem, freely movable, while on the upper end of the stem is screwed a ball, the size of which is to be regulated by the amount of displacement necessary. Third, the length of the stem is to be determined either by actual measurement or by trial, and when one of these instruments is used care should be taken that the patient understands the use and value of hot water irrigations daily. Fourth, the ball of the instrument rests in Douglass' cul-de-sac; and if not too great pressure is made against the tissues, and hot water is freely used, but little discomfort is likely to arise after the first two weeks. It can be laid aside at bed-hour and reapplied each morning.

Some years ago I invented an instrument for the exact determination of pessaries of this class, by which any physician could take the patient's measure, just as the shoemaker takes the measure for a pair of shoes, or the tailor takes the measure for a suit of clothes; but thus far I have never published it, believing that I was doing a good service to suffering humanity by withholding it. It is called an "Intro-vaginal Pelvimeter."

In this case, however, the Stauffer instrument answered every requirement, and with suitable local treatment along with internal medication she made a good recovery, and to-day, with exception of the need for the use of the pessary she has excellent health.

Case 2. About a year ago, a lady aged 52, consulted me for "falling of the womb;" saying that she had suffered for about twenty years, and that the family physician and several others had treated her frequently, but without any benefit. On examination I found the uterus as large as a goose-egg, pendulous between the thighs (procidentia uteri). The organ was readily replaced. Her main dependence had been bandages; the last attempt at treatment having been such a failure that she had become disheartened. The circumstances related to me were

that a physician had promised her absolute relief, and that after making an examination he procured a pessary (Smith's), and had called at the residence to introduce it, but when she subsequently arose to bid the doctor good-day, the instrument dropped on the carpet. This accident happened to patient No. 1, and it became a serious embarrassment when she dropped the support on the floor or in the street. The same kind of a contrivance as that first described answered admirably in the case No. 2.

Second Class. Having used a number of these instruments with equally satisfactory results, I cannot deny them that meed of praise to which they are justly entitled, but I venture the suggestion that in many cases pessaries are a hindrance rather than an advantage to patients, and where it is possible to avoid their use far better results may be anticipated. Several of the cases which follow will fully illustrate this point, while others will demonstrate the advantages of not using them at all.

Case 3. In the month of December, 1885, I was called on to visit a lady who had become bed-ridden by the use and abuse of pessaries. The circumstances of the case are about as follows:

Mrs. C. had been under the pessary administration about four years, but in the meantime had given birth to a child, then nearly two years of age. She was now twenty-seven years old and had generally enjoyed good health, but four years previously her medical attendant had advised the use of an internal pessary, which she unfortunately wore too long. It gave her but little benefit, but it was supposed to give her no trouble further than keeping up a constant discharge, but, innocently thinking it was all right because the doctor had put it there, the instrument was allowed to remain in situ until after pregnancy had continued for some time. A short time after the birth of the child the old feeling of weariness coming on, it was deemed wise to have another pessary introduced. The result, however, was not at all satisfactory, and another physician was consulted, who, probably thinking that his services would not be appreciated unless he did something, said, "yes, the pessary was one that could be improved upon by making an exchange," and accordingly the exchange was made. No relief having been afforded by this manœuvre, a third physician was called in, who, by the way, has a *penchant* for the discovery of possible tumors. To meet the early advance of any possible tumors, heroic measures were at once adopted. The uterus

was promptly scarified and freely leeches, while carbolic acid was used internally in such strength that the pain became constant and almost unbearable.

The *finale* was fully intended to be a master-stroke, and a supreme effort was made to win the patient over by faith, when a cup-pessary was introduced, with the firm assurance that the prospects for the future were the brightest, and that all pain and suffering should henceforth be things of the past. Confidence in this prophecy was visibly shaken when, in answer to a direct question by the patient, the attendant admitted that he did not know what ailed her. Friendly relations with this physician were severed, and an irregular physician consulted. He, also, said "yes," and ordered an abdominal electric bandage or belt, not forgetting to deliver a few sugar pills, and predict an early and rapid convalescence. Six weeks passed without shedding a ray of hope in this once happy home, and the poor woman began making arrangements to die; but that feeling, "which lives eternal in the human breast," buoyed up the husband to such an extent that he decided to get another doctor.

At this critical period I arrived on the scene of desolation, and the appearance of this poor patient was indeed pitiable in the extreme. Emaciated, hollow-eyed, unable to stand or walk, and unwilling to be further tortured, she appeared "sunk to the bottom of abjectness." Notwithstanding kind words of encouragement, she positively declared that she would not make one single effort herself, nor would she permit anything to be done for her which should in the least add to her sufferings. She had not walked across the room for weeks without assistance, did not dare to attempt to go up or down stairs, and when she tried to stand up she endured the most agonizing sensations. To use her own words: "It seemed as if the whole universe was expanding, and that she was going out with it." After expanding up to a certain point everything became indistinct, when she would have to lie down again. The conditions were anything but favorable, and it seemed that she would persist in dying, in spite of my most earnest solicitations.

Physical examination discovered an enlarged yet moveable uterus, the cervix choked with detritus from the uterine cavity, along with the debris from the use of the carbolic acid in the cervical canal. Treatment locally consisted in the use of boric acid with a cotton wool tampon, allowed to remain say three days, when it was removed, the vagina

thoroughly irrigated with hot water, and a new application made. In less than a week this patient was able to go around the house, and in two weeks she was able to go out, and at the expiration of three weeks from time treatment was instituted her servant was dismissed and she commenced to do her own housework. Internal treatment was also continued for a time, as was the local treatment, varied from week to week, as was indicated, the result being perfect recovery. I should make a note here of an oversight, one which may possibly happen to others. I have stated that she was instructed in the use of hot water irrigations, but it was not until the end of the second week of treatment that I learned that all she had in the way of a syringe was a glass instrument, and since then I have made it a rule to examine and test the workings of these instruments before the patients undertake to use them. This will be found an excellent plan, and where patients do not have them on hand it will be found most satisfactory for the physician to supply them himself, in which case he knows just what the patient is using. The history of this case appears to point to unfortunate effects from the use of pessaries, while the evidence is conclusive as to the favorable issue following the most simple method of treatment which it is possible to inaugurate. How much more satisfactory these results are may be inferred from a brief history of the case which follows:

Case 4. Over two years ago a lady sent me a message to the effect that when she could walk to the office she intended to consult me for some supposed uterine trouble. Not long after she consulted me in regard to her child, and told me then that she had never fully recovered since her last confinement, a condition of affairs entirely too common at the present day. Later I saw her at the office, and found her suffering from uterine engorgement. The os was patulous, the interior of the cavity unusually large, along with a catarrhal affection of the uterine mucous membrane (sub-involution). Treatment was conducted on the same plan as that just described, with the addition of tonic remedies for the stomach and the uterine functions, and although her visits were somewhat irregular, she made a perfect recovery. I should note in regard to the irregularity of the visits, that they were discontinued from time to time of the patient's own volition, as she said, "to see if she could not get well without the doctor;" and during these intervals she was industriously running the sewing machine. In the treatment of this case, I

desire to note the most favorable results from use of a paste having incorporated in it iodoform, the base being lanoline. Instead of cotton I now depend altogether on wool for the tampons. The antiseptic wool is far superior to cotton, for the reason that it does not collapse when moisture comes in contact with it, while the lanoline brings it back to nearly its original condition when on the sheep. Its value will be appreciated in the case which follows; but I cannot leave this one without noting the great temptation there was to use a pessary. Had I done so it is evident to me now that the patient would have secured temporary relief, and in the course of a few months would have returned to me or sought some other physician in a condition far worse than at first.

Case 5. Mrs. B. is a sprightly little lady of 27 summers, married five or six years, but has no children. For the past two years, however, she has apparently lost all her sprightliness, and thinks she is getting old too fast. She has abdominal pain, pain in the back, suffers from constipation, and is compelled to go to bed for a day or two on the appearance of each menstrual molimen. Physical examination discloses the fundus of the uterus bent backwards and pressing on the bowel (retroflexion), thus accounting for the abdominal pain, and in part for the constipation, and for the pain in the back. The organ being freely movable, replacement by means of the sound was first practiced, then dilatation cautiously by the use of Baer's dilator, when a suitable tampon was introduced and allowed to remain several days. An Emmet pessary was introduced on trial, and seemed to answer very well; but as the patient lived at a distance and came here a month or two for treatment, it was not deemed advisable to allow her to depend too much on any kind of an instrument, when it was but a question of a few weeks when the trouble would probably be fully relieved. My anticipations were realized, the patient starting for her home feeling as well, if not better than ever in her life.

In all of the preceding cases it will be apparent that very little treatment was needed, and such is the case; but they were just such cases as make the bad ones when allowed to continue. When these simple cases are allowed to go on, shortly there appear ovarian troubles, with hysterical manifestations and attacks of syncope in their wake, when the real difficulties in the way of treatment occur. These simple cases are often permitted to go on even under treatment, as the following case exhibits:

Case 6. Mrs. C. is a care-worn looking, but cheerful lady of twenty, but she complains of headache, abdominal pain as well as pain in the back, and altogether she looks as though she was pretty well washed out. Married several years, but without children, she has little to do except her housework, but lately she is scarcely able to attend to that properly. For the past six months she has been under treatment at the hospital, where she has been treated locally once or twice a week. Not having made any perceptible headway during all of this time, she has concluded to change to a doctor in the vicinity, and comes to me in the hope of meeting with better success. Physical examination reveals a relaxed condition of the abdominal tissues, a state of affairs we would naturally expect to find from her general appearance. Along with the uterine affection there is bronchial catarrh, showing that an affection of the mucous tissues in one part of the body may be found reproduced in another and distant part, even when there is no continuity of surface. In this case the weekly use of a suitable tampon along with a tonic treatment quickly relieved her, so that in the course of a few weeks she was dismissed cured.

AN ETIOLOGICAL FACTOR IN THE
PRODUCTION OF A CASE OF
DIABETES MELLITUS, AND
ITS PROMPT SUBMIS-
SION TO THE INFLU-
ENCE OF CO-
CAINE.

BY E. K. WELLER, M. D., OF TREXERTOWN,
PENNA.

Mrs. Chas. W.—, aged 54. Farmer's wife. Family history good. She had been a strong, healthy, well-built and muscular woman and always worked hard. She has a light complexion and a nervous, active and excitable temperament. This has given her a quarrelsome disposition which has for long years made her married life one of continual strife, her husband having a similar temperament. Fright and worry were unknown to her. About three months ago she noticed that she began failing in health, her nerves became more unsteady, and she now began to be easily frightened and worry over trifles; the slightest excitement, as an accident to a horse, causing palpitation of the heart and dyspnoea. She also began to notice that her

eyesight was failing. In addition, there was itching at the vulva which increased to such a degree that at present it gives her great annoyance. Her present condition (May 5, 1887,) is as follows:

Appetite and digestion good and bowels regular. Tongue large, pale, flabby, and dry. Skin harsh, dry, and itching. Muscles flabby. There is considerable emaciation for her. The thirst is at times intense and almost continuously present. She sometimes consumes a quart of water in an hour. Occasionally there is tinnitus aurium. Eyes not examined.

The urine is passed in large quantities and micturition is frequent day and night. When a drop of urine is dropped on the oil-cloth it leaves a "salty" deposit on evaporation, and when left in a chamber over night ferments. The quantity passed in twenty-four hours is about two gallons, has a sweetish odor, and when boiled with an equal quantity of Fehling's solution, leaves a "brick-dust" deposit which, approximately estimated, constitutes about one-twelfth of the bulk.

Treatment.—Cocaine having a pacifying effect upon the brain and a most excellent remedy for the relief of polydipsia from other causes, I prescribed two drops of a four per cent. sol. every three hours, and the anti-diabetic diet advised by Tyson, in Pepper's System of Medicine.

June 7th, 1887.—After a few days the polydipsia disappeared and the urine was little above the normal quantity. The pruritus vulvæ was much less annoying. The itching and dryness of the skin was absent. The other conditions remained the same. I continued the same prescription, adding another for the anæmia and as a tonic, viz:

R Tr. opii.....f 3 j
Tr. ferri chlorid.....f 3 j

M. S.—Twenty drops three times a day in water after meals.

The patient ordered to return in two weeks.

I saw the patient again on the 28th of June when all the symptoms had disappeared. The anæmia was very much diminished, and she felt "as well as ever." The nervous symptoms had all improved and the palpitation of the heart has not recurred once. I now continued one drop of a two per cent. solution of cocaine, and the iron. After using this treatment for a month longer the case could be called cured, as all traces of sugar were absent when I made the last examination of the urine. I have since heard

of the patient, and there was no return of the symptoms.

I could at no time find any increase or diminution of the area of hepatic dullness on percussion, as reported in some other cases.

The etiological factor, which I want to refer to in this case, is arrived at by exclusion. In the absence of all others, none of which are definite, it appears to me that this case was caused by the reaction of over-active emotional centres on the diabetic centre.

Certain hypothetical inhibitory centres are recognized, and that the one controlling the glycogenic function of the liver is in close relation to the emotional centres seems logical, in this case at least; for whenever the patient became angered or excited the symptoms, and especially the pruritus vulvae, were aggravated. Now we know that the diabetic centre is in relation with the other special centres, notably the sexual, for diabetes mellitus has occurred in persons who are given to excess in sexual indulgence; so that, if sexual excess or over-activity of the sexual centre has induced such a degree of affection of the diabetic centre as to cause diabetes mellitus (as it has affected any or all of the emotional centres; for instance, giving rise to emotional insanity), then it is but logical to conclude, if no other cause can be demonstrated, that the excessive exercise of any emotional centre may react on the diabetic and induce diabetes.

The so far successful issue of this case under the influence of cocaine leads me to make the suggestion that it be carefully tried in similar cases.

While there are several drugs which have a decided and prompt action on this disease, there are some which are open to objections, and it is well to know several, so that for individual cases we may select the one that is least objectionable.

—It is stated that a very considerable quantity of injurious fungi is now finding its way into the market as mushrooms, and several cases of severe illness, caused by the consumption of what appear to be the button mushrooms, but which are really poisonous fungi are reported. These poisonous mushrooms have a yellowish appearance when cut, but otherwise appear exactly the same as the edible mushroom.

SOCIETY REPORTS.

Special report to the MEDICAL AND SURGICAL REPORTER by A. S. MCKEE, M.D.

MEETING OF THE BRITISH MEDICAL ASSOCIATION, HELD IN DUBLIN.

Address in Medicine.

BY W. T. GAIRDNER, M.D., LL.D., EDIN.

After introductory remarks, the speaker put forth what he called a "A curious inquiry," viz: "Has the practice of medicine (that is, the art distinguished from the science) made a single step since Hippocrates?" Such, alas, was the doubting, almost mocking query suggested by the late most eminent Sir William Hamilton, Professor of Logic and Metaphysics in Edinburgh University, in an article reviewing Cullen's writings, published in the *Edinburgh Review* in 1832, and afterwards reprinted in a volume of discussions, published in 1853, not long before the author retired from public duty. To this question, thus propounded by a distinguished and marvelously learned authority, Dr. Begbie then addressed himself with a great amount of Hippocratic erudition, by contrasting ancient with modern practice. The interval he endeavored to bridge over, from 400 B. C. to 1875, A. D., was quite too enormous to be so dealt with. Hippocratic medicine, after all, and nineteenth century medicine are not comparable quantities. It was much more easy to show that we knew more and that we cured better than Hippocrates and Galen. Dr. Begbie was most kindly disposed toward the ancients, and had no difficulty at all in showing that they worked marvelously well, and had anticipated us in several of the arts and inventions and observations which we are apt to call our own. It was Galen who built up the scattered fame of Hippocrates in the second century of the Christian era. For this, even if for nothing else, Galen would have the thanks of every student of medical history.

To Cullen and his age the speaker next devoted considerable time. Cullen was the recognized inheritor of Hippocratic ideas in Edinburgh. His fame was world-wide, not only in medical circles, but also in literary. There arose an antagonist to Cullen, whose system, Brunonianism, almost overturned Cullen and his views, and entertained the thoughts of medical minds at home, in Germany and in Italy, to an extent we can scarcely comprehend now-a-days. From what we know of the system, I doubt if two

men in the British Medical Association could, at this moment, give a reasonably clear, off-hand account of the doctrines termed Brunonianism. Such a system of the treatment and cure of disease as this system really was, if brought to light now, would be very short lived to what it was then. This I take as a proof that we are on a more solid foundation, and have made advances since that time.

In France, the new birth of pathological anatomy, represented by the great name of Bichat, at the very beginning of the nineteenth century, put a stop to all such vagaries as Brunonianism by furnishing a more tangible and real pabulum for the medical understanding. But it still lingered in parts of Italy, and an encounter of my own, in the great Ospedale Maggiore of Milan, in 1852, with one of the venerable professors, showed that the art of medicine had not advanced many steps there since the time of Cullen, or possibly even of Hippocrates. On this occasion he ordered every third or fourth patient to be bled.

To return for a moment to the Brunonian system of heresy, and the apparent defeat which for a time was inflicted upon the traditional or more orthodox medicine represented by Cullen, we see that although Cullen did his best for it, the art of medicine was in a condition of unstable equilibrium toward the close of the eighteenth century. The Brunonian theory substituted infinitesimals for the potent remedies of John Brown, and exactly the same remark may be made of the homeopathic doctrine, also a revolutionary child of the eighteenth century.

Have we attained to greater stability now? I venture to answer this question in the affirmative, but can dwell only on a very few points of salient interest in a vast field of inquiry, and simply show the direction of modern progress. The impulse given to surgery through antisepticism is one of the greatest in the history of the art. Yet we have eminent surgeons who obtain brilliant results without using these particular remedies.

In some minds the great revolution in the medical treatment of fevers and inflammations occupies as advanced a position as antiseptics in surgery. I am bound in candor to admit that while I have no doubt as to the advantage in some cases of the antipyretic or antithermic treatment, I have yet to be convinced of its application as a routine in typhoid or in any other fever. I am by no means insensible to the wonderful

patience, research and apparently scientific exactness shown by some recent authors, and it may be readily conceded that both in typhoid fever and pneumonia, as previously treated in German hospitals with an enormously high mortality, the method in question marks a great advance.

"The art of medicine is at this moment in a peculiar position. The day of orthodoxies is over, the day of real science is only just dawning. It is no longer possible to blame a man for having ceased to believe what our fathers believed; but it is extremely difficult to state in general terms what we believe ourselves, and still more difficult to forecast the future and lay the foundation of the faith of our successors."

Notwithstanding the apparently sceptical ring of these sentences, I hope to be able to show you how the new theory and corresponding practices which have replaced the old, are the results of applied sciences and not mere tradition, and thus secured against revolutionary overthrow.

1. *Hygienic Remedies.* The fruitful progress of preventive medicine (otherwise called sanitary science) during the last 30 or 40 years, is not only a striking advance in itself, but it may be maintained that curative medicine has steadily advanced along the same lines. The prevention and cure of disease are not identical, but the laws which guide the former are in a large measure applicable to the latter. The same overcrowding which is a cause of typhus is a source in hospital wards of pyæmia and erysipelas, in barracks and gaols of consumption, in certain endemic localities of contagious pneumonia, and probably of diphtheria.

The treatment of diseases of every kind has been largely, even if silently, influenced by the thought that the disease-breeding factors must also be, in individual cases, adverse influences to be carefully studied and kept in check, and in chronic cases especially a large part of the cure consists in the removal or modification of the cause.

2. *Self-healing Processes in Acute Diseases; Abuses of Venesection.* Closely allied with the change just mentioned is another which has begun to bear fruit largely only within my recollection. My own opinion is not perhaps of very much consequence; but I may state that at a very early stage of my career I became convinced of the great abuses of venesection, and I have not had any thing to cancel or recall in this respect. I am rather inclined if any thing to admit that the reaction of opinion against this and

other powerful therapeutic agents may have gone a little too far. But as to what may be called the Gregorian practice, probably differing even from Cullen's, and certainly from the genuine Hippocratic tradition, I think there can be but one opinion among my hearers. Forty years ago it was still a point open to question whether pneumonia and other acute inflammations could possibly be cured without blood letting. You all know what has come of the controversy famous in its day, on the particular subject of pneumonia between Dr. Bennett and Dr. Allison, and how completely the old traditional theory has been overthrown.

Here were given copious extracts from the teachings of James Gregory to the students of Edinburgh University in 1820, on blood letting in lung diseases. In these are seen the fanaticism of a powerful and vigorous mind, misled only by the fact that, under the influence of a traditional orthodoxy, he had never allowed himself to think or try other means. He advocated blood letting for pneumonia so extremely, that in one case a patient lost 96 ounces of blood in two and one-half days. Another 204 ounces in a week.

3. *Epidemic Fevers; Alcoholic Stimulation.*

—I am tempted at this point to allude to another instance of changed practice occurring within our own day, and applicable over a very wide area of disease.

In typhus fever as it occurred epidemically between 1819 and 1829, the idea first took root in some of the most prominent medical minds of that day, that alimentation not depletion, was the proper practice to be pursued in most of the endemic fevers. The idea leaned, however, more to the side of stimulants than food. The essential principle was that of supporting the strength and warding off the tendency to death from asthenia. With some this idea became merged into a process of high alcoholic stimulation. The practice associated with this theory was the subordination of all other nourishment to alcoholic liquors and especially brandy, given in huge doses continuously every half hour all day and night. So little indeed, did the previous habits, age or sex of the patient count that a nursemaid aged 18 had 48 ounces of brandy per diem at the height of her disease, and between 4 and 5 gallons in all. Another girl far gone in organic disease had several gallons of brandy in the course of a few weeks. Such excessive use of stimulation has been made the subject of learned inquiry and it is now regarded as an established position, that in typhus fever and

therefore in all fevers and diseases attended by febrile debility alcoholic stimulants are not the best form of alimentation, that their use is as a medicine within limits, and also within limits easily suggested by reason. Milk (which during the alcoholic fanaticism had been lost sight of), is in reality the food most easily digested and more conducive to success than any other.

I have thus endeavored to show you, by a few instances only in what manner and on what lines, the art of medicine has been advancing toward stability as I affirmed in the early part of this address. What has been doing in all these years has not been in vain. A vast army of earnest, unprejudiced, disciplined workers has been engaged upon all the unsolved problems connected with disease. Diagnosis and pathology have made immense strides during the whole of the present century. Operative surgery has achieved the most brilliant and unquestionable triumphs of any period in the long course of Medical history, and this in almost every department. Hygiene and sanitation, with their reflective influence on curative medicine, have advanced by leaps and bounds and even in strictly therapeutic methods, the changes though not so palpable or easily stated are all in the right direction.

A science of pharmacology, or of the uses and actions of medicines, is being built up on a foundation that was never possible before the present day, and which will render this, the least satisfactory department of the science of healing, far more secure in the future. Nor is the immense relief to human suffering by the use of anæsthetics, and even of anodynes and narcotics in greatly improved forms of administration, to be ignored even in the most brief allusion to the modern use of drugs.

All that removal of the old traditional dogmatisms has been merely a clearing of the ground by the fathers and grandfathers, and the fervid youth of the present generation is here permitted to sow the seeds and reap fruitful crops for humanity at large.

WM. MOORE, M. D., physician in ordinary to the Queen in Ireland, delivered the address before the Section of Medicine upon

Advance in Knowledge of Fevers.

After the customary thanks for the honor bestowed upon him he proceeded to state that it was mainly due to the application of the microscope, laryngoscope, thermometer, and such kindred appliances that the science of medicine had made such rapid strides

during the last quarter of a century. But we still want something more of the precision which holds in mathematical science, and this is especially true in clinical medicine.

To give a general review of the more prominent advances made in medicine as an exact science would here be out of place, hence he confined himself to one subject, the advances made in fevers, the direction of precision as regards their specific characters, their diagnosis, and prognosis. In his student days no branch of medicine was more unsatisfactory than the diagnosis, and treatment of fevers. Now symptoms are daily anticipated, and treatment carefully applied on sound therapeutical and pathological ground. With a glance we recognize the specific character of the fever, its duration, prominent symptoms, their clinical value, with the correlative conditions of pulse, and temperature, and ultimately the prognosis of the case. To whom is this exactitude in diagnosis mainly owing? Among others in this country, to the labors of the late Dr. A. Stewart, a distinguished member of this Association, and to one of our greatest living physicians, Sir William Jenner, whilst by Sir John Simon, and his co-laborers in the researches upon the causes of fever, results as to prevention have been obtained which have reduced the mortality to a minimum compared with fifty years ago.

Nothing leads to more exactitude in a knowledge of fevers than a true understanding of their duration, and the occurrence of salient symptoms in the various stages of a long or short fever. For instance, delirium occurring in scarlatina (a short fever) must be taken prognostically for what it is worth; whereas the same symptom at the same date in typhus fever would mean coma on the fourth day and fatality on the fifth. We must take another reading of delirium occurring later on in continued fevers, with the associated conditions of pulse and temperature, which in a thousand cases will hold with comparative precision. Whilst this is true in diagnosis and morbid anatomy, I fear prognosis and treatment have not advanced beyond the domain of probability.

While we are able to anticipate with comparative exactness the great structural changes demonstrated by pathology and morbid anatomy, and verified by the microscope, at the same time we must take into account the variety of types met with in epidemic diseases, and how far this may conduce to a want of exactness in scientific medicine. It is certain that our lack of knowledge of pathology led us in times gone by to the employment of unsuitable remedies, such as the active

purgatives in advanced stages of enteric fever; this has been rectified, yet we occasionally find a critical diagnosis, associated with a neglect of therapeutical means, which might be more successful in combating disease than the remedies of the pure scientist.

Time forbids my pursuing this wide and interesting subject further, and these crude remarks must only be regarded as imperfect pioneers for further reflection.

The address upon psychology was delivered by J. R. GASQUET, M. B., upon

The Physiological Aspect of Insanity.

The speaker thought that the abundance and importance of the bodily conditions that come before us do not distract from our minds the mental and moral phenomena of insanity. It is a question whether we do not look too much upon the physical side of the object of our study and too little upon the psychical. I have not the slightest wish to disturb the tacit agreement that questions of philosophy should be set aside by us and that our business is to study the concrete manifestations of mind. I am quite agreed with Lotze (*Logic*, chapter v.) that insanity is a disease of the bodily organization, and must be studied as such. But, "a moral sermon becomes intolerable if it goes on forever," and there does not seem much present risk of its being forgotten; while there is, on the contrary, danger of a reaction if we dwell too unduly upon the bodily side of our duty. The zig-zag path of human thought may at the next turn bring the physical aspect into undue prominence.

Our daily increasing recognition of the universal extent of heredity has somewhat lessened our attention to those factors of insanity which used to be called and still figure in the text books as moral causes—education, precept, example and all the manifold ways in which one mind can influence another. Of course, they all have a common physical basis in that tendency to imitation which is inherent in the nervous system as the highest form of reflex action, yet the connecting link between mind and mind is none the less purely psychical. What fields remain unexplored? Who has tried to unravel the tangled skein of family histories, and tried to estimate the share which the early training of neurotic parents have in strengthening the evil tendencies which they have already transmitted to their children? Happily, we seldom now have the opportunity of studying the effect of imitation in those epidemics of insanity which

have been so notable in the history of the world; but their records are still open to our study, and seem to justify my contention.

Jealousy, remorse, anxiety, grief, act only by and through the nervous system, but in their nature and origin are mental rather than cerebral. Passing from the causation to the symptoms we find psychology equally as deserving of more careful investigation than it receives at present. Many of the phenomena of insanity if tested by psychology turn out to be quite different from what they at first appear. It may even be suggested that the slowness with which psychiatry progresses may be largely due to our imperfect psychological analysis, which connects symptoms really dissimilar, and separates others which are only different in appearance. We may say roughly that the bodily condition supplies the direction which the insanity takes, while details by which every individual seeks to account for his altered feelings are derived from his past mental experience. Religious belief supplies delusions often of an endemic kind.

The way in which the systematic delusions of chronic insanity are gradually built up are curious and remarkable. For instance, we have all seen patients who start with the delusions of persecution, and gradually go on to construct the belief that they must be personages of exceptional rank or importance to be the victims of such persistent conspiracy and hatred. Or again: It is interesting to watch the growth of delusions in educated lunatics, by their continual attempts to meet real or fancied objections, so that the very reasoning which is employed to disabuse their minds leads to their increased confusion.

A question of greater delicacy and difficulty has been sometimes approached, but still awaits adequate investigation. It needs a very subtle analysis to discover whether all the mental faculties are alike liable to perversion, or whether any laws of thought or processes of mind remain standing amid the general ruin, and are always normal as long as they are manifested at all.

Neither will any one say that the several groups of symptoms which we include under the term "moral insanity" have been sufficiently studied. Many problems still await solution by the application of psychological analysis, though it has been carried much further in this than other directions, owing to the pressure of medico-legal requirements.

After all, the ultimate test of our medical knowledge is in its practical value. This fact excludes from my consideration the

services we might render psychology, were we trained psychologists. But it leads me to ask all the more urgently, is the psychological side of our speciality unduly neglected in treatment? As a proof that it is I need go no further than the term "moral treatment," which has been used so vaguely as to almost become ridiculous and fallen into disrepute. It is indeed true that the mental and moral influence of one mind upon another is never more wonderfully displayed than in the management and cure of the insane. To rouse the apathetic, to cheer the melancholy, to control the excited, to bring the self-centred lunatic face to face with the realities of life—these are noble powers indeed, which are being constantly exercised in asylums. But the tact which can do all this is personal and incommunicable, born of long practice, of frequent success, and still more frequent failure; it is the skill of the artist bringing forth harmony and order from the instrument on which he plays.

What a gain it would be if the beginner could start in some measure armed with the experience of past generations. That the thing is not impossible is shown by the success in a parallel profession of Mr. Sully's excellent Teachers' Manual of Psychology. It is from this point of view that such experiments as Dr. Savage in particular has recorded are of great interest; where lunatics are reasoned out of their delusions, and cured, so to speak, by psychology.

A profound conviction of the importance of my subject could alone have induced me to occupy your time to-day with what at first sight must appear mere fault-finding and criticism. I felt I could not do better than to enforce the old sentence, which says, *Ars artium regimen animarum*—"the art of arts is the government of souls."

The address upon Laryngology and Rhinology was delivered by W. MAC NEIL WHISTLER, M. D.

Gentlemen:—To tender a cordial welcome to all devolves upon me as the most pleasant of my duties to-day. To you who have so contributed to the history of our specialty by your researches and written records, any allusions from me to details of progress would be ill-timed and even presumptuous. For all these stages, since the time when the laryngoscope first gave insight to the hidden workings of the larynx in song, and lent some hope of aid to the physician, to the present day when in the fuller fruition of hope, laryngology has reached its present state of

undenied importance for the clearer understanding, and more rational and effectual treatment of disease, all these are known to you as household words. I may but say, as an incentive to all of us to further effort, that where so much has been done still more may be attained.

Much towards the furtherance of this end, I would suggest, might be gained by still more concerted action, and by readier opportunities for the discussion of these questions, which appeal more directly to us, than are afforded through the channel of the general medical societies only. By frequent inter-change of thought, mutual and great advantage must accrue to us as workers in a common cause. The wisdom that obtains from the multitude of counsels needs not to be insisted upon; while others engaged in special researches in the great work of medicine and surgery have proved their acceptance of this truth by establishing centres for the advancement of their art, laryngology and its associated specialty, rhinology have no such representations in England. Contrasted with this seemingly strange defect, the Laryngological Association of America is a bright example of the benefits of collective investigation which has even in the few years of its existence, given rich results, until the records of its annual transactions have become an invaluable addition to our literature. I would, gentlemen, express the hope that some proposition for the founding of an association for this object in Great Britain may yet be brought forward, and steps taken for its accomplishment.

Some may argue the asserted need is in no way real, in view of the required opportunity being supplied here in this subsection of the British Medical Association. I will plead second to no one in my sense of gratification at the establishment of this subsection, but the time allotted here must be of necessity limited, and the intervals between the sessions too long for the purpose to which I have alluded. In the true sense of a subdivision of that science which is our common interest, we may here still most fitly consider those themes which have a direct and practical bearing upon the questions which engage the attention of those whose sphere in medicines is less restricted than our own, though the detailed consideration of more abstract questions in our own specialty may more properly belong to the debate of a special society.

In, however, thus generalizing, and applying the result of our researches here, we, on the one hand, may be saved from what might

tend to too narrowed views, while on the other hand we link our special department more closely to the whole.

If in the expression of these thoughts I have seemed to you to tread too boldly upon what is possibly delicate ground, I pray you to ascribe such boldness to zeal, and not to any desire to be the critic of the past, or rush into the breach as an adviser for the future. I have but ventured to express an earnest wish. However sincere my expressions may be, it is my duty to curb these encroachments on that serious work which is the purpose of our meeting to-day. Let me not then further transgress upon our time, for you are not here to listen to a discourse from me, but I to hear and heed your words.

FOREIGN CORRESPONDENCE.

Letter from Berlin.

BERLIN, Aug. 4, 1887.

The summer months are not generally supposed to be favorable for a gynecological quest in any country, and here in Germany the holidays in the Universities are supposed also to cut off all work by the professors. I have, however, not found this to be the case; although in south Germany the heat compels a cessation for a few weeks in July or August, here in the north many continue to work as usual until late in August. I am at present visiting Professor (Geheimrath) Olshausen, and Dr. A. Martin daily, witnessing operations, and conversing upon gynecological topics.

Prof. Olshausen has not been long in his present position, having been called from Halle to take charge of the University Clinic and hospital for the diseases of women, to fill the place of Carl Schroeder, lately lamented.

I was vividly impressed with the sad loss we have all experienced, in common with all womankind, in attending a hysterectomy in the beautiful Frauenklinik this morning, in the same room in which I had been so kindly received by Prof. Schroeder a year ago.

Schroeder's personality is so vividly stamped upon all scientific German work to-day, that the image will long preserve its identity, and though dead, yet will the great man continue to speak to many generations of doctors.

Of the sad circumstances of his death I have been able to learn something more exact than the meagre views which reached us across the Atlantic.

His last appearance in the Berlin Gynecological and Obstetrical Society was on January the 14th, when he exhibited a pregnant uterus removed for myomata.

A week later he showed the signs of the illness which carried him to his grave. This illness began very suddenly, and exhibited so many changes that at the time he was called to attend the Princess Wilhelm in confinement, although unable to go himself, was able to speak in the clearest manner with Dr. Hoffmeier upon everything connected with the subject. He became suddenly worse immediately afterwards, and died on February 7th, at 3.30 in the afternoon.

The immediate occasion of his death was made only too clear, but the ultimate cause lies wholly wrapped in obscurity, in spite of the careful post mortem examination made by his friend, Prof. Rudolph Virchow. An old encapsulated abscess of the posterior part of the right lobe of the brain had broken into the right ventricle, and caused there a profuse acute suppuration, and finally a basilar meningitis. The right thalamus opt. was so pressed upon by this abscess that it was flattened down and deeply indented.

Also between the base and root of the right lung lay a remarkable body the size of a small nut, of fibro-cartilaginous consistency, containing a pus-lined cavity. This very remarkable body communicated with the oesophagus by a narrow canal. In a part of this mass were also found some very curious pigmented foci of cholesterin, such as Prof. Virchow had never before seen under similar circumstances. The lungs were perfectly healthy and a suspicion even of tubercle absolutely to be excluded. There were marked traces of old endocarditis. Such was the mysterious condition discovered, and no one seems to have been able to interpret it. Schroeder was a man of great power and personal magnetism, and such was the impression he made upon me in the frequent meetings last summer, that, since the news of his illness and sad death, all the facts I could glean have been constantly and vividly before me; and I may be pardoned if I venture apologetically to offer an interpretation of the fact which has suggested itself to me, and seems at least to bear an air of plausibility.

A pneumonia from which he suffered about five years ago was, I believe, *septic*; thence originated the disease of the heart, and the peculiar body at the root of the lung may be the remainder of an infected gland which discharged through the oesophagus and contracted.

The heart disease gave rise to an embolus in the posterior lobe of the right brain, where the absence of defined centres motor or sensory, account also for the absence of any prominent symptoms, until the abscess attained sufficient size to press on the thalamus, and thus mediately to disturb the optic centre, as indicated by twitching of the eye, by which he had latterly been annoyed. During the past year he had frequently complained also of unusual tired feelings. The rupture of the abscess, and the symptoms following are now only too patent (causally). The elevation of temperature was but slight at any time. Thus died one of the world's greatest men, a literal sacrifice to this work, the cause of suffering women.

Wonderful too in view of his disability, is the vast amount of work he was able to force out of his tired mental and bodily machine during the year preceding his death, a work crowned by the great obstetrical research on "the uterus in pregnancy and in labor," containing his great studies on the "contraction ring," which will I believe prove to be his most valuable contribution to scientific and practical obstetrics.

Did not time and space fail, I could find no pleasanter task than to trace the history of his life, from his student days in Wurzburg, to his call to Bonn, as assistant to Gustav Veit, where he first dedicated himself to that course followed with such brilliant results, through twenty-three years of his life; and then his removal to Erlangen, and finally to Berlin, where he built the great Frauenklinik. It would be of interest to his many admirers to hold up a picture of gynecology and obstetrics as they were when Schroeder entered upon the field, and as they stood comparatively, when he left, and to point out the strong mark of his hand seen in all fields of the work.

Such was the comprehensive character of his activity that a history of his work would be a fair picture of our advanced gynecological and obstetrical science of to-day. No unworthy jealousy will be roused when I say in concluding, that no living man can in all respects fill his place; and as the months roll on and we look back perspective seems to have reversed its rules, and we feel stirred to exclaim "there were giants in those days."

HOWARD A. KELLY.

—All the conductors on the Maine Central Railroad have been provided by the management of the road, with cases containing all the remedies to be used in cases of accident.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Extra Uterine Pregnancy.—The Fœtus Retained for Five Years and then Expelled through the Rectum.

Bubendorf reports the following case: At the second month of pregnancy the decidua was expelled from the uterus. At the fifth month the patient thought she felt the movements of the child. At the normal end of pregnancy a great quantity of fluid escaped from the vagina. This discharge continued some days without the appearance of the child. After a month, menstruation again returned regularly. A tumor was made out in the left side of the pelvis, but the patient suffered no pain. Five years later, without recognizable cause, foetal bones were evacuated from the rectum. The author thinks the pregnancy was tubo-abdominal and that the fluid escaped from the tube into the uterus and thence out. The fœtus at the end of pregnancy had died, but could not take the same way as the fluid, and so remained in the abdominal cavity until expelled per rectum. The mother nearly died at the time the bones were expelled.—*Centrallblatt f. d. med. Wissensch.*, July 9, 1887.

A Hitherto Unrecognized Body in Pathological Urine

Thormählen writes as follows in *Virchow's Arch.*, Bd. 108, S. 317: In a woman 36 years old, who was suffering from multiple, possibly secondary malignant tumors of the liver and spleen, there was observed in the urine a different course of the reaction with nitro-prusside of soda and caustic soda. That is to say, the primary red coloration called forth by these re-agents after acidulation with acetic acid was not distinct, and also not purple, which would indicate acetone, but an immediate gorgeous blue. Addition of alkalis changed the blue color into red, and then by acidulation with acetic acid the fluid again became blue. Respecting the behavior of the doubtful substance under re-agents, the following could be established: It is non-volatile, is easily decomposed by mineral acids, difficultly decomposable by organic acids, strongly resistant to alkalis, not precipitable with neutral acetate of lead, but on the contrary completely precipitated by solution of the subacetate of lead and ammonia, and out of this precipitate it can

be recovered by carbonic acid as well as by carbonate of sodium. Transferred from heated urine into hot alcohol, it is pretty completely precipitable out of this solution by an equal volume of ether, but on the contrary is insoluble in chloroform, rhigolen, benzol, bisulphide of carbon. This substance is normally present in the urine of horses and cats, and can be obtained in purer form from horses' urine by precipitation with acetate of lead, then acetate of lead plus ammonia, as well as by the method of Baumann and Brieger, though it is still not completely isolated.—*Centrallblatt f. d. med. Wissensch.*, July 16, 1887.

The Medical Treatment of Fissures in Ano by Cocaine.

M. MENDEL commences by cauterizing the affected surface with nitrate of silver after first applying a five per cent. solution of cocaine. He then orders the patient to apply, especially after defecation, the following ointment:

R	Acidi boracici.....gr. xxx
	Cocain. hydrochlor.....gr. xv
	Lanolin.....5 v
M.	

In the intervals of defecation he applies to the wound lint coated with this ointment, and prevents constipation by using saline purgatives. Moreover, he cleanses the surface of the fissure several times a day with three per cent. boric acid water. In this way Mendel obtained recovery in from one to two weeks.—*Le Concours Médical*, July 23, 1887.

Two Cases of Gonorrheal Endocarditis.

Among the relatively few recorded cases of endocarditis arising in a causal connection with gonorrhœa, an affection of the joint pretty constantly forms the connecting link between the urinary passages and the heart. The author, however, now publishes the histories of two male patients who experienced an attack of endocarditis in respectively three and four weeks after the beginning of gonorrhœa, without the previous occurrence of an affection of the joint. In one of these cases cure resulted, while the other led to insufficiency of the valve.—VON DEN VELDEN. *Centrallblatt f. d. med. Wissensch.*, July 23, 1887.

The Treatment of Acute Miliary Tuberculosis.

Lépine recommends iodine as the best remedy. Its employment in substance is obsolete, and as Binz teaches that the iodide in contact with living protoplasm and carbonic acid sets free iodine, the employment of preparations of iodine are to be preferred; especially as by them more iodine can be introduced into the system than by using pure iodine.—*Allgemeine med. Central-Zeitung*, June 29, 1887.

The Treatment of Dysentery.

During a service of thirty-five years in the British army in India, Mac Dowell had valuable experience with dysentery and its treatment, and declares that its horrors are vanishing since the following treatment has been employed: 1. An adult takes a dose of at least twenty to twenty-five grains of ipecacuanha. 2. The stomach is prepared to receive this dose by the patient's taking an hour beforehand, twenty drops of tincture of opium, and having a mustard plaster put over his stomach. The ipecacuanha is given in the form of large pills, taken in the evening before going to bed, never in the morning or in the course of the day. Subsequently nothing ought to be drank. This treatment is continued every evening, and in this way by the third morning blood, mucus, and pain have generally disappeared. During the day bismuth is allowable.

Small doses of ipecac are only harmful: they were used for two hundred years in India without removing the mortality.—*Allgemeine med. Central-Zeitung*, June 29, 1887.

A Case of Hæmatophobia.

In the Biological Society of Paris at its meeting on June 18, 1887, Féré introduced the subject of hæmatophobia. Many persons could not see blood without being seized with different kinds of attacks, such as syncope, hysterical attacks, etc. Some were only affected by the sight of their own blood; in some a handkerchief spotted with blood was sufficient, in others a strong stream of blood was necessary to call forth the attack. Féré treated a woman forty years old who suffered from hysteria and hæmatophobia. As he was examining her one day he brushed accidentally against her elbow. The patient immediately fainted. She subsequently informed him that during an attack of pneumonia some years before, she had

been bled from both arms; and since then she always lost consciousness whenever any one touched the spot on her arm.

Laborde places this phenomenon in the same category as the epileptic attacks which are induced by a scar. He himself had an old scar which formerly could not be pressed without his fainting. Brown-Séquard remarked that the motility of the reflex excitability is extraordinarily different and diverse in each individual.—*Deutsche Medizinische Zeitung*, August 8, 1887.

Treatment of Locomotor Ataxia with Rarefied Air.

Dr. H. M. Lyman gives the following summary of his opinions upon the treatment of locomotor ataxia:

1. That progressive locomotor ataxia cannot be cured by dry cupping.
2. That the painful sensations which accompany the evolution of the disease may sometimes be relieved by this method of treatment.
3. That the principal advantage resulting from the use of Junod's cupping apparatus consists in the improved nutrition of the muscles of the limbs which are subjected to its action.
4. That the delay of muscular atrophy thus procured is due to the local action of rarefied air upon all the structures of the affected parts and is limited to the tissues which are actually inclosed within the exhausted receiver.
5. That the improvement of nutrition is, therefore, principally accomplished by direct action, rather than by reflex influences exerted through the spinal cord.
6. That in the use of rarefied air we employ an agent which is competent to fill a subordinate and limited, yet often serviceable position in the treatment of cases that are characterized by a tendency to muscular degeneration.

This, probably, is also true in other diseases besides progressive locomotor ataxia.—*The Journal of Mental and Nervous Diseases*, July, 1887.

The Treatment of Insect Bites.

Dr. Bernbeck recommends the following formulæ:

- | | | |
|----|------------------------------------|------------|
| R | Collodii..... | parts 19 |
| | Acid salicyl..... | " 1 |
| M. | Sig. To be painted on as directed. | |
| Or | | |
| R | Collodii..... | parts 1000 |
| | Hydrarg bi-chlor. cor..... | " 1 |
| M. | Use as above. | |

These solutions cause the pain to diminish, and only in rare cases does swelling of surrounding painful parts occur.

The *Lancet* has recently recommended a weak solution of carbolic acid as a prophylactic.—*Allgemeine med. Central-Zeitung*, July 13, 1887.

Report of a Case of Extra-Uterine Pregnancy, the Fœtus Being Retained for Thirty Years and Becoming a Lithopædion.

Dr. W. H. Fales records the following interesting particulars:

In giving the history of this case, I hoped to quote from the records of the physician who attended Mrs. A. during her illness, and who, as I understand, took extensive notes, but I am unable to do so, owing to his death a few years since, and the subsequent destruction of his records.

I am fortunate, though, in that such information as I have comes from a twin sister, who is still a remarkably vigorous woman, both mentally and physically, and whose statements, so far as they go, are undoubtedly correct.

Mrs. A. was married September 24, 1844. Never had any miscarriages. She was delivered of a perfectly healthy child January 29, 1848.

Early in January, 1856, she became, as events proved, pregnant again, though her condition at the time was merely surmised, as menstruation continued to be present and in fact existed, with more or less regularity, throughout her entire pregnancy.

It was not until the middle of May that the attending physician made a positive diagnosis of pregnancy, basing his opinion on foetal movements which became manifest at that time.

Early in March of the same year while visiting friends, she fainted, vomited and complained of considerable epigastric pain. There was no flowing at this time. The following day she rode home, a distance of four miles.

Directly after this, she had three so-called inflammatory fevers characterized by abdominal pain, excessive tympanites and uncontrollable nausea and vomiting. During one of these attacks an abscess formed just above the pubes, which opened but did not discharge much.

Counting from the middle of May, when foetal movements began, October 1st would be the probable date of her confinement. About that time the physician was summoned, not on account of her labor pains, as

she *never* had these, but for excessive and painful movements of the child. These were always very marked, and caused her the utmost inconvenience. As she expressed it, she felt more life with this child in two hours than during her entire previous pregnancy. October 13th, the physician was again called, for the same reason. At this time "something was rubbed on the abdomen," after which the movements grew less and less, and finally ceased. For the next ten years she was an invalid, though nothing very explicit could be obtained as to her condition. She was generally miserable and had a number of attacks of abdominal pain, sometimes accompanied by icterus.

During this period the tumor very gradually decreased in size, finally remaining stationary and causing no trouble except a feeling of weight when standing or walking too long.

Her subsequent health was good until about two years ago, when a malignant growth attacked her larynx, which eventuated in her death December 24, 1886.

The autopsy was performed September 26th, Drs. Bill and Metcalf assisting.

The body was very much emaciated. The tumor was apparently situated about in the median line, but on palpation was found to extend downwards and to the left, the contained foetus occupying a sacrum-left-anterior position, but entirely out of the pelvic cavity, the base of the skull being on a level with the umbilicus. On making the incision the tumor was found to be adherent to the abdominal wall, and it seemed as though it would soon have made its way through, either from pressure or ulceration, so thinned had the structures become at the point of its adherence.

It was almost lying loose in the abdominal cavity, the only points of attachment being the one just referred to, the pedicle, and some small adhesions to the intestines.

The intestines were ranged round the tumor—none in front of it—and were one mass of adhesions, forming with the abdominal walls the sac, as it were, containing the tumor.

The pedicle passed directly downwards, enclosing the uterus and then fading out gradually into the peritoneum. Nothing that would answer for a placenta, or the remains of one could be found.

With the tumor I extracted the fundus, Fallopian tubes and ovaries, which furnished no points of interest. Any further examination was denied. The autopsy suggested an extra-uterine pregnancy of the abdominal

variety, but the history points rather to a ruptured tubal becoming an abdominal.

To epitomize the various dates:

Mrs. A. was married in 1844; first child four years later; second pregnancy eight years later; probable rupture of tube and subsequent attack of peritonitis at third month; death of fœtus at ninth month; death of Mrs. A. from cancer of the larynx thirty years later, the fœtus having become converted into a lithopædion.—*Boston Med. and Surg. Journal*, August 11, 1887.

Injectons of Eucalyptol in Pulmonary Tuberculosis.

In the French Academy of Medicine, Ball reported upon the results of this method of treatment which he had employed for a year at the instance of Roussel, of Geneva, in the Laennec hospital. Of twenty-one persons, six had died, ten were improved, and five remained under treatment. According to Ball, the medicine acts especially upon the septic material of the tuberculosis. Under its influence the night sweats and diarrhœa cease, the expectoration and the fever diminish, and the bacilli vanish from the sputum. On the contrary, Dujardin-Beaumetz, who had instituted similar experiments, obtained different results. According to him, the eucalyptol acts by directly lessening the expectoration, without exercising an influence upon the bacilli. In some patients the oppression increased as the expectoration diminished. Guiffart, who instituted experiments in the Hotel Dieu, could very quickly by these methods of treatment obtain, in three patients out of five, a great diminution of the dyspnœa and sleeplessness. A diminution of the expectoration could not be observed in the chronic cases, possibly because the treatment was of so short duration. At all events, as Guiffart declares, this method of treatment obtains diminution, especially of the dyspnœa.—*GUIFFART. Deutsche Medizinal-Zeitung*, August 4, 1887.

Curable Hypertrophic Cervical Pachymeningitis.

The author has collected together the cases of cervical hypertrophic pachymeningitis published during the last ten years, and to these he has added two observations of his own, and discusses the symptoms and course of the disease. Nearly all the cases were referred to cold as a cause. The picture of the disease was as first described by Charcot and Joffroy. Very frequently trophic disturbances show themselves in the skin and the

nails of the upper extremity; in two cases there was hiccup in addition to the customary symptoms of the disease, and in one an increased secretion of urine was present. With reference to the sexual functions it is to be noted that temporary impotence alternates with increased sexual impulse. The prognosis of cervical hypertrophic pachymeningitis is not unfavorable; in most cases recovery occurs and generally after the persistence of the disease for two to three years. As to treatment, the author recommends warm baths, the hot iron and sodium salicylate.—*HIRTZ. Centrallblatt f. d. med. Wissenschaft.*, July 23, 1887.

Silver Absorption in Plate-Workers.

It is not generally known that the skin of workmen who have to manipulate silver is liable to become impregnated with the metal. Observations made on 800 silver-workers in Berlin have shown that all of them had the characteristic patches of coloration. These patches are round or oval in shape, varying in size from a millet seed to a broad bean. As a rule they are not raised; they are anæsthetic, and occur principally on the dorsum of the left hand. Only workers in silver are thus affected, and not those who manipulate gold or copper. The absorption of the metal seems to have no effect on the general health. Microscopical examination shows that the patches are caused by the deposit of metallic silver in the tissues, and they are soluble in nitric acid and cyanide of potassium. It was noticed that the men affected were invariably those who had some ulceration or abrasion of the hands through which the metal was absorbed. The nature and shape of the metallic deposit warrants the supposition that the metal enters in a soluble form, and is then precipitated. Curiously enough, three workmen who were being treated for syphilis with mercury developed a number of fresh stains in a comparatively short space of time.—*Brit. Med. Journal*, August 6, 1887.

—Discussing the subject of the doctor's income, Dr. Paget Thurston says, that the trouble is not in want of patients, but in the low rates of fees; for Dr. Thurston says that in England ten per cent. of patients pay five shillings (\$1.25), ten per cent. pay 60 cents to \$1.25, while eighty per cent. pay such fees as no doctor or educated gentleman can possibly live on, the average for union, club, and dispensary patients being ten to fifteen cents.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

—The first annual report of the Visiting Nurse Society has come to hand. We would like to see this society enlarge its function so as to provide nurses to stay with the sick when this is necessary; but even visiting nurses are much better than none at all, and the organizers of the society have furnished a charity that merits more commendation than can be accorded many dispensaries.

—Henry Carvill Lewis's account of "The Alleged Pyschical Phenomena of Spiritualism," is a very interesting description of two seances with Eglinton. As might be expected from the high scientific attainments of the writer, his summary of the results of his visits to Eglinton are calm and dispassionate. The original paper will be found in the proceedings of the Society of Psychical Research, part XI, May 1887. Those who are interested in spiritualistic phenomena, will do well to read this paper in conjunction with the recent report of the Seybert Commission.

—"The Results of Vaccination and the Inequity and Injustice of its Enforcement," is the title of a paper by Wm. Tebb, President of the London Society for the Abolition of Compulsary Vaccination. It is never wise to underrate the dangers that may be incurred by vaccination, but when one reads the printed statement that such "diseases" as blindness, boils, bullae, cancer, gangrenous, inflammation, meningitis, phagedenic action, rickets, scald head, pyrexia, etc., etc., are due to vaccination *per se*, he must be peculiarly credulous if he believes it. The statement that such morbid conditions arise is credited to medical witnesses, but it is well known that some doctors see many strange things. We are still disposed to think that when bad effects seem to follow vaccination, they are due to constitutional disease, which may be latent until evoked by vaccination, to improper virus, or to some combination of the latter with external conditions.

—Dr. A. G. Sinclair, of Memphis, Tenn., in his little paper on "Iritis," read before the Medical Society of Tennessee, in April last, calls particular attention to a point general practitioners will do well to remember, namely, pericorneal congestion as indicating disturbance of intra-ocular circulation. The painful initial symptoms of iritis are well contrasted with neuralgia.

—Dr. Otis, whose name is a familiar one in genito-urinary surgery, calls attention in his paper "On Some Important Points in the Treatment of Deep Urethral Strictures," to the importance of first localizing a stricture before treatment is directed to curing it. He endorses Sir Henry Thompson's dictum, "If you cut at all, cut all." The liability of a stricture anterior to the membranous portion of the urethra to produce a tight spasmodic stricture behind it, should not be forgotten. The author asserts that he has known the passage of the flexible bougie or sound, when there existed a stricture of large calibre in the penile portion, to be followed by severe inflammation in many instances, and even abscess, sometimes of the prostate, sometimes of the head and even body of the testicle.

Items.

A case has recently been decided in one of the county courts of England in which a barber was held liable for damages for having infected a customer's face with *sycosis menti* through the use of an improperly cleansed razor.—*Boston Med. and Surg. Journal*, Aug. 18, 1887.

—An ink is prepared by Oscar J. Lache (*Am. Journ. Pharm.*) from sumach leaves by adding to one pint of the decoction from one ounce of the leaves, ninety grains of iron sulphate and sixty grains gum Arabic. The ink at first prepared has a brownish color which disappears in a few days, and after standing two weeks it can scarcely be distinguished from nut-gall ink.

—Susie.—"Oh, mamma, I'll never disobey you again."

Mamma.—"Why, Susie, what have you done?"

Susie.—"Well, I drank my milk at lunch and then ate—a pickle, and the milk said to the pickle, 'Get out,' and the pickle said, 'I won't,' and the're having an awful time!"

—Here are some queer London signs and advertisements: Sick dogs medically attended by the week or month. Birds to board. Ladies' and gentlemen's feet professionally treated by the job or season. Round-shouldered persons made straight. Babies or children hired or exchanged. False noses as good as new and warranted to fit. Black eyes painted very neatly.

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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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IN MEMORIAM.

Nathaniel Archer Randolph, M. D.

On Sunday, August 21st, Dr. Randolph lost his life by drowning in the sea at Longport, on the New Jersey coast.

Dr. Randolph had gone to this place to secure a few days rest from the arduous duties which he had been performing as one of the editors of THE MEDICAL AND SURGICAL REPORTER, since the time when it came under its present management. The zeal and fidelity and industry with which Dr. Randolph performed his duties can be appreciated only by those who were familiar with

his methods of work; but the results have been seen in the pages of The Reporter, and must have been recognized by its readers.

He was a man devoted to the best interests of the profession, was in harmony with the best men in it, and was filled with the desire to make The Reporter one of the best medical journals in the country. His death is a bitter loss to his co-editor, and is also a loss to all the readers of The Reporter. The very sense of that loss is an incentive to those whose labors and responsibilities are increased thereby. Those who survive must continue and perfect the work of those who fall by the way. This is the truest tribute of respect which can be paid to the memory of the fallen.

SANITARY PROGRESS IN MIDWIFERY.

When Dr. O. W. Holmes in 1843 wrote his famous essay upon "The Contagiousness of Puerperal Fever," the majority of the medical profession, who were in a position to speak and teach authoritatively, were of the contrary opinion. Since that date there has been a complete revolution in medical belief. So great has been this change that milk fever, which until recent years was regarded as a physiological pyrexia, has now been relegated to the domain of pathology as merely an evidence of septic infection. A physician engaged in family practice is now as careful to keep his hands clean before attending a case of confinement as in all times he has been to keep his reputation unspotted. With the advent of the antiseptic system of surgical treatment came a close inquiry into the mortality of the lying-in wards of our large hospitals. As a result of this a steady and persistent effort has been made by good men to render the environment of women during their confinement in the first place as aseptic as possible; and when any injury of the maternal structures has taken place, to treat the womb and the patient with rigid antiseptic precautions.

As these measures have been in force for several years, it is interesting to note the result at La Charité according to the statement of Budin (*Le Progrès Médical*, June 18, 1887). In thirteen hundred and forty-nine confinements occurring between the years 1883-6 inclusive, there was a total mortality of twenty-one in the hospital, or 1.55 per cent. The total mortality due to infection was nine, or .66 per cent.; of these nine, four received their infection in the hospital, making a percentage mortality due to infection received in the service of .29 per cent. This is an exceedingly gratifying result when it is remembered that all applicants are admitted, no matter whether they have advanced phthisis or incipient septicæmia or eclampsia. Quite a number of the deaths occurred shortly after admission, and from the nature of the cases was unavoidable. Budin also accurately describes the furniture and appointments of the lying-in rooms, and the rooms for pregnant women.

We cannot help thinking that they are inferior in aseptic efficiency to the maternity wards of our own city hospital, inasmuch as the latter are entirely separate and distinct buildings from the rest of the hospital, and with equal care and foresight ought to show better results than La Charité.

THE BACILLUS OF SCARLET FEVER.

In June last, Dr. Alexander Edington, wrote a paper in the *British Med. Journal* upon the various micro-organisms that had been isolated from the blood and desquamating epiderm of patients suffering from scarlet fever. He has been able to make cultivations of this bacillus scarlatinæ. The growth under the influence of heat is very rapid, but unless transfers of the seed material are made from the surface of the growth, cocci develop to such a degree and with such rapidity that in ten days no bacilli are found. In blood-serum the bacilli grow badly. On potatoes, however, a rapid and luxuriant growth is soon obtained. "At 64.5° F. one finds after twenty-four hours a thick citron-white pellicle with the central portion tending to a citron-yellow color; after forty-eight

hours this coloration will have been seen to spread outwards, while the central part has increased in color, passing from this color gradually to that of ochre, and still later assuming a color identical with that of bread crust, and after some days the whole potato will be covered with a growth of this kind. Coincident with the increase of color will be noticed a rinkling of this pellicle, until at last the whole surface of the growth presents a tessellated appearance, while the potato under it is found to be moist, almost semi fluid." Such a growth consists almost entirely of spores, whose capsules stain a faint blue, with a 2½ per cent. watery solution of methylene blue. These researches of Edington are important as bearing upon preventive medicine. If the epidermic scales which separate from the skin of a scarlatinal patient and are then carried by the air contain these bacilli, then we have on the one hand a scientific explanation of the value of inunctions of oil in this disease, a practice that has become routine with many able physicians; and on the other, a most cogent reason for complete isolation of scarlatinal patients. It has long been known that scarlet fever could be conveyed by these epidermic scales, and isolation of scarlatinal patients is not a recent practice, but it is interesting to notice how gradually, step by step scientific investigation confirms the methods of practice long since adopted as the wisest by careful clinical observation. As in every other branch of knowledge, art is followed and explained by science; and in medicine, for the diagnosis and cure of disease, we must ever look to observation and experience to lead the way.

THE TECHNIQUE OF TRACHEOTOMY AND INTUBATION OF THE LARYNX.

This is a reprint of a paper by Dr. C. G. Jennings, read before the Michigan State Medical Society, and justifies its title. It is a very clear and concise statement of how to perform these two operations, which, together with arrest of hemorrhage and hernia, every general practitioner of medicine should become familiar with.

NOTES AND COMMENTS.

THE MODERN TREATMENT OF COMMON DISEASES.

DYSPEPSIA (*continued*).

LOSS OF APPETITE.—When this exists there is generally more or less atony of the gastric mucous membrane, in which condition the vegetable bitters are useful:

- R** Pulv. cascarillæ..... $\mathfrak{z}$ j
 " rad. rhei.....gr. xv
 " columbæ..... $\mathfrak{z}$ ss

M. ft. pil No. L. Sig.— $\mathfrak{z}$ three times a day. (Ewald.)

Not infrequently an aromatic is happily combined with the bitter, inasmuch as it is more stimulating though also more evanescent in its action:

- R** Tinct. cinnam..... $\mathfrak{m}\mathfrak{x}$ xxxvj
 Pulv. rad. columbæ.....gr. cvijj
 M. Div. in pulv. No. xii. (Ewald.)

Sometimes it is best to guard against the irritant properties of bitter drugs. This may be done by combining a small quantity of morphia with the prescription. The following formula is also useful when loss of appetite is combined with a tendency to cramps:

- R** Morph. acetat.....gr. iss
 Tr. gentianæ
 Tr. columbæ
 Tr. quassia
 Tr. cort. querc..... $\mathfrak{a}\mathfrak{a}$ $\mathfrak{f}\mathfrak{z}$ vj

M. Sig.—Teaspoonful several times a day. (Graves.)

EXCESSIVE ACIDITY.—As stated in the previous number of the REPORTER, this may be relieved by acids before meals or alkalies after meals (Ringer). The following formulæ will be found of service:

- R** Potassii bicarb.....gr. xc
 Cort. aurantii.....gr. xlv

M. Div. in pulv. No. x. Take one powder in sweetened water three times a day.

- R** Sodii nitratis..... $\mathfrak{z}$ ij
 Bismuthi subnit.....gr. xv
 Gummatis arab..... $\mathfrak{z}$ ss
 Aq. destil..... $\mathfrak{f}\mathfrak{z}$ vij $\mathfrak{z}$ vij

M. Sig.—Teaspoonful every four hours. (Ewald.)

If constipation also exists, the following may be used:

- R** Inf. rad. rhei..... $\mathfrak{f}\mathfrak{z}$ iss
 In this cold dissolve:
 Sodii bicarb.....gr. cl
 Syr. aurantii cort..... $\mathfrak{f}\mathfrak{z}$ vj

M. Teaspoonful twice daily. (Ewald.)

Or:

- R** Calcii carb. præcip.....gr. cxxxv
 Magnesii carb.....gr. xc
 Sem. myristicæ pulv.....gr. vij
 Sacch. alb..... $\mathfrak{z}$ iv ss
 Gummatis arab.....gr. xlv
 Aq. destil.....q. s.

Fiant trochees No. xx. Part of one may be taken several times a day. (Ewald.)

Or:

- R** Inf. rad. rhei..... $\mathfrak{f}\mathfrak{z}$ iv— $\mathfrak{f}\mathfrak{z}$ vss
 Sodii bicarb.....gr. lxxv
 Ol. menth. pip..... $\mathfrak{m}\mathfrak{x}$ iv
 Syr. aurantii cort..... $\mathfrak{f}\mathfrak{z}$ vj

M. Sig.—Tablespoonful every two hours when there is gastric and intestinal catarrh. (Ewald.)

FLATULENCE.—When this is due to fermentation, creosote and carbolic acid are useful:

- R** Creosoti.....gr. iij
 Aq. flor. aurant..... $\mathfrak{f}\mathfrak{z}$ j— $\mathfrak{f}\mathfrak{z}$ vij
 Tr. ferri acetat. æth.
 Ætheris
 Syr. aurantii cort..... $\mathfrak{a}\mathfrak{a}$ $\mathfrak{f}\mathfrak{z}$ ss

M. Sig.—Teaspoonful every two hours. (Ewald.)

- R** Acid carbol.....gr. xv
 Pulv. rad. rhei.....gr. lxxv
 Mucil. gummatis arab.....q. s.

M. Div. in pil. no L. Sig.—One three times a day. (Ewald.)

When flatulence is the result of insufficient gastric juice:

- R** Acid hydrochlor..... $\mathfrak{m}\mathfrak{x}$ lxxv
 Aq. menth. pip..... $\mathfrak{f}\mathfrak{z}$ iss— $\mathfrak{f}\mathfrak{z}$ ss
 Syr. aurant. cort..... $\mathfrak{f}\mathfrak{z}$ vj

M. Sig.—One-half teaspoonful in water after each meal.

- R** Acid. Hydrochlor..... $\mathfrak{f}\mathfrak{z}$ v
 Aq. destil.
 Syr. zingib..... $\mathfrak{a}\mathfrak{a}$ $\mathfrak{f}\mathfrak{z}$ ss

M. Sig.—Ten drops in water after meals. (Ewald.)

Charcoal is often valuable in flatulence associated with acidity:

- R** Pulv. carb. lig..... $\mathfrak{z}$ vj
 Lig. quassia
 Magnesiae carb..... $\mathfrak{a}\mathfrak{a}$ $\mathfrak{z}$ j

M. Teaspoonful several times daily. (Ewald.)

- R** Pulv. carb. lig.
 Sodii bicarb.

Elæosacch. menth. pip..... $\mathfrak{a}\mathfrak{a}$ gr. viiss

M. Ft. pulv. Take $\frac{1}{2}$ one hour after every meal. (Ewald.)

- R** Pulv. carb. lig.....gr. vi
 Acid. salicyl.....gr. iss

M. Put in capsules No. x. Take one $\frac{1}{2}$ hour after meals. (Ewald.)

SLOWNESS OF DIGESTION.—In a large number of cases of dyspepsia, food after entering the stomach seems to the patient to lie there like a dead weight. Sometimes after remaining a while in the stomach it is regurgitated in a nearly unaltered condition; or in other cases digestion proceeds so slowly

that gases form, resulting in flatulence, eructations and colicky pains. It is in these cases that pepsin and, if the dyspepsia be intestinal, pancreatin, are of great value. A number of useful formulæ will be here appended:

R Pepsin, sacch. gr. lxxv
Strychninæ gr. i-13
Sacch. lactis. gr. cl
M. Div. in pulv. No. x. Sig.—No. i.

R Acid, hydrochlor. ℥ cl
Aqueæ menth. pip.
Aqueæ destil. āā f 3 j. f 3 ivss

M. Sig.—No. ii.

Dissolve one of the powders in a glass of water and place in it a teaspoonful of No. ii. To be taken $\frac{1}{4}$ hour after meals. (Ewald.)

R Pepsin. gr. xxx
Acid. salicyl. gr. viiiss
Glycerini. f 3 j f 3 ivss
Tinct. calami. ℥ cl
Sig.—Teaspoonful dose. (Ewald.)

R Pepsin. gr. cl
Pancreatin. gr. cxiv
Sacch. lactis. 3 j 3 ivss
Ext. malti. gr. lxxv
Acid. lacti. gr. xxxvij
Acid. hydrochlor. dil. ℥ cl
Glycerini. 3 v
Tragacanth. q. s.

M. Div. in ten pill masses (Lactopepsin). (Ewald.)

R Pepsin. gr. lxxv
Acid. hydrochlor. ℥ viiiss
Rub together exactly.
Ext. gentianæ. q. s.

M. Ft. pil. No. L.

One pill several times a day. (Ewald.)

R Pepsin. gr. xxxvij
Acid lactic. gr. iij
Amyli. gr. xl

M. Ft. pulv. No. v. To be taken an hour after meals when there is too little acid in the stomach. —(Corvisart.)

R Pepsini. gr. lxxv
Morph. hydrochlor. gr. i-6
Amyli. gr. xc

M. Div. in pulv. No. xv. In increased irritability of the gastric mucous membrane.—(Corvisart.)

The following formula is also useful though without pepsin, in the so-called atonic dyspepsias:

R Inf. rad. rhei. f 3 iv-f 3 vss
Elixir aurantii. ℥ lxxv
Syrupi. ℥ iv
Sp. æth. nit. ℥ viiiss

M. Sig.—Tablespoonful every half hour. (Ewald.)

A Case of Peritonitis from Injury.

A case of considerable medico-legal interest has recently been tried in the County Court of Skipton. A boy aged 13, who was attending the Grammar School, was squeezed by one of the masters against the desk at

which he was sitting. He believed it was done as a punishment; but another boy, who saw it, thought it was intended as a joke. The master in question denied all recollection of the occurrence. The boy said he was trying to stand up at the moment, so that his umbilical region was compressed against the ledge of the desk. He complained of being hurt at the time, and was obliged to go home and go to bed on account of the pain; and on the succeeding days he was so unwell that, on his return from school, he went to bed each day. A few days afterwards he was persuaded to play at football, but had to desist in less than a quarter of an hour, as he felt so ill. About the twelfth day after the injury Dr. Wylie was called in, and found that the boy had well-marked local peritonitis in the umbilical region, from which, after a good deal of suffering, he eventually recovered. In the end the jury found that the peritonitis had been due to the squeezing, but that the master had pushed up against him in joke, and not with intent to do him harm, and awarded the damages at £10. An attempt was made to show that the peritonitis must have been caused in some other way, as it was so long in making its appearance; and medical evidence was called to prove that acute peritonitis usually set in within a few hours after the receipt of the injury, but that the time at which it commences must depend upon the nature of the injury. Great violence, no doubt, may produce an exceedingly rapid acute peritonitis; but a lesser degree of violence would produce only a subacute peritonitis, and we should not expect it to make its appearance so soon. After all, there is no evidence to show in this case when the peritonitis did develop; and, judging from the nature of the injury, it seems most probable that its course was a very gradual one, and that it had been in existence for many days before the medical man was consulted.—*Brit. Med. Journal*, August 6, 1887.

The Ripley Birching Case.

The case of the child of seven who was alleged to have been so brutally beaten by order of the magistrate to which we alluded in our last issue, has excited a great deal of interest. Sir Walter Foster saw the child five days after the flogging, and found distinct traces of what he considered to have been a brutal flogging. He therefore, addressed a question to the Home Secretary in regard thereto; in reply to which the latter gave a very different version of the affair, based on information received from the police

authorities. He nevertheless assured his listeners that in future a "lighter rod would be used for very young children," meaning apparently children under seven. It is simply monstrous that children of such tender age should be subjected to corporal punishment at all, and we hope that the practice will soon be put a stop to.—*The Med. Press and Circular*, Aug. 3, 1887.

A Nutritive Enema.

Ewald gives the following prescription: Take two or three eggs and beat them up smoothly with a tablespoonful of cold water; next heat a half cup of a twenty per cent. solution of glucose with a pinch of starch, and add a wineglassful of red wine; then pour the solution of egg in slowly, taking care that the solution does not become warm enough to coagulate the albumen. Before injecting this enema, the lower bowel must be emptied by clysters.—*Deutsche Medizinal-Zeitung*, July 21, 1887.

Improved Hartshorn Liniment.

After alluding to the reasons why the Committee on Revision of the Pharmacopœia substituted cotton-seed oil for the olive oil formerly ordered, and the fact that cotton-seed oil does not saponify with water of ammonia, Prof. Joseph P. Remington gave some experiments, and then alluded to lard oil as being far the most satisfactory. If this (lard oil) be substituted for the cotton-seed oil in the present pharmacopœial proportions: Water of ammonia, 30 parts (or 5 fluid ounces); lard oil, 70 parts (or 11 fluid ounces), the result is entirely satisfactory. After standing some weeks, the resulting mixture has not changed its consistence, and partial saponification is evident.

Dental Anesthesia.

M. Georges Vian claims to have solved the problem of local anesthesia in dentistry. After numerous trials of solutions of different strengths, he has found that the soft parts about the maxillæ may be rendered completely insensible by the use of cocaine, associated with a two per cent. solution of carbolic acid. Five minutes before operating, M. Vian dissolves five centigrams (one grain) of hydrochlorate of cocaine in fifty centigrams (ten drops) of the solution, and injects it into the gums, half-way between the neck and the extremity of the root of the tooth. Half of the solution is injected on the palatine, and the remainder on the labial side, pressure being made by the finger, when the needle is withdrawn, to prevent the exit of the fluid. Anesthesia is perfect in three

minutes. The quantity of cocaine advised by M. Vian seems somewhat large, but it is said to have been so used in eighty-seven cases, without causing any unpleasant symptoms.

On the Influence of the Cortex upon the Dilatation of the Pupil.

Mislowsky finds that stimulation of different places in the cerebral cortex by weak currents produces dilatation of the pupil in dogs and cats. He was unable to find a spot from which he could obtain contraction of the pupil. Dilatation still occurred after section of the cervical sympathetic, extirpation of the upper cervical ganglion, and after the trigeminus was severed from the ganglion of Gasser and the spinal marrow at the height of the atlas. Stimulation fails after severance of the oculo motor or of the trigeminal nerve behind the Gasserian ganglion.—*Centrallblatt f. d. med. Wissensch.*, July 2, 1887.

Heroic Treatment of Incomplete Abortion.

Two papers in the March number of the *Jurnal Äküschersta Jenskikh Bolësnëi*, by Dr. Fisher and by Dr. Khazan, deal with the treatment of incomplete abortion by thoroughly scraping out the interior of the uterine cavity with a sharp spoon. Neither of these physicians has found it necessary to use an anæsthetic during the operation. Dr. Fisher places the patient on the back, Dr. Khazan on the back or left side. The most careful disinfection is carried out by both, Dr. Fisher using a double current catheter passed into the uterus, Dr. Khazan mopping out the cavity with sponges. The former practitioner does not find dilatation of the os necessary, while the latter uses, if required, Hegar's bougies or tents. After the uterine cavity has been scraped quite clean, it is again disinfected, Dr. Khazan going so far as to mop it out with a solution of perchloride of iron. The vagina is plugged, and ergot, or ergotine, administered. Dr. Khazan makes the patient lie on her face for the first two days.—*Brit. Med. Journ.*, August 13, 1887.

Tar Pastilles, Without Sugar, for Diabetics.

R	Picis liquidæ.....	3 ss
	Sodii, bicarb.....	3 iv ss
	Calcii, phosph. bibas.....	3 vii ss
	Ol. anisi.....	gtt v
	Mucil. gumma. tragacanth.....	q. s.
M.	troch. fit. M. c.	

Each pastille contains $\frac{1}{10}$ grain of Picis Liquidæ.—HENRY MAYET, *Deutsche Medizinal-Zeitung*, July 21, 1887.

CORRESPONDENCE.

An Unusual Effect Following the Administration of Quinine.—Sectarianism in Medicine.—The Exception to the Rule.

EDITORS MED. AND SURG. REPORTER:

Within the past few weeks I attended a lady suffering from double tertian fever, supposed to have been brought about by a visit to Atlantic City; but of course we are not aware of that, as patients are often there for the purpose of overcoming any malarial tendency to which they may be subject. The patient under consideration took at one dose eight grains of quinine sulphate, and in the short space of half an hour the skin began to burn and itch, and caused her the greatest uneasiness. Two hours later I saw her, and at that time the skin looked like a piece of red flannel. In reply to my inquiry she said she had experienced two attacks previously, one after taking some kind of medicine three years ago; and she added, that when the doctor saw her he told her it was "sharlet roosh," and went out and got a broom and commenced sprinkling carbolic acid all over her and the room. The children were kept away from her, and the neighbors, alarmed at the report, would not come near her for days, and she just wouldn't have him any more.

Strange things happen to the doctor while visiting amongst his patients, and the above incident reminds me of one that occurred some time ago. An elderly lady, just recovering from an attack of pneumonia, and not very strong, was advised to add meat to her diet, but I was somewhat surprised at the positive manner in which she declaimed, and remarked jokingly to her daughter who was in the room, "Oh, I see, she is a vegetarian." "No, doctor," said she, "I am a Methodist to the backbone."

When studying grammar, I distinctly remember how efforts were made to imprint on my memory the statement that "exceptions strengthen rules," and reading Dr. Calkin's article in the last issue of the REPORTER reminds of the need of making exception to some of the positive rules he has laid down concerning "The Etiology and Treatment of Female Sterility." He says: "One fruitful cause of sterility is hypertrophy and hyperplasia of the uterine muscle, from cervical and perineal lesions." Again, "To insure fertility, *there must be a healthy endometrium with its corpuscular layer well developed.*" Now, these statements are not to be taken as if they were part and parcel

of the laws of the Medes and Persians, for not long since I had a patient under treatment whose troubles took in nearly the whole catalogue, with most terrible attacks of dysmenorrhea, and yet she conceived. The worst of it was that she blamed me for leading her to believe that she would not become pregnant. The only resource left for me was to repeat the old maxim, that "all signs fail in dry times."

JOHN AULDE, M. D.

Mysteriously Trephined.

EDITORS MED. AND SURG. REPORTER:

D. H., aged about 25 years, consulted me about three years ago in regard to a "sore spot" on his head, situated just above the temple. Over an area nearly the size of a silver half dollar, there was some swelling, induration and tenderness. He said the trouble had existed for a considerable time, though he could not tell exactly when it commenced, so trivial did the affair seem at first. I diagnosed it a bealing [suppuration] of some kind, but was in doubt as to its real nature. Ordered a poultice. Very little change in appearance during next few days. Found symptoms of diabetes, and upon examination of urine, found sugar in large quantities. I naturally assumed that the small bealing upon the head was simply an effort of nature to get rid of some impurities in the blood due to the diabetic condition.

Pus finally formed, which I drew off with a hypodermic syringe. When I got tired of *pumping*, I made an opening with a lance, pressed out the pus and tried to explore the cavity with a probe, but the last being very painful I did not make the examination very thorough. I kept him, of course, upon proper treatment for the diabetes. He never lost a day from his work and sometimes I would not see him for weeks at a time. At the end of six or seven months he came into my office. The abscess was still discharging. I now discovered what appeared to be loose bone. I enlarged the opening and removed a *single piece* about the size of a silver quarter, nearly round and the full thickness of the entire skull.

But for its serrated edges one might have thought that the ghostly hand of some departed surgeon had been beneath that scalp wielding the trephine. How was that skull fractured? Surely it had been fractured sometime, but when or by what agency I cannot determine. When at his work (railroad carpenter) he would occasionally get a hit on the head, but at no time can he remember of having received one sufficiently

severe to cause him to think of it an hour later. The head healed up in few days after the removal of the bone. It has given him no trouble since, and now he is *apparently* free from the diabetes.

Lewistown, Pa. WALTER H. PARCELS.

EDS. MED. AND SURG. REPORTER:

Sirs—I see considerable discussion in your valuable journal respecting the use of quinine in pneumonia. I have made liberal use of the drug in the above named disease for the last twenty years, and must say that I have in no wise been disappointed by the results. With your permission I will briefly relate the most remarkable case that I have met with.

Five years ago last March, I was called some fifteen miles from home to see a patient who, I was told, had been abandoned to die by his medical attendants. Found a large muscular man nineteen years old. Double croupous pneumonia, no normal respiration below the upper lobes, the lower lobes of left being silent, expectoration of dark rusty sputa—very profuse. Respiration 40. Pulse 130. Temperature 104° F. Lips, tongue, and nails blue. Delirious. The father of the patient said that he had had a cathartic followed by tartar emetic, and that they had been afraid to administer quinine on account of the high fever.

I put sixty grains of quinine in a cup and stirred it up with water. He swallowed it without noticing the taste. I then left a powder of forty grains more to be taken in four hours. As I could not attend him so far from home, I told them to send for their physician again, leaving a note for him. I heard nothing from him for two weeks, when his father came to my office to pay the bill, saying that his son was well, and that those "two doses had cured him." He has taken no other medicine and did not send for their doctor. He commenced to sweat soon after taking the first dose, the sweating continuing several days. It is my belief that recovery in that case was due to the large dose of quinine.

Muscatine, Iowa. A. ADY, M. D.

Homœopathy.

EDS. MED. AND SURG. REPORTER:

Sirs: Will you permit me the use of some of your valuable space in the endeavor to reply to the queries contained in the REPORTER of this date upon the homœopathy question? Having availed myself of opportunities favorable to an acquaintance with the methods of practitioners of the sect, and

having read extensively of the literature bearing upon the subject of the claims of homœopathy to recognition as a rational system of medicine, I think the views herein presented will fairly represent the sentiment and feeling of the regular profession upon the matter in question.

1. Medicine is not an exact science; and yet we now recognize many principles in pathology, diagnosis and therapeutics upon which reliance can be safely placed, and the correctness of which have oftentimes been amply and fully vindicated. A host of workers of many nationalities are laboriously engaged in sifting the true from the false and in wresting from nature secrets long hidden from the light. Have you ever observed that all the work is being performed within the *regular* profession? There is no ground we can occupy in common with vagarists or dogmatists. The domain of science should not be entered by one burdened and hampered by preconceived views. The spirit of scientific enquiry should be perfectly free. We should be ready to relinquish the view we entertain to-day should to-morrow's experience throw doubt upon its verity. A homœopath would be ever seeking for that which would fortify his peculiar tenet or theory, and would be content with nothing else; therefore we cannot work in his company.

2. That which is true in homœopathy is not new, and that which is new is not true. There are a few facts, particularly in therapeutics, upon which the homœopaths have pounced, and in which they impudently claim a proprietorship. As no important principles are involved we have done little to dispute the claim. If there be a "larger law" than any yet discovered, a co-operation with dogmatists in the seeking for it is not apt to hasten its disclosure. If you work out your problem by arithmetic and you discover that your neighbor who claims to have worked it out by algebra has not really done so at all, but has used more of your figures than of his own symbols, you are justified in calling him a fraud and a pretender, and in declaring yourself above further competition with him in the working out of problems. And this leads me to the assertion that homœopathy is a myth, and that it is found chiefly in lectures and in books, that in actual practice it is not to be found. The little pills, the potencies and the impotencies are used only in cases of no gravity, and where the "*vis medicatrix nature*" is alone sufficient. In serious cases the homœopath

resorts to the same doses as ourselves, being partial to the alkaloids, a large dose of which can be put in small compass and rendered almost tasteless. This cannot be called honest or honorable practice, and no fair minded person can find fault with a regularly educated physician for refusing to recognize or affiliate with one guilty of such conduct.

3. If a homœopath habitually resorts to the remedies and doses he affects to discard in toto, he is guilty of a sort of piracy, for which, most unfortunately there is no penalty, but the contempt of all honest men. If you doubt that this is done, inquire of the dealers in drugs and medicines as to the potency of the many of the pellets and tinctures purchased by so-called homœopaths. A regular physician is bound to no law of dosage. He may, if he will, use an infinitesimal dose and there is nobody to call him to account; but to do so he would be open to the charge of folly, and further than that, would, morally, be guilty of malpractice.

4. This subject has been fully inquired into and has long ago been settled to the satisfaction of science. Homœopathy has no recognition in scientific circles here or abroad. Nowhere in the world can a homœopath serve in the position of naval or army surgeon. Homœopathy is a myth. It serves to catch patients. It is, in the present order of society in the United States, a pretty good trademark. In spite of appearances to the contrary, it is on the decline. There is no excuse for its existence. All the great discoveries of the century, so far as relates to the laws of disease and the best mode of treatment, have emanated from the *regular* profession. Our only policy in dealing with homœopathy and other "pathies," should be one of no compromise. There can be no fellowship between light and darkness. I would invite your lay correspondent to avail himself of the literature of the subject. He will find "Hahnemann's Organon" a good work to begin with. Then peruse some of the more modern works on homœopathy. Like enough they will be found to contain their own refutation; if not, read Sir James G. Simpson's "Homeopathy, its tenets and tendencies," Oliver Wendell Holmes' work on the subject, and for something more recent, Dr. Palmer's masterly article in the *North American Review*, for July, 1882, if I recollect aright. The American people are proverbially fond of being humbugged and need some plain talking to upon this subject of homœopathy.

JAMES J. THOMAS, M. D.
Youngstown, O., Aug. 13, 1887.

NEWS AND MISCELLANY.

Preservation of Leeches.

J. T. writes as follows in the *Chemist and Druggist*, August 6, 1887:

As this subject is being discussed in your valuable journal, I give my method of keeping leeches, which I find answers well, and is less trouble than that of some of your correspondents. I never give leeches any meat or worms; they are kept in an earthenware vase, which has been in use about fifty years, with glass cover and perforated zinc rim; in the bottom are a few pebbles, and part of an earthenware drainer, through the holes of which the leeches crawl when they require a little help to cast their skin. The ordinary tap-water (off the limestone) with which they are supplied is changed three times a week in summer, and once or twice a week in winter. Loss or complaints are very rare, sometimes not once in six months. I always dry leeches before selling, for two reasons: (1) because they bite more readily, and (2) because the glue of the box is often moistened when they are sent a distance. I should think the weeds, earth, &c., which some advocate, would make it rather difficult to find half a dozen or so.

An Insect-Fight.

C. G. Rockwood, Jr., writes as follows in *Science*, August 19, 1887:

An observation quoted by Professor Morse in his address before the American Association last night is so exactly confirmed by a recent observation of my own, that it seems worth while to put it on record.

While sitting in a hammock, slung between two large maple-trees on the lawn, I heard a loud buzzing and fall of something behind me, and, looking around, I saw on the grass a locust (cicada) in the grasp of a large insect, evidently of the wasp family, but which I am not sufficiently well posted in entomology to name. It had brown wings, and large abdomen colored black or dark brown with white spots. The whole length of the insect was about thirty-five or forty millimetres. When first seen, the struggling locust was on its back; the wasp extended above it head to head, and industriously plying its sting between the abdominal wings of the locust. The locust quickly became quiet, and then the wasp, maintaining its former position, which it did not at any time abandon,

grasped the head of the locust by the middle pair of legs, and, using the other four legs for locomotion, started to drag it through the short grass toward one of the trees. There was no hesitation or uncertainty, but the wasp started at once in a straight line for the foot of the tree. On reaching the tree, the wasp began without pause to carry its burden up the trunk, using its four legs for walking, as before, and assisting itself to sustain the weight of the locust by putting its wings in operation. In this way, with a few brief pauses as if to rest and get better hold, in one of which it hung for a moment apparently by one leg, the locust was carried up among the branches of the maple, some twenty feet or so, where it became difficult for me to follow its motions. After reaching such a height, the wasp flew off in a straight line through the branches, and went out of sight. I think it carried the locust with it, but the height was so great that I could not be positive. At any rate, the locust did not fall to the ground, although, as the wasp's flight started from a crotch in a limb, it is possible that the locust was left in a crotch. The whole incident showed a perfect understanding, on the part of the wasp, of what he proposed to do, and the carrying out of a preconceived plan of procedure without any stopping to think what he would do next. The only pauses were in going up the trunk of the tree.

Breathing Pure Oxygen.

According to the *Popular Science News*, Dr. B. W. Richardson, of England, in making some investigations upon the physiological effects of breathing pure oxygen by various animals, has discovered that, by simply passing the gas a few times through the lungs, it becomes "devitalized," or incapable of supporting life, although its chemical composition remains the same, and all carbonic dioxide and other impurities are removed. He also found that by passing electric sparks through the gas it became "revitalized," and regained its usual stimulating effect upon the animal economy. The devitalized oxygen would still support life in cold-blooded animals, and combustible bodies would burn in it as brilliantly as ever. Dr. Richardson considers that while the gas is in contact with the tissues or blood of a warm-blooded animal some quality essential to its life-supporting power is lost.—*National Druggist*, August 15, 1887.

The Effects of Ether on Living Nerves.

Messrs. Vaillard and Pitres are studying neuritis caused by injections of ether in the neighborhood of the nervous trunks of the limbs. These injections have often been followed by stubborn paralysis, and even by trophic disturbance. Experiments made upon guinea pigs show that the anæsthesia and paralysis, which immediately follow the injection, spread rapidly and persist for many weeks or months without either diminution or augmentation. The injection, therefore, determines phenomena identical with those produced by severing the sciatic nerve, of which we can convince ourselves by a microscopic examination. This shows that the nerve is normal *above* the point where the injection has taken effect. At its point (immediate neighborhood) the lesions vary according to the amount of the substance injected. Some hours after the injection the myelin mingles with the axis cylinder, which is then hardly distinguishable, as are also the nuclei of the inter-annular segments. After the fifteenth day the myelin becomes pulvulent and the nerve sheath is regenerated by special evolution. Below the injection the nerve branches undergo Wallerian degeneration after the sixth day, as in nerve section. To sum up, ether determines necrosis of the fibres which it reaches, and acts upon them as a chemical poison. Perhaps by the side of these grave disadvantages we may acknowledge for these injections a favorable action in frequent cases, as when the elongation of the nerves seems indicated.

This study shows several things of practical importance—first, that the frequently recommended perineural injections of ether may give rise to more grave results than has been supposed; and, second, that in some of the relatively rare cases in which nerve-stretching is indicated, the same results may be attained by the injection of ether.—*The Dental Register*, August, 1887.

An Apparatus for the Relief of Writer's Cramp.

This is called the "Kaligraph," by its inventor, the late Mr. Charles Thurber. It consists of an iron frame-work, to which was attached a series of levers so arranged that by making large characters at one angle the characters were reproduced in ordinary size at the opposite angle. It was, in fact, a kind of reversed Pantagraph. Dr. Danna said that all writers's-cramp instruments were based on the principle of resting the groups of muscles most used, and throwing the work upon

other groups. The Kaligraph fulfilled these indications better than any other instrument with which he was familiar. The objections to it were that it was cumbersome and expensive. The speaker showed cuts of all the various forms of instruments for writer's cramp (ten in all) which he had been able to collect. The kaligraph had been in practical use for thirty years, but it was very little known. It had enabled its inventor, who had suffered extremely from the cramp, to write with comfort. He was informed that Mr. Charles Dickens had possessed and used one.

Dr. G. S. Jacoby thought this instrument was only palliative, while Nussbaum's was also curative, and could be carried with one. It compelled the writer to use the abductors.

The President replied that an instrument calling into play another group of muscles of the hand would cause those to be affected after a time.

Dr. Birdsall thought writer's cramp was due to cerebral fatigue rather than to muscular fatigue, and that instruments for overcoming it could be of only limited benefit.—*The Dental Register*.

Sulphur Fumes in Pertussis.

A Norwegian physician named Mohn, discovered after disinfecting the bedding of one of his own children who had suffered from scarlet fever, that another child who had whooping-cough, and who accidentally inhaled some of the fumes of the sulphur, was suddenly cured of the disease. Acting on this suggestion, he has treated other cases of pertussis by placing the patients in a room where sulphur had been burned in the usual manner in which it is employed for disinfectant purposes. He claims that after being put to bed in such a room, the patients awake the next morning cured.—*The Med. Herald*, August, 1887.

Bromidia.

The United States Circuit Court has granted a perpetual injunction restraining the publication of a formula for a liquid medical preparation under the name "bromidia," unless there is also published, in connection with the said words "bromidia," or "bromidio," a statement that the preparation covered by the said receipt is put up and sold by Battle & Co., of St. Louis, under the trade mark "Bromidia."—*Med. News*, July 30, 1887.

Lunacy Regulations in France.

In consequence of certain irregularities revealed by the investigations into the case of Baron Seillières, who, it was alleged, was improperly detained in a lunatic asylum near Paris after he recovered his mental equilibrium, the minister of the Interior, M. Fallières, has issued a circular to all prefects directing them rigidly to obey the enactment which requires them to make periodical visits to all asylums, public or private, within their jurisdiction. It is directed that these visits should be paid unexpectedly, and not less frequently than once a quarter; that patients who desire to leave the asylum should be interviewed, and in every doubtful case subsequently subjected to a special medical inquiry; that the use of the shower-bath as a punishment should be forbidden; that the period of observation should be reduced to the shortest possible time; and that frequent transfers from one establishment to another should be discouraged.—*Brit. Med. Jour.*, August 13, 1887.

Electrified Ice Cream.

Dr. Geo. S. Hull, of Chambersburg, Pa., has found by actual experiment that electricity is generated in ice cream by the friction of the zinc paddles on the contents of the freezer. He has experimented with various mixtures, and found that the presence of fruit or other acids increased the electric action. The doctor concludes that the cases of ice cream poisoning come from the zinc and not ptomaines or tyrotoxin. The doctor is zealously pushing his investigations, and we look for further developments.—*Nat. Druggist*, Aug. 15, 1887.

Distilled Water not good for Eye Lotions.

An English oculist, having noticed that eye lotions made with distilled water were more irritable than when ordinary water was used, found, on further trial, that the irritation was still greater when the distilled water alone was applied. The simple explanation of this was that well or spring water contains salts in solution which make it slightly alkaline, thus rendering it somewhat more neutral to the conjunctiva, a tissue ordinarily bathed in the lachrymal secretion, which contains about one per cent. of solids, chiefly chloride of sodium, or common salt. The addition of two and a half grains of this salt to the ounce of distilled water renders any lotion for the eye more soothing.—*Druggists' Circular*, August, 1887.

A Doctor's Story.

Mrs. Rogers lay in her bed,
 Bandaged and blistered from foot to head,
 Bandaged and blistered from foot to toe,
 Mrs. Rogers was very low.
 Bottle and saucer, spoon and cup,
 On the table stood bravely up;
 Physic of high and low degree;
 Calomel, catnip, boneset tea—
 Everything a body could bear,
 Excepting light and water and air.

I opened the blinds; the day was bright,
 And God gave Mrs. Rogers some light.
 I opened the window; the day was fair,
 And God gave Mrs. Rogers some air.
 Bottles and blisters, powders and pills,
 Catnip, boneset, syrup and squills,
 Drugs and medicines, high and low,
 I threw them as far as I could throw.
 "What are you doing?" my patient cried.
 "Frightening Death," I coolly replied.
 "You are crazy," a visitor said;
 I flung a bottle at her head.
 Deacon Rogers came to me;
 "Wife is comin' round," said he.
 "I really think she'll worry through;
 She scolds me just as she used to do.
 All the people have poohed and slurred—
 All the neighbors have had their word;
 'Tis better to perish,' some of 'm say.
 'Than be cured in such an irregular way.'"
 "Your wife," said I, "had God's good care
 And his remedies—light and water and air.
 All the doctors, beyond a doubt,
 Couldn't have cured Mrs. Rogers without."
 The deacon smiled and bowed his head;
 "Then your bill is nothing," he said;
 "God's be the glory as you say;
 God bless you, doctor; good day! good day."
 If ever I doctor that woman again,
 I'll give her medicines made by men.

*Official List of Changes of Medical Officers of the
 U. S. Marine Hospital Service, for two weeks
 ended August 20, 1887.*

W. H. Long, Surgeon, leave extended six days on account of sickness, Aug. 18, 1887.

C. S. D. Fessender, Surgeon, leave extended thirty days on account of sickness, Aug. 19, 1887.

John Godfrey, Surgeon, granted leave of absence for thirty days, Aug. 17, 1887.

R. A. Glennon, Passed Asst. Surgeon, granted leave of absence for thirty days, Aug. 18, 1887.

W. R. McIntosh, Asst. Surgeon, granted leave of absence for twenty-five days on account of sickness, Aug. 17, 1887.

*Changes in the Medical Corps of the Navy during
 the week ending August 20th, 1887.*

Medical Inspector, S. Robinson, placed on retired list.

P. A. Surgeon, J. E. Gardner, detached from Naval Hospital, Norfolk, Va., and ordered to Fish Commission Steamer "Albatross."

Assistant Surgeon, Wm. Martin, ordered to Naval Hospital, Norfolk, Va.

Surgeon, W. K. Van Reyepen, appointed Medical Inspector from August 16, 1887.

P. A. Surgeon, M. H. Simons, appointed Surgeon from August 16, 1887.

*Official List of Changes in the Stations and duties
 of officers serving in the Medical Department,
 U. S. Army. From August 14th, 1887, to August
 20th, 1887.*

Col. J. H. Baxter, Chief Medical Purveyor, ordered to proceed from Washington, D. C., to New York City, on public business, and on completion thereof, to return to this city. Par. 5, S. O. No. 187, August 13, 1887.

Lieut. Col. Joseph C. Baily, Assistant Medical Purveyor, granted leave of absence for one month. Par. 10, S. O. 191, A. G. O., August 18, 1887.

Major W. D. Wolverton, Surgeon, Washington Barracks, D. C., granted leave of absence for 20 days. Par. 3, S. O. No. 171, Div. Atlantic, August 16, 1887.

Captain Charles B. Byrne, Assistant Surgeon, Washington Barracks, D. C., granted leave of absence for one month, with permission to apply for an extension of one month. Par. 4, S. O. No. 171, Div. Atlantic, August 16, 1887.

Captain George F. Wilson, Assistant Surgeon, granted leave of absence for 15 days. S. O. No. 78, Dep't of Dakota, August 8, 1887.

1st Lieut. William D. Dietz, Assistant Surgeon, granted leave of absence for two months, with permission to apply for an extension of one month. Par. 7, S. O. No. 189, Hdqrs. of the Army, A. G. O., August 16, 1887.

1st Lieut. W. D. McCaw, Assistant Surgeon, relieved from temporary duty at Fort Riley, Kansas, and ordered to his proper station, Fort Leavenworth, Kansas. Par. 3, S. O. 84, Dep't Missouri, August 15, 1887.

Capt. Henry Johnson, Medical Storekeeper, ordered in addition to his present duties to take charge of the office and perform the duties of Acting Assistant Medical Purveyor in New York City, during the temporary absence on leave of Lieut. Col. Jos. C. Baily, Assistant Medical Purveyor. Par. 11, S. O. 191, A. G. O., August 18, 1887.

THE MEDICAL AND SURGICAL REPORTER

No. 1592. PHILADELPHIA, SEPTEMBER 3, 1887. VOL. LVII.—No. 10.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

QUESTIONS IN THE TREATMENT OF INEVITABLE ABORTION.

BY THEOPHILUS PARVIN, M. D.,
Professor of Obstetrics in the Jefferson Med. College,
Philadelphia.

There are differences of opinion and also of practice in regard to the treatment of inevitable abortion, and especially of that form in which the expulsion of the ovum is incomplete. A brief discussion of some of these differences may not be unprofitable.

It is in many cases difficult, if not impossible, to know that the abortion is inevitable. If the hemorrhage be marked, and fragments of decidua are expelled, or if the ovum be felt at the os, the cervical canal having been so far dilated as to permit its descent, a conclusion often verified by the event may be made, that the pregnancy must be interrupted. And yet these symptoms do not justify the conclusion. For example, I have seen a patient at the third and also at the fourth month of pregnancy, have so profuse a discharge of blood from the uterus that a dozen napkins were required in twenty-four hours, and at times one of these napkins was saturated with blood; nevertheless, the pregnancy continued.

In general, it may be said that only in case the embryo or foetus is dead, and a free rupture of the membranes has been made, or their extensive detachment effected, can the abortion be declared inevitable. The recognition of the death of the foetus is pos-

sible if its life has been previously made known by auscultation; for, having once distinctly heard the sounds of the foetal heart, and then failing to hear them again after careful and repeated examinations, the just conclusion is that the foetus is dead. But in the majority of cases this evidence is not available, for the threatened miscarriage is present before the throbbing of the foetal heart can be heard. A free rupture of the amniotic sac certainly will be followed by abortion; whether a mere puncture with only partial evacuation of the contained fluid will then result in all cases may be considered doubtful; for certainly not only cases of spontaneous rupture of the membranes, and also those of their puncture, in the latter weeks of pregnancy without labor coming on for some time after, have been observed. Even though the membranes have been punctured, or spontaneous rupture has occurred, the fact is in most cases not known to the practitioner. Again, it is rarely that he knows that large detachment of the ovum from the uterus has been made; while such detachment results in hemorrhage, yet, as before indicated, this symptom may occur, and the pregnancy continue. There are two proofs that the abortion is inevitable, which are available in those cases in which the two essential symptoms, viz., uterine contractions and flow of blood, continue for two or three weeks, or more, and these symptoms are, arrested development of the uterus and retrograde changes in the mammary glands. Now that the method of bi-manual examination as a means of obstetric and gynecological diagnosis is so familiar to the profession, it is not necessary to more

than refer to it as available for the recognition of arrest of that increase of size of the uterus resulting from the pregnant condition; in other words, if this organ ceases to grow, the embryo or fœtus is dead. Again, if the enlargement of the breasts, which usually begins at the first menstrual absence following conception, has occurred, and these organs from having been full, plump, and possibly the seat of occasional pain, become shrunken, flaccid and painless, it may be regarded as almost if not quite certain that the pregnancy cannot continue. Here let a word of caution be said. In some cases, by no means frequent, it happens that the breasts after increasing in size in the first months of pregnancy lessen somewhat, and remain thus only partially developed until after labor. But this fact is not frequent, and the condition of the mammæ is by no means that which is observed following the death of the embryo or fœtus.

In threatened abortion we have no two remedies comparable to rest and opium; these are also invaluable in case the miscarriage is inevitable, and many observations have led to the conclusion that the pregnant woman bears opium remarkably well. By this means we lessen one of the dominant symptoms, pain, and indirectly by slowing the circulation, hemorrhage. But the means of especial value as a uterine hæmostatic is hot water injected into the vagina; of course the injections should be copious, and given if the discharge be great, at frequent intervals. One advantage that this treatment presents in abortion is, that it may be employed in cases in which there is hope of continuing the pregnancy—it does not excite uterine contraction so much as it does contraction of blood vessels. By these injections possibly we will render unnecessary in the majority of cases the administration of ergot or the application of the tampon; nevertheless ergot and the tampon are means which may become essential in the treatment, and they are probably most efficient if used conjointly.

Antiseptic vaginal injections should be used twice daily during the continuance of the abortion.

Of course if notable hemorrhage persists in spite of hot water, opium, ergot and the tampon, the indication is plain to empty the uterus by manual or by instrumental means, following the removal of the ovum by antiseptic applications—*e. g.*, injections into the uterus of a 5 per cent. solution of carbolic acid, or of 1 to 2,000, or 3,000 corrosive sublimate solution, or swabbing the intra-

uterine surface with one of these solutions, or with the tincture of iodine, or the introduction of an iodoform tampon. Here let me say a word in regard to the effort to reject corrosive sublimate as an antiseptic in obstetric practice in consequence of mercurial poisoning having occurred in a few cases. In only two of many cases in hospital practice in which 1 to 2000 corrosive sublimate injections into the vagina and into the uterus were employed, have I seen unpleasant consequences result; and these consequences ceased upon discontinuing the remedy. I believe if the uterus and vagina are thoroughly emptied after the injection, none of the fluid being left behind for slow absorption to occur, by following it with an injection of water that has been sterilized by boiling, no injurious results will be seen. Nevertheless it is advisable in all cases where corrosive sublimate solution is used, either in connection with abortion or after labor, to observe from day to day the gums, and the moment these are found red and swollen, to at once discontinue the solution.

As to methods of emptying the uterus in incomplete abortion, that in which only one or two fingers, first carefully made aseptic, are employed is the best; the patient lies upon her back and the physician places one of his hands upon the abdomen to press the uterus down to the fingers of the other hand so that they more readily enter its cavity. If instrumental means be required my preference is for Emmet's curette forceps, if the abortion be within the first ten weeks of pregnancy; many, however, employ a blunt curette.

I hold too, that evacuating the uterus is clearly indicated in incomplete abortion, not only by such hemorrhages as have been mentioned, but by an offensive discharge, for such discharge may foretell septic infection. Many excellent authorities, more especially of the German school, advocate immediate emptying of the uterus in all cases when a part of the ovum remains. Now the objections to this are: First, there may be a twin pregnancy, and one ovum may be expelled and the other retained until complete development is accomplished, and thus the operator in assisting one abortion makes a second one. Second, there is danger of causing a traumatism either in the dilatation of the cervical canal, or by the use of the curette upon the uterine wall. Third, it should be remembered that the uterine decidua, the *decidua vera*, is not fused with that covering the ovum until some time in the fourth month, but is quite firmly united to the

uterine wall; abrupt detachment of it is a violence which may produce more serious consequences than those which result from its gradual breaking down and discharge, nature's method of casting it off.

Let it be called conservatism, if any one chooses, nevertheless my faith and practice are in cases of incomplete abortion to wait, if the os be closed, until the symptoms which have been mentioned occur—without one or both of these, no interference, but an armed expectation and the regular use of antiseptic vaginal injections. It is worthy to be observed that the advocates of immediate interference sustain their position by adducing instances in which continued hemorrhages, or offensive discharges, and even septic infection followed delay in emptying the uterus. Certainly, and cases presenting such symptoms demanded earlier interference; if the practitioner had been wise enough to be warned by the first two, and proper response was made to the warning, the third would scarcely be known. The multiplication of cases of early incomplete abortion in which hemorrhage persisted for weeks, and then fragments of membrane or of placenta being removed the patient got well, do not prove that the practice of immediate interference, that is the artificial complete removal of the ovum is demanded in every case of abortion in which spontaneous expulsion does not occur. Certainly there are advantages in a prompt and perfect deliverance, but it is not exempt from dangers if violence is used in effecting it, and in some instances it may abruptly end a pregnancy which under other practice might continue to its normal termination. The advocates of immediate interference claim the best results. Carlyle has said, "Granted, the ship comes into harbor with shrouds and tackle damaged; the pilot is blame-worthy, he has not been all-wise and all powerful; but to know *how* blame-worthy, tell us first whether his voyage has been round the globe, or only to Rams-gate and The Isle of Dogs." So we would like to know the number of cases treated in this particular way prior to giving an opinion as to its value. Further, before the question can be finally settled, a sufficiently large number of cases thus treated must be compared with a like number in which no interference with the process, so far as the uterus is concerned, is made without symptoms require it. Of course at the time of the miscarriage make it complete if possible without injury to uterus—let the interference be digital rather than instrumental, unless the former fails and hemorrhage persists; but

that time passed and part of the ovum being retained, the os closing, I believe it better to wait until distinct call for action is given. There is a middle ground between immediate intervention and absolute expectancy; and in that ground, my faith is, the path of safety lies.

One of my most valued professional friends, an able, conscientious and distinguished practitioner, in reference to this special view of the treatment of abortion, as well as the management of labor, has written me that my methods are too artificial and I do not trust enough to nature, adding, that in a practice of fifty years—and I know that during a great part of that time his practice has been large—he has not lost a single woman as a consequence of labor or from miscarriage. I do not know, but it is quite probable this gentleman has attended 2,000 cases of labor, for as the result of observation and of inquiries my conclusion is that the general practitioner, even if his practice be large, does not have more than an average of forty cases of confinement a year. Of course there are exceptions, some devoted exclusively to obstetric practice, or connected with maternities, or having a large *clientele* of the poor, or at least of those in very moderate circumstances, may count in the course of their professional lives three or four thousand obstetric cases. But for one who can thus number his cases, there are ten who are under the average that has been mentioned. If one were to take the extravagant and improbable statements of some few physicians, who we will suppose guess at a number and multiply it by two, so that nothing shall be lost as to the number of labors they have attended, and then make it the standard for the profession in general and for midwives, the population of this country would be increasing in such a frightful ratio that Malthus would not rest in his grave, or else there would be a slaughter of infants in comparison with which that by Herod was infinitesimal. In this department of obstetric statistics I believe there are more unfortunate mistakes than in any other.

Returning from this digression, the number of abortions attended by one who has had charge of 2,000 cases of labor will be not less than 250, or according to some estimates of the relative proportion between miscarriages and labor at term, even 600 or 700. Bush's proportion is 1 to 5.5; Whitehead's 87 out of 100, and Hegar's 1 to 8. Taking the smaller of the numbers mentioned, there certainly is a strong argument

for the expectant treatment of abortion in the fact that 250 thus treated recovered.

But I do not want to urge such treatment as invariably the best, for expectation has its limits, the definition of which this paper has endeavored to present.

ACETONE AND DIACETIC ACID IN THE URINE.

BY J. P. CROZER GRIFFITH, M. D.,
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The detection of these two substances in the urine and the comprehension of their clinical significance, is more and more becoming, not a matter of purely scientific interest only, but one of practical value.

ACETONE.—Acetone is a colorless, volatile fluid, with the chemical formula C_3H_6O . It is formed in nature only in the animal organism, and is found there in very minute quantities under physiological conditions. The amount is so minimal that it may be disregarded for clinical purposes.

There are several chemical tests for acetone, but as nearly all of them need to be applied to the distillate from the urine, and are, therefore, too troublesome for everyday use, I shall only describe that of Legal, which is: dissolve a few crystals of sodium nitro-prusside in a little hot water in a test tube. Add some drops of this to the urine to be examined, and then make the mixture distinctly alkaline with an excess of liquor potassa. A red color is at once produced, but fades after a short time, and has no significance whatever. After it has disappeared add a few drops of acetic acid, whereupon, if acetone be present a deep violet or brownish-purple color will appear wherever the acid has penetrated. The color often develops slowly, and becomes more intense in the course of a few minutes.

This test is not difficult for small amounts, but it is the only one which we can use with the urine itself.

Pathological acetonuria, *i. e.*, where the amount exceeds gr. 1-6 in the total quantity of urine passed in the 24 hours, may be divided into several classes, following somewhat the classification of Von Jaksch:

1. Febrile acetonuria.
2. Diabetic acetonuria.
3. Acetonuria of carcinoma.
4. Acetonuria of inanition.
5. Acetonuria in certain psychoses.
6. Idiopathic acetonuria.

All cases of continued high fever, of whatever nature, are accompanied by the presence of acetone in the urine, and the degree of acetonuria corresponds largely to the elevation of temperature. Diabetic acetonuria is another very common form. It appears to have no relation to the degree of glycosuria. Its development in diabetes is sometimes ushered in by headache, loss of appetite, disordered digestion, a sense of weakness and other unpleasant subjective symptoms; but these soon disappear, though the acetonuria persists. It seems to be without clinical significance, except that it is more apt to occur in grave cases, and is a frequent precursor of diacetic acid in the urine. Acetonuria is not infrequent in carcinoma of the stomach and bowels, even before cachexia develops. Its onset is accompanied by symptoms similar to those seen in diabetic acetonuria. Cachexia probably develops earlier in those cases in which an abnormal amount of acetone can be detected. Inanition from whatever source is very often accompanied by large amounts of acetone in the urine. This substance has also been detected in the urine in certain instances in psychoses attended by great mental excitement. The sixth class contains those cases in which there is an auto-intoxication by acetone. They are instances of acetonæmia, and though they occur with great rarity, it is well to be on the lookout for them. They are characterized in some cases by restlessness, excitement, and delirium, and then by coma and death; while no cause can be ascertained, but the urine is found loaded with acetone. In other cases there is extreme languor and other indefinite symptoms. In a few instances reported by Von Jaksch epileptic attacks have appeared, dependent solely on the presence of acetone in the system.

DIACETIC ACID.—Diacetic acid is chemically not far removed from acetone; but its clinical significance is far different, and its presence in the urine is a most dangerous complication. It is a compound of acetone with one of the organic acids, probably formic acid. As it is very readily decomposed into acetone and carbonic di-oxide, the urine obtained for examination must be as fresh as possible.

The test for diacetic acid is very simple. If a few drops of a solution of the chloride of iron be added to urine containing the acid, a Bordeaux-red color will be at once produced. The urine will also *always* answer readily to the tests for acetone, since in the decomposition produced by the addi-

tion of the test-reagents for this latter substance acetone is produced and the diacetic acid is destroyed.

But the matter is not quite so simple as would at first sight appear, since numerous other bodies may at times occur in the urine and produce the same red color. The fact is especially to be noted that the urine of patients to whom thallin, antipyrine, salicylic acid and carbolic acid has been administered will give this reaction. The following procedure is therefore to be advised: Add a few drops of the iron solution to some quite fresh urine in a test-tube. If a very heavy precipitate of phosphates occur, filter this and test the filtrate again. If the Bordeaux-red color is produced, a portion of the urine is to be boiled and another portion acidulated with sulphuric acid and shaken with ether. If the red color soon disappears on boiling the urine in which the test has already been made; if it occurs not at all or but faintly in the urine prepared by boiling; if finally the red color produced by testing the ether extract fades within 24 hours, while at the same time the reactions for acetone in the native urine are very distinct, we have to do with diacetic acid. I wish here to call attention to a mistake still frequently made with reference to this substance. For example, in a clinical lecture by a very well known clinician, reported in one of our medical journals not many months ago, the lecturer referred to the well-known *red color produced by acetone* when a solution of the chloride of iron is added to the urine containing it. It is true that some years ago it was supposed that acetone gave this reaction, but we now know that it is an entirely different substance.

The same classification of diaceturia may be made as in acetonuria:

1. Febrile diaceturia.
2. Diabetic diaceturia.
3. Diaceturia of carcinoma.
4. Diaceturia of inanition.
5. Diaceturia in certain psychoses.
6. Idiopathic diaceturia.

Diaceturia accompanying continued high fever is rare in adults, and indicates that the disease will probably run a malignant course. In children it is more common, and possesses no unfavorable prognostic value. Diabetic diaceturia is a most unfavorable symptom, and is the precursor of diabetic coma. It is sometimes ushered in by depression and a disposition to sleep; coma may at once follow, or the symptoms may disappear though the diaceturia remains, and the patient is liable at any time to develop coma

and die. Usually there is no relation between the diaceturia and the degree of glycosuria. Diaceturia in carcinoma may also occur and lead to coma. It has also been rarely seen in certain psychoses and in states of inanition. Idiopathic diaceturia, in which there is an auto-intoxication from the drug, is rare in adults, and a highly dangerous condition. It begins with vomiting, restlessness and dyspnoea, and terminates in coma and death. In children it is oftener seen and is usually of less import. Constipation and vomiting, with a thickly coated tongue are present, attended by an enormous quantity of diacetic acid in the urine.

Clinical and therapeutical indications.—The clinical indications have been already discussed. The presence of acetone in the urine need, as a rule, cause no special anxiety. The occurrence of diaceturia, on the other hand, is always a grave symptom except in some cases in children. It is very important to know of its presence, on account of its prognostic indications. In the present state of our knowledge we are unfortunately unable to hinder the development of diacetic acid in the system, or to remove it when formed. Neither diet nor drugs have any effect on it.

Lépine disputes Von Jaksch's claim that diacetic acid is the cause of coma in diabetes, and believes that it is B-oxybutyric acid which is at fault. It is certain that the two substances are chemically very closely allied; but unfortunately the experiments with intravenous injections of a solution of sodium bi-carbonate with the object of preventing the production of B-oxybutyric acid and the development of coma have not been attended with signal success. So whatever may be the true cause of the coma, we are as yet unacquainted with means to prevent it.

As acetone, and hence also diacetic acid, is supposed by some to arise from the decomposition of albumen, it would be well in all cases of auto-intoxication with either to empty the bowels by means of a purge, on the ground that the poison is possibly being absorbed from the intestinal tract.

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—A medical journal says: "The application of a bit of ice to the lobe of the ear will stop hiccupping." All a man who is accustomed to hiccupping has to do, then, is to carry a bit of ice about in his waistcoat pocket, and he can cure himself instantly.—*Chemist and Druggist.*

TOBACCO ; SAFE AND UNSAFE METHODS OF EXHIBITION.

BY ENOS T. BLACKWELL, M.D., CEDARVILLE, N. J.

The authors and compilers of the United States Dispensatory were gentlemen of the highest attainments, and did not fail in properly estimating the delicacy of their task of assigning to each article of the *Materia Medica* its just rank as a curative agent; nor in pointing out the line at which it ceased to be beneficial and verged toward danger.

The desire of retaining in the list a drug which was capable of much good in the hands of the prudent and experienced, led them to hedge about certain articles in such a way as to impel the cautious to err by excess of prudence; but this anxious care had little effect in deterring the inexperienced, the bold, and the rash from risking everything in the hope of signal and triumphant success.

There is no drug included in the *Materia Medica* of which it is more necessary to be careful in regard to its introduction into the human system, a carefulness which shall result in the absorption by the tissues of just the amount required to accomplish a therapeutical result and no more, than tobacco. There is one method of exhibition spoken of by medical writers, in which this exactness can rarely be attained; in which the drug once given passes from the control of the person administering it, and is liable to cause the gravest condition, even death; I mean the injection of the infusion into the rectum.

Though this form of application is mentioned by the late Professor George B. Wood as permissible, the warning which he gives shows his fears as to its use. It would have been better, perhaps, if his sanction had been withheld, or that his admonition had been set in the boldest type. With this permissive sentence eliminated from the text, and the word "or," which follows, the directions may be pronounced admirable: "As a narcotic it is employed chiefly to produce relaxation in spasmodic affections. For this purpose (the infusion or smoke of tobacco, or), the leaf in substance, in the shape of a suppository, is introduced into the rectum in cases of strangulated hernia, obstinate constipation from spasm of the bowels, and retention of urine from spasmodic stricture of the urethra."¹ He adds this wholesome advice, which is of the highest importance, and

should receive the gravest emphasis: "It should be used with great caution. This remark is applicable to all the modes of using tobacco, particularly to the injection of the infusion into the rectum."

There is no suggestion in the dispensatory article of an antidote to tobacco, and the measures to be taken in case of poisoning by it are stated in very few words. As they occur at the close of a long paragraph, they do not stand out as distinctly as is desirable: "In cases of poisoning from tobacco, the indications are, after evacuation of the poison, to support the system by external and internal stimulants, and to allay irritation of the stomach by opiates." The directions of Pereira are fuller and more specific: "If the poison has been swallowed, let the contents of the stomach be withdrawn as speedily as possible. No chemical antidote has been demonstrated, but the vegetable astringents (infusion of nutgalls, green tea, etc.) deserve attention. As anti-narcotics, the vegetable acids and coffee may be administered. When the depression of the vascular system is extreme, ammonia and brandy may be administered with good effect, and frictions employed. Artificial respiration should not be omitted, when other means have failed."¹

It may be here stated that tannin, the active principle of the vegetable astringents mentioned by Pereira as worthy of attention in counteracting the effects of the poison, is claimed by some authors as a chemical antidote to nicotine.²

So little is tobacco used by medical practitioners of the present generation, that few of them, perhaps, have witnessed the utter relaxation which it produces in the human system—an unharnessing, so to speak, of the muscular apparatus, which follows the administration of no other drug. While yet young in the practice of my profession, I encountered two desperate cases of incarcerated hernia, which called for the most powerful relaxant known to medicine. I chose tobacco; and was happy in eschewing the infusion, and using the leaf,—the ordinary cut tobacco—as a suppository. The results, I cannot but esteem brilliant, even in the light of the appliances of the present day,—relief being obtained in a very short space of time. On one occasion, in which a hernia in one of the cases referred to had resisted for many hours the best directed efforts of some capable physicians, I was pleased to find the protrusion released within an hour by the aid of

¹ Pereira, *Materia Medica*, Philadelphia, 1845.

² *Lersch*, quoted by Von Beek: *Vegetable Poisons*, Art. Nicotine: Von Ziemssen's *Cyclopædia*.

¹ *United States Dispensatory*.

the suppository. So complete was the paralysis of the sphincter ani, that it had released its grip of the tobacco, which was found lying outside,—the anus being open sufficiently to admit a finger. The application had proved to be self-regulating,—coming away when no longer needed. The amount of the drug used was about sufficient to fill the bowl of the common smoking-pipe,—estimated at 12 grains. The particles were held together by threads wrapped about them,—the ends of which being allowed to protrude afforded a suitable means of withdrawal. Professor Henry H. Smith showed his class (1868-9) how to use the “fine cut” wrapped in lace-like tissue.

In the MEDICAL AND SURGICAL REPORTER, March 24th, 1860,¹ I related two cases of strangulated hernia to which reference has already been made, in which the incarcerating structures gave way under the use of the tobacco suppository. They are very striking, and I think, instructive cases; and, as they will be new to the greater part of the present race of practicing physicians, I take the liberty of reproducing them.

J. C., aged 75 years, had an inguinal hernia of long standing. It became incarcerated on the 29th of August, 1854. The size and tension of the tumor were extreme. All known methods of reduction unsuccessfully exhausted, I introduced a suppository of tobacco. In a short time, the tumor had palpably relaxed, and soon entirely yielded. On the 4th of September following, he had a relapse. By all the usual means, skillfully and perseveringly applied by two neighboring practitioners, together with the exhibition of chloroform, it proved wholly irreducible. I saw him at 4 o'clock P. M., and determined to try the remedy which had once before relieved him. In about one hour from the employment of the suppository, the tension was so much lessened, that a considerable part of the protruded mass was returned by taxis; and soon after, whilst waiting events, the remainder of the tumor spontaneously subsided.

J. M., aged 70 years, has also had inguinal hernia from youth. Twenty years since, it became strangulated, and relief was obtained by an operation. In November last [1859,] at 7 o'clock A. M., he had a protrusion, and was unable to return it. He was at once seized with excruciating pain in the abdomen. In his own nervous language, “the pain went right to his heart.” Syncope followed, and he lay as one dead; and such his friends reported

him. On my arrival, at 11 o'clock A. M., he lay motionless and deadly pale. Consciousness had returned, but his breathing was imperceptible. His pulse was soft and regular. The tumor equalled in size the head of a new-born infant. It was tense to the last degree and elastic. The patient was confident the operation must be repeated, and accepted that as an alternative. After trial by taxis, sufficient to prove its utter inefficiency, I applied the tobacco, and calmly awaited restoration. In about an hour, the incarcerated part was liberated; and, unassisted, swept into the cavity of the abdomen. There were no unpleasant sequelæ in either case.

All the cases reported of poisoning by this drug have resulted, so far as I have learned, from faulty methods of exhibition; or, from the use of an inordinate dose. In the cases stated by Pereira,¹ as coming under the notice of Sir A. Cooper, Sir Charles Bell, and Dr. Copland, one drachm in clyster proved fatal, in each case. Pereira also relates that a half-drachm in infusion has caused death. Desault has seen a like result from an enema of the smoke of tobacco. The infusion of tobacco² is made by adding one pint of boiling water to 60 grains of tobacco, macerating for one hour and straining. The direction is: “Only one-half of the pint of the U. S. P. infusion should be employed at once; and, if this should not produce relaxation in half an hour the remainder may be injected.”

Pereira says, “The cautious practitioner will not use more than 15 or 20 grains.” If he be wise, as well as cautious, he will avoid both the infusion and the smoke,—employing only the leaf. This can be watched, and removed when no longer useful; and any liability to excessive action be thereby averted.

GALVANO-PUNCTURE IN TUBAL PREGNANCY.

BY WILLIAM R. D. BLACKWOOD, M. D.,
OF PHILADELPHIA.

I have, in various published papers, referred to the dangerous method under which electricity is used in Europe in extra-uterine pregnancy, and more particularly to the dependence placed upon *galvano-puncture* in England. The whole subject of electrolysis in ectopic gestation is apparently enveloped in Great Britain in a fog as impenetrable as

¹ Vol. iii, p. 559.

¹ *Materia Medica*, loc. cit.

² *United States Dispensatory*, 13th edition.

that which our London confreres are favored with so often through their unique atmospheric peculiarities. It is believed that the typical highlander's cranium is impregnable to the reception of new ideas short of a surgical operation, and it would appear that no amount of clinical evidence, as furnished from this country is of any value to the average British practitioner toward establishing the certainty of result, and the safety of procedure, in destroying the embryo in ectopic gestation up to say, the fourteenth week. After that period undoubtedly laparotomy is the correct thing to do. A recent contribution to the *British Medical Journal*, by Dr. Percy Boulton, physician to the Samaritan Free Hospital gives particulars of a case, the nature of which beyond doubt was that of ectopic gestation at about eight weeks. After watching and consultation with other physicians for a month, during which time the tumor necessarily grew much larger, electrolysis was decided upon as the remedy. Three curved needles long enough to reach the tumor and to extend outside the vagina (but how thick is not stated,) were introduced. The needles were coated with shellac (all except an inch and a half of the pointed ends) as the insulating medium, and the positive pole was connected with them, the negative being applied to the thigh of the patient and "moved about for the space of six minutes." Difficulty was experienced in removing the needles owing to their roughening under the current from thirty Stohrer cells. The subsequent history is that of peritonitis, death ensuing in twenty days.

I do not think there is much room for doubt as to how the fatal result was brought about. No attainable coating with shellac will insulate needles under the circumstances narrated. The roughening resulted from scaling of the cover together with deposition on the purposely exposed points as is usual in puncture, for example, in aneurismal sacs. Unless adhesion through inflammation existed (which is not stated), it is probable that the peritoneum was wounded, and it is possible and probable that six such points were created by the needles all of which were exposed to the caustic action of the current. Moreover the tube was weakened by the puncture and opportunity given for escape of contained or resultant fluids into the peritoneal cavity. The doctor himself thought that rupture took place after supuration.

The opinion is given in the article that galvanization without puncture would involve four or five daily applications of half

an hour each from say twenty cells. Further, the fear is stated that any "shock which would kill a fœtus of four or five months would endanger the life of the mother." Again Dr. Steavenson is quoted as follows: "A powerful electric shock causes the death of the adult by its stimulation of the inhibitory fibres of the pneumogastric (?); but a fœtus has no inhibitory apparatus, at two or three months, at any rate the nervous apparatus is not fully differentiated, and it is probable that a shock would affect the mother rather than the embryo." The reasoning throughout the article is based on the ideas above quoted.

In considering the subject it occurs to me that with all due deference to Steavenson, First, He is wrong in his opinion that a fœtus has no inhibitory apparatus; just as women are who claim that there is no life in the embryo early in its development, therefore no wrong is done in murdering it. I tell such women that if it is not alive it won't grow, and they needn't care. At three months a fœtus has inhibitory fibres, minute enough to escape our observation no doubt, but all the same they are there, and they grow. Not only is differentiation obscure in its nervous development, but also fœtal tissues are of necessity very immature, and it is because of this low grade of development that electricity is so powerful an agent in destroying its vitality. The term "shock," as popularly understood, is not applicable to electrolysis as now considered.

Two methods are open to us in studying the therapeutic effect of remedies—the theoretical, and the experimental or practical. Before I ever treated an extra-uterine pregnancy personally, I knew from repeated experience just how an accidental, powerful shock in the way of instantaneous static discharge affected me, and I imagined that the disruptive effect from a Leyden battery would be exactly the thing for the occasion. Unfortunately static electricity has a will of its own, and unlike dynamic electricity it is hard to restrain within given lines. Many a time sparks would skip around upstairs from telephone and bell circuits to the sewing-machine or other metallic object when I was using the static machine in my office, and yet everything is insulated thoroughly. Consequently I would not rely upon this form at all. Faradism, on the other hand, is controllable, and will produce all the effects obtainable from static electricity; therefore, when my chance came to try the method I employed the induction current as thus obtained, and with perfect success. From what I have learned since

then, in additional cases of my own and study of those reported by other operators, I place dependence upon results actually obtained in preference to the theories of those who have not done any such work, no matter how eminent these gentlemen may be as gynæcologists or general practitioners.

Secondly. I hold that Faradism is indicated because it acts with greater energy upon the embryo than galvanism. My reasons for thus thinking are these: Galvanic currents are *diffused* more widely (in lateral lines) in passing through tissues, however near the poles may be, than induction currents. Galvanism does not act *mechanically* on the tissues so much as Faradism when the current is uninterrupted. Anectrotonus and catelectrotonus extend only a short distance from the rheophores under the electroforce developed in operations of the nature considered. The *chemical* or caustic effect is not decided except at the points of contact; hence the European tendency to carry the contact into the sac by needles. Rapidly interrupted or reversed galvanic currents are painful as applied to the female pelvis, whilst the opposite is true of Faradism.

Thirdly. I believe that the death of the embryo is produced by tetanization of its whole mass, and by molecular disintegration consequent upon rapid reversals of polarity, as happens in Faradic high-tension currents. Abundant experiment has taught me that Faradic currents absolutely unbearable in other parts of the body, can be borne not only with impunity, but with little discomfort, as applied to extra-uterine foetations, viz.: One pole intra-vaginal or intra-rectal, and the other firmly pressed down over either ovary, tube, or upon the uterine fundus in non-pregnant women. I have repeatedly passed a one hundred cell current in this manner for fifteen minutes without any injury to the patients. The maternal tissue involved in the current in ectopic gestation is small in extent, but the *whole* embryo is encompassed if proper manipulation is observed.

To be effective the maximum dose must be given *at once*, it must be *long continued* in that sitting, say for an hour or more. Short doses, though given daily, permit recuperation, the mass may still grow larger and the tube thinner, thus endangering the patient from rupture and hemorrhage. Delay on any account is to be deprecated in these cases.

With successful results in five cases of my

own, and with the knowledge obtained through study of reports by others, I feel no hesitation in saying that it is not simply a waste of time to experiment with galvanopuncture, but it is criminally adventuring the woman's life. Death must in the end come to the child or its mother; it really comes to both in a large majority of cases when the condition is unrecognized, when left to nature's efforts, or when not promptly treated.

Prompt treatment means early diagnosis and instant interference. The pregnancy must be arrested with absolute certainty, and two ways only present themselves to my comprehension. One is laparotomy, the other electrolysis. In the hands of a Tait abroad, or Kelly at home, many cases will, thus treated, do well; in the hands of the general practitioner the mortality would, undeniably, be very high. To any man of ordinary common sense, and without special aptness as an electro-therapeutist, electrolysis is no more mysterious or difficult to manage than is vaccination, whilst to the woman it is less dangerous than delivery by forceps. If this be so (and I do not believe that successful contradiction is possible in an honest discussion of the subject), why should a man whose business it is to save life, endanger, nay, fearfully imperil it, by any such procedure as that depicted in the report upon which this paper is based? To the credit of America it is well that the electric treatment of extra-uterine pregnancy has, so far as most reports show, been performed on a sensible basis. Some errors have, of course, crept in through the lack of knowledge of electro-therapeutics possessed by many physicians, but attention is now being paid to the high value of electric force in medicine; and as I have for more than twenty years past used my pen and voice to further its claim to professional notice, I am glad to note the progress thus exhibited. During the period named, I have repeatedly been asked if it was not an error to urge, as I did, currents of high electro motive force, particularly in gynæcological work. I never have had patience with homœopathic doses of anything, and when five to twenty milliamperes was indicated as the extent of current to be given in work of this nature, I wondered how any result could follow such low power in the hands of those narrating the cases. A late gynæcologist seemed incredulous when some ten years ago I spoke of employing currents of one hundred milliamperes, and yet I then frequently went to one hundred and seventy-five. Now I do not

hesitate at two hundred and fifty in a case of ectopic gestation, or in accessible fibroids.*

Apostoli has lately awakened the profession to the safety of high force in uterine electrolysis, and perhaps his example may do something to stiffen the weak-kneed brethren abroad in this respect. If anything can turn their thoughts towards the consideration of localized Faradization of high tension in extra-uterine pregnancy it will be a blessing to British womanhood. A long series of experiments during two years past, in the study of electricity as applied to the instant extinction of life, has confirmed my long-held views as to the safety of so-called high power when definitely localized, but the further consideration of this matter is deferred to another time.

A CASE OF PUERPERAL ECLAMPSIA; RECOVERY.

BY LLEWELLYN ELIOT, M.D., WASHINGTON, D.C.

Mary T., white, aged 18 years, unmarried, of strong physique, was delivered of her first child on the morning of the 12th of August, at ten o'clock, after a labor of eleven hours. The second stage was slow. The case progressed favorably until about four o'clock in the evening of the day of delivery, when convulsions came on. The first was well marked and lasted twenty-five minutes; the second occurred at 4:50, cyanosis very great; the third, at 5:15, lasting twenty minutes, chloroform being administered by inhalation; the fourth, at 5:40, lasting twenty-five minutes; the fifth, at 6:25, lasting twenty minutes. Venesection was now decided upon, chloroform was administered, and twenty ounces of blood taken from the arm. The sixth convulsion occurred at 7:20, lasting fifteen minutes, chloroform inhalation again used, and morphia sulphate gr. $\frac{1}{4}$ given hypodermatically. The seventh occurred at 10:10 P.M., lasting ten minutes; the eighth, at 12:35, lasting five minutes, followed by great restlessness and intermittent pulse; the ninth, at 1 A.M., (August 13,) lasting three minutes; pulse was then double; at 1:25, morphia sulphate gr. $\frac{1}{4}$ again given hypodermatically. At 2:20 the patient was still very restless. The tenth occurred at 2:48, and lasted five minutes. I then ordered the following prescription:

*I always employ galvanism to produce absorption after the destruction of an embryo by Faradism, or to reduce exudations consequent upon plevic inflammation.

R Elaterii..... gr. $\frac{1}{3}$
Hydrarg. chlor. mit..... gr. iv
Ft. pulv. no.j
M. Sig.—Give at once and repeat in four hours if necessary.

About the same time the catheter was passed, and $\mathfrak{z}$ xij of very dark urine were drawn off, which was three-quarters albumin. At 4:30 A.M., a convulsion was aborted by chloroform inhalation; afterwards she was perfectly rational, expressing herself as better, but the powder had not operated. The eleventh convulsion was at 4:48 A.M., lasting five minutes; the twelfth, at 5:05, lasting three minutes; the thirteenth, at 7:20, lasting three minutes, at which time the powder was repeated; the fourteenth, at 8:30, lasting three minutes. At 9:45 the head was shaved and an ice bag applied, to be continued for fifteen minutes at a time. At 9:50 the following was ordered:

R Ol. terebinth.
Ol. ricini..... āā $\mathfrak{z}$ j
Tinct. asafetidæ $\mathfrak{z}$ ij
M. Sig.—Add to one quart of water and use as an enema.

The fifteenth convulsion occurred at 3:10 P.M., lasting two minutes. The bowels were then moved, the urine passed, and the patient became quiet. The sixteenth convulsion was at 6:40 P.M., lasting three minutes; the seventeenth, at 7:40 P.M., at which time the pulse was 134, temp. $102\frac{1}{2}$ F., resp. 54 and irregular; head very hot, while the discharges had stopped. This was the last convulsion the patient had. The next observation was made at 3 P.M., August 14, when the urine yielded but one tenth albumin, and the patient had headache. Morphia sulphate gr. $\frac{1}{4}$ was repeated. August 15, 1:10 A.M.: She was very wakeful, had no pain, morphia sulphate gr. $\frac{1}{4}$ hypodermatically; 12:45 P.M., bowels had again moved, the discharges again appeared, but the patient still had much headache. I ordered:

R Potass. bromid..... $\mathfrak{z}$ iv
Aque fontan..... $\mathfrak{z}$ ij
M. Sig.—Tablespoonful three times a day.

From this time she improved rapidly until the date of her discharge from treatment, September 20th. Beginning with the third convulsion, chloroform was administered to control each convulsion. To clear away the albumin the following was ordered:

R Potass. acetat..... $\mathfrak{z}$ iv
Infus. digitalis ad..... f $\mathfrak{z}$ vj
Spt. ætheris nit. f $\mathfrak{z}$ vj
M. Sig.—Tablespoonful three times a day.

Puerperal eclampsia occurs during the latter months of pregnancy, or during, or

after parturition, proving at times most formidable. Whether premonitory symptoms, such as dizziness, stupor, headache, irritability, œdema of the subcutaneous cellular tissue have occurred or not, the attacks are sudden and epileptiform in character. The more violent the attacks, the shorter the duration of the intervals. Labor frequently results from the nervous shock and general disturbance. When they appear during labor the pains are increased in force and frequency, since all the muscles partake of the convulsive action. The mortality of eclampsia occurring before and during labor is about one in four; after labor about fourteen per cent. The pathology of eclampsia, after much discussion, is still unsettled, although the urinary origin is generally accepted. The treatment consists in venesection, pressure on the carotids, the administration of strong purgatives, inhalations of chloroform; chloral hydrate and bromide of potash by the mouth, the subcutaneous injection of sulphate of morphia, inhalations of nitrite of amyl, injections of hydrochlorate of pilocarpine. Of these modes the inhalations of chloroform, with the internal administration of chloral hydrate and bromide of potash accompanied by a purgative are the most trustworthy, although sulphate of morphia and hydrochlorate of pilocarpine have afforded me good results. In one case where gr. $\frac{1}{8}$ of hydrochlorate of pilocarpine was given hypodermatically and repeated, its action was too depressing; still Braun has given gr. $\frac{1}{2}$ with success. If the pilocarpine were combined with the sulphate of atropia in appropriate doses, its over-action would be prevented. Blood-letting, which at one time was the sheet anchor in the treatment of these cases, was abandoned, to again become a recognized agent. Strong as is the evidence in favor of chloroform, its abuse will, as happened with venesection, tend to bring discredit upon it. It is seldom necessary to produce deep anæsthesia. Chloral hydrate in combination with bromide of potash is more continuous in its action. With the allied assistance of these remedies and careful watchfulness, the rate of mortality will continue to decrease.

510 E street, N. W.

Colorless Tincture Iodine.

Dr. Brown, of Mountain Home, Ark., says colorless iodine may be made instantaneously by adding four drops of carbolic acid to the ounce U. S. Disp. formula of equal parts of iodine and aqua ammonia.—*South. Dental Jour.*, July, 1887.

SOCIETY REPORTS.

MEETING OF THE OBSTETRICAL SECTION OF THE BRITISH MEDICAL ASSOCIATION AT DUBLIN.

Special Report to the MED. AND SURG. REPORTER
by E. S. MCKEE, M. D.

Discussion of Puerperal Fever.

Introduced by W. S. PLAYFAIR, M. D.,
F. R. S. P., LL.D., Professor of Obstetric
Medicine at King's College Hospital.

The subject which I have the honor to introduce to you for discussion cannot fail, I think, to interest all upon whom the responsibility falls of attending women in labor. The prevention of the scourge of midwifery practice, septicæmia, is one of the most important duties. In the short space of a quarter of an hour allotted me, it will be impossible to do more than lay down a few general rules which should guide us. In lying-in hospitals since the revolution of antiseptics, a marvelous change has been effected. I am more particular to-day to insist on the prevention of puerperal disease in *private and domiciliary practice*. In the well conducted lying-in hospital of to-day, a woman is actually as safe, if not safer, than if confined at home in a large house and surrounded by all the comforts money can procure. The great Rotunda Hospital of this city, as well as the lying-in institutions of London, Paris, and St. Petersburg as well as other continental cities, prove what I have said. There is nothing in the history of medicine more remarkable than the change in these institutions since the adoption of the life-saving principles of Lister. I doubt if such a thing can be found now as a hospital for lying-in in which antiseptic rules have not been introduced, and in which similar good results have not followed it. Though recognized and practiced in public practice, I doubt if even yet antiseptic midwifery is at all general in private practice. Called to see septic cases as a consultant, I very seldom find that the practitioner in attendance has followed out the rules in so general use in lying-in hospitals. Perhaps when the younger class of practitioners get more into the practice it will be different, but with the bulk of men now in practice no special care is taken. In civil practice similar care and precautions to those adopted in institutions—a matter of

no very serious difficulty—should almost wipe this scourge out of existence. Fritsch daily dressed a putrid wound in the person of his brother for a whole year, and at the same time daily performed two or three obstetric operations, and by a vigorous antiseptic has not had a single case of septicæmia during the whole time. To show how simply this may be done, and to elicit your views on this subject, is my object to-day. I have no time for argument, and must perforce be brief and content myself with dogmatic statements. To prevent puerperal fever we must have an intelligent idea of what it is, how it originates, and how it may be conveyed to the patient. Unless we are agreed on these points we are not likely to come to any conclusion of value. I take it to be now almost universally admitted that puerperal septicæmia is practically the same thing as surgical septicæmia. A disease caused by poison absorbed through the genital tract into the system, which poison may originate *de novo* or be conveyed to the patient from without by septic matter being brought in contact with her. We should manage her so as to reduce the chance of absorption to a minimum by closing as much as possible the channels through which septic matter is to be absorbed by thorough and permanent contraction of the uterus, and by lessened absorptive surfaces, offered by perineal lacerations and the like. How customary it is to find the binder hurriedly applied, with the uterus imperfectly contracted, remaining large and flabby underneath it, distended with clots which frequently breed mischief. I practice and teach never to remove the hand from the uterus for at least twenty minutes after the removal of the placenta, keeping up a continuous, though not rough, rubbing or kneading. I believe it also good practice at this time to administer a large dose of ergot, and, if contractions do not set in, to give a hypodermic injection of ergotine or ergotinine. Personally, I have never seen any harm result from the routine administration of ergot.

As to *perineal lacerations*, I think the rule should be absolute that the perineum should be inspected after labor, and that every tear more than a slight laceration of the fourchette, should be closed with cat-gut or wire suture, first cleansing thoroughly with the bichloride of mercury solution, and subsequently dusting with iodoform night and morning. Thus any chance of absorption through the bared perineal surface is avoided, and complete healing is insured.

Most important, however, are the *antiseptic*

precautions by which we are to prevent the poison being introduced from without. This, indeed, is the essence of the whole matter. The vast majority of cases of puerperal septicæmia, to my mind, arise directly from poison carried to the patient from some preventable accident. This is an unpleasant fact, but we must look unpleasant facts in the face. The nature of the medical man's work brings him constantly into contact with septic matter. There is no avoiding this. What we have to do is to take the precautions happily at our disposal to avoid the risk or reduce it to a minimum. The obstetrician, if he has much gynecological practice, is especially in danger of infecting his patient. He has, in constant vaginal examinations, to imbue his fingers with vaginal discharges, which may be of the utmost possible virulence, such as of uterine carcinoma. Many have infected themselves in this way through punctured wounds of the finger, and why not infect others?

If I dwell on unpleasant topics such as these, my only object is to secure a thorough appreciation of their danger and its avoidance. The nurse has often, and justly, too, the blame to bear. She is constantly handling the genital organs at all hours for many days. Many of the older class of nurses persistently set themselves against the antiseptic precautions, as "new fangled fads which they don't hold with." If they are positively ordered to carry them out, they are apt to do so in the most perfunctory way. The tips of the fingers are just dipped into the antiseptic lotion. A sponge is used to wipe the genitals and is put away unwashed, or most imperfectly washed, on a hot summer day. Quite recently I had occasion to use a catheter, and the nurse produced one belonging to her. I fished out of the eye a decomposing blood-clot, which had been lying there for days or weeks. Again, not long since, I saw a most intense case of septicæmia; the nurse answered me that she had been most careful, and yet I found an under sheet, unchanged for four days, saturated with lochia, on which the patient was lying. In a hundred unsuspected ways such as these, death may be conveyed to the patient. If, however, efficient antiseptics is to be carried out, the rules must be such as the nurse can understand, and not too complicated and troublesome to put into execution.

The following is a copy of the card given every nurse in attendance on cases under my charge:

Antiseptic Rules for Monthly Nurses.

1. Two bottles are supplied to each patient. One contains a solution of bichloride of mercury, of the strength of one part to one thousand of water, tinted with litmus (called the 1-1000 solution), the other carbolized oil (1-8.)

2. A small basin containing the 1-1000 solution must always stand by the bedside of the patient, and the nurse must thoroughly rinse her hands in it every time she touches the patient in the neighborhood of the genital organs, for washing or any other purpose, before or during labor, or for a week after delivery.

3. All sponges, vaginal and rectal pipes, catheters, etc., must be dipped in the 1-1000 solution before being used. The surface of slippers, bed-pans, etc., should also be sponged with it.

4. Vaginal pipes, enema-tubes, catheters, etc., should be smeared with the carbolized oil before use.

5. Unless express directions are given to the contrary, the vagina should be sponged twice daily after delivery with warm water, with a sufficient quantity of Cond's fluid dropped into it to give a pale pink color.

6. All soiled linen, diapers, etc., should be immediately removed from the bedroom.

N. B.—These rules are for the protection of the patient from the risk arising from accidental contamination of the hands and sponges. It is therefore hoped they will be faithfully and minutely adhered to.

There is nothing complex in these rules. The details may be varied considerably as to the form of antiseptic employed. It is the principle of antiseptics more than the details which is important. I prefer the bichloride of mercury to any other antiseptic, not only because of its acknowledged potency, but because it is bland and unirritating to the skin, and capable of being carried in a concentrated form, and the solution made at a moment's notice. Nurses will not use a carbolic lotion or will use it inefficiently, because of the tendency to injure the hands, while I have never known one to object to the mercurial solution. I do not recommend it for vaginal injections after labor, because of a few cases of mercurial poisoning that have been reported to follow its use in this way.

There are a few precautions to be used during the labor by the physician himself:

1. Before making any examination or using the antiseptic lotion, he should thoroughly cleanse his hands with soap and water, being specially careful about his

nails, under which septic matter may easily lurk.

2. At an early stage of the labor the vagina should be thoroughly syringed once with the antiseptic lotion, and the vulva sponged with it.

3. When the head is distending the perineum the external genitals should again be sponged with the solution.

4. Cold cream, lard, etc., should not be used for lubricating the fingers, but carbolized oil or vaseline employed instead.

5. When possible, sanitary towels should be used to receive the lochial discharges, in preference to diapers, as they may be burned when soiled. All risk from imperfectly cleansed diapers is thus avoided. I do not think these suggestions impose a grievous burden upon the practitioner who has the welfare of his patient at heart.

There are many other points on which I might dwell if time allowed. One which seems particularly important, is the duty of satisfying ourselves of the sanitary condition of the house in which our patient is to be. It is but seldom, however, that our opinion is asked on this point. Unfortunately the public believes it is the duty of the profession to cure disease when it arises, not to prevent it. Meddling with such matters beforehand would be too often considered an unjustifiable interference. I am fully convinced that if a careful sanitary inspection were instituted before parturition, a great step would be taken towards attaining the object of this paper, "The Prevention of Puerperal Fever."

The subject was farther discussed by DR. ROBERT BARNES, of London, who read a paper on this subject:

The Causes, Internal and External, of Puerperal Fever.

A clear understanding of the nature and causes of puerperal fever is the rational antecedent of a rational system of prevention. What is puerperal fever? What are its factors and constituents?

There is not one cause but a plexus of causes. Failure to comprehend this truth is especially conspicuous in the German works. By a short and arbitrary process of synthesis this school has formulated the dogma that puerperal fever is puerperal septicæmia, the result of septic infection from the genital canal, thus overlooking important constituent factors. Starting from the state of gestation we find it specially marked by exalted nervous and vascular

tension. An acute process of building up is going on.

Parturition puts to the supreme test every tissue, every function. We have the combined sources of altered blood: 1. That derived from gestation; 2. That arising during labor; 3. That arising from the disintegration of the superfluous tissues, built up during gestation. Labor completed, a process is started the very reverse of that which prevails in the gravida. The high vascular tension subsides, the tide turns, the blood is invaded by waste stuff which has to be cast out of the body. This is done mainly by the excreting glands, liver, kidney, skin, intestines, lungs—all of which are called upon for active work. They must discharge the waste stuff as fast as it is received into the circulation. If this waste stuff be not duly excreted it accumulates and acts as a fever-causing poison. Cases of thrombosis and phlegmasia dolens are mainly the expression of the loss of balance of disintegration and elimination.

This is the simplest, the fundamental form of puerperal fever, but it is the compound of three forms of altered blood: 1, the blood of the gravida; 2, the blood of the parturient; 3, the blood of the puerpera. This is purely auto-genetic. I call it endo-sepsis, because the conditions arise entirely within the patient's system.

Another group of symptoms which disturb the orderly course of the puerpera are influences which *retard the secretions and excretions*, as chills, malarious conditions, errors of diet (among which insufficient diet is one) and bad hygienic surroundings and emotions.

Meteorology controls these secretions largely, and I believe has no little effect on the frequency of puerperal fever. I show here a number of charts, the first of which shows, according to the Royal Meteorological Transactions, the general temperature and rain fall for 30 years—1844 to 1874. No. 2, shows the deaths from scarlatina, fevers, erysipelas and puerperal fevers for the same period. No. 3, shows the total births and deaths for the same period. The second series I have constructed on the same plan. It consists of the history for 10 years, 1875-1884, the months and weeks of each year being cast together. In the second series we get the curves for the following 10 years. The separation of 10 years can be compared with the preceding 30 years. The general similarity of the curves is remarkable; it affords strong evidence of the universal prevalence of the causes.

The tables exhibited show the relation of the seasons and atmospheric conditions to fevers, puerperal and others, and illustrate a law which has been widely recognized, namely, that zymotics are most fatal in the winter. This, I believe is true; the damp from the cellars, charged it may be with foul water, but noxious in any case, is sure to be sucked up into the house and seeks by preference the warmest spot. This is the lying-in room, the heat acting as a relative vacuum in the highly heated and poorly ventilated room. This source of danger is distinct from the ordinary drains or sewerage of the house; either may act alone, or they may act together, intensifying the danger.

This damp foul air drawn into the lying-in room may be contaminated with specific poisons, as of typhoid, scarlatina or of erysipelas; but the contamination is not necessary to work mischief in the puerpera. This evil, that the lying-in room is chiefly supplied by air from the lower regions in winter, need hardly be felt in summer, as fresh air is brought directly from the outside. Pressure then works against the up-current, pure air is gained, foul air is repelled. Here the author showed a model house—to prevent this suction of foul air. During the past winter, an unusually inclement one, I have been called to attend an unusual number of cases of child-bed fever. I rarely failed to find sufficient cause for the trouble in the sanitation. I would enforce emphatically the old rule to move the patient to another room, preferably the drawing-room, which is generally the healthiest, most airy in the house. Sewer gas, if not carrying zymotic germs, may cause fever. The poison, however, will be kept up. Hence, the advantage gained from moving the patient away from the influences of her surrounding.

As to decomposing matter in the genital tract, we should first close the gates against the entry of the enemy by securing firm contraction of the uterus, and prevent the suction action of the abdomen. The next step is to give ecbolics, as quinia, cinnamon, nux vomica, ergot and digitalis. Some combination of these medicines should be given in every labor. We should then eject the enemy, and prevent the gathering force by washing out the uterus. Uterine irrigation is especially useful in the auto-genetic forms, in which noxious matter is taken up from the genital tract. It is not frequently necessary in the hetero-genetic or zymotic forms.

The women of the laboring classes go through child-bearing more safely than their pampered and delicate sisters. It is because they are not subjected to and enfeebled by excessive cultivation of the emotional and intellectual elements. The daughter of luxury never knows a day's labor till she is taken in labor. While the woman of the working classes labors every day.

Lactation is evidence of glandular capacity. Failure to produce milk is presumptive evidence of glandular incapacity. Fever prevents or diminishes secretion; in some cases at least.

Fever declares itself because the glands cannot do their duty.

From what has been said, it follows that to ensure the fullest security to the puerperal woman, to put her in the best position to go through the transition from the puerperal to the ordinary state, we must do what we can to keep every organ including the glandular system in good working order; and to guard against all known agencies which may disturb the healthy action of the organs.

The relations of Meteorology to Puerperal Fever is a point to which I wish to call especial attention. We see by the tables that puerperal fever like other fevers prevails most fatally in winter. To what extent can we control the pernicious influences of winter weather? Domestic meteorology is greatly under our control. We must inquire what are the external conditions which favor excretion. The excretory force of the lungs is increased in value in the puerpera. Under ordinary conditions in the non-pregnant they give off watery vapor, carbonic acid, sometimes ammonia and a minute quantity of organic matter. It is certain that the capacity of the lungs increases after labor, so it is probable the quantity of carbonic acid exhaled is increased, and it is certain that the exhalations of organic matter increase. The "gravis odor puerperii" is partly due to this increase. In some cases, those verging closely on endosepsis, the lochial discharge is absorbed. In these I have noted a sallow aspect and a degree of febridity, and I have taken this as an indication for irrigating the cavity of the uterus.

To get rid of the excess of aqueous vapors of carbonic acid, and organic excreta by the lungs and skin, a constant supply of pure air is required. It must be dry and comparatively rare. There are two principal modes by which gaseous matter including germs of bacteria, are carried: first, by diffusions; second, by currents of air. Active diffusions

are especially valuable so long as they bring nothing noxious to the patient; but if foul matter comes with the air it will tell against the case; hence the great importance of a supply of pure air, and the removal of all impediment to free circulation. I am disposed to believe the most injurious of all meteorological conditions is damp, in the forms of saturated air, fog, and mist. Wind, rain, and sun are the great purifiers of the atmosphere; movement of the air promotes diffusion, sunshine works chemical changes, and the rain scours or washes away impurities. All this of course is familiar knowledge, but it is not superfluous to ask, if it is fairly applied to the regulation of the sick room? Let us consider how far we may bring the meteorology of the bed-room to the conditions of healthy external meteorology; first, let the lying-in chamber face the south; second, to combat external damp, a fire is best in an open fire-place, the open grate serving as a ventilator to carry off impurities. Among the abominations of self-styled sanitary engineers, I feel called upon to denounce heating by hot water pipes. They are too often effective means for the culture and diffusion of noxious germs. It is possible also to wash the air admitted by a Dobin's tube, by a shower of water falling into the tubes.

The modification of the air by chemical agents, with the mechanical addition of vapors and gases possessing medical virtues, has many recommendations.

In the early morning hours between 2 and 4 o'clock is the time when the wind is the lowest and the meteorological conditions the worst. At this time the ventilation of the room should be attended to with greater care than usual.

All precautions resolve themselves into one word, cleanliness. All antiseptic precautions are but a part of the general scheme.

The meteorological conditions are of primary importance though I am far from underestimating other causes.

Whilst protecting the citadel from the foe without we should take care that mutiny does not break out within.

JOHN W. BYERS, A. M., M. D., Belfast, continued the subject by reading a paper on the

Prevention of Puerperal Fever in Private Practice.

After giving some statistics showing the great mortality of puerperal fever, the writer said it was impossible to take measures for its prevention until we had clear ideas as to its causation. He discussed the various views and gave his reasons for believing it

to be blood poisoning analogous to septicæmia met with in surgical practice. Taking this view, he believed there were three sources by which the poison might be introduced into the system of a lying-in woman:

- 1st. Sewer gas, as in unhealthy homes.
- 2nd. The nurse.
- 3rd. The accoucheur.

Under the first head he recommended the inspection of a house before the confinement took place to see if it was in a proper sanitary condition. He gave rules for the guidance of the practitioner and nurse. He advised the strictest cleanliness, thorough washing of the hands in an antiseptic solution (1-1000) bichloride of mercury, few examinations, a proper and careful management of the third stage, the keeping of the patient on her back for a time after confinement, and antiseptic douches.

He drew attention to the cases in which a decomposing blood clot or placenta might be the source of the disease, but believed that even in these cases the decomposing mass in the uterus only acted as a nidus in which the poison from without found a suitable soil.

He discussed the question of how a physician should act with reference to obstetric practice, if he came across cases of scarlatina or foul surgical wounds, and said he believed by baths, changing the clothes, and strict antiseptic washings, he need have no fear in attending a patient during confinement. He said if those who attended women in labor would act as if each one were likely to develop septicæmia, they would take thorough antiseptic precautions and thus such cases would be reduced to a minimum.

The whole essence of the prevention of puerperal fever was:

1. To prevent the poison entering the system.
2. To destroy the poison if it got into the genital tract of a patient, before it entered her tissues and blood.

A paper by DR. GRIGG of Queen Charlotte's Lying in Hospital, London, on this general subject, was read by title.

DR. ROBERT BARNES, of London, said that we all agree in what Dr. Playfair has said, and it is of extreme value to us to have it put so well. It will be well for us to follow out antiseptis; but antiseptis is not the whole prevention of puerperal fever. I do not think with Dr. Playfair that it is the same as surgical fever; but that it may be caused by cold, chill, exposure, fever, meteorological conditions or accidental causes. This fever is far more common in winter than in summer.

There is something before septicæmia. There is a puerperal constitution which makes the poison doubly dangerous. I hope Dr. Playfair will go a little farther back and look a little at the patient.

DR. GEORGE H. KIDD, of Dublin, considered further the question of the nature of septicæmia. Dr. Burdon Sanderson has said there was a time when we were obliged to fight with all our might to make people believe there was such a thing as septicæmia. This is not the trouble now. The danger is that we put too much stress on antiseptis. He believes that attention to the patient previous to labor has much to do towards preventing the septicæmia. Dr. Collins, when master of the Rotunda Hospital, delivered eleven thousand women in that institution in four years and had not one case of septicæmic fever. We must not overlook the natural history of the disease, the fact that it comes in epidemic waves.

DR. LOMBE ATTHILL, of Dublin, said he was a firm believer in septicæmia. The term puerperal fever he abhorred. It is caused by septicæmia. I was the first master in the Rotunda Hospital to require antiseptic precaution which was then very imperfect. I had to undergo great opposition. Especially was this so with the nurses. It was indeed an effort to get them to part with their old black dirty dresses and put on the uniform. They thought that to be compelled to wear such dresses as they were in winter was nonsense. I consider a relaxed condition of the uterus to be a common cause of septicæmia. I well remember one patient who came into the Rotunda in labor. No physician was present at the time, but the nurse saw there was something the matter with the patient and put her in a private ward separate from the other patients. I was soon called and found the patient to be suffering with erysipelas. She could not be put out of the house in labor, but after delivery she was sent to another place, only remaining in the hospital fifteen hours. There had been no case of puerperal fever for months before, yet there was one before twenty-one hours, and this was followed by several others, then the disease gradually disappeared. I think, however, these cases were due to atmospheric conditions, and not to the presence of the woman in the hospital. I think contamination in that case possible under the conditions. I hardly believe that the preliminary treatment of puerperal fever will prevent puerperal fever in many cases. I do not believe ergot given in a single dose will produce any effect. It should be given frequently.

DR. M. T. MALONY, Arklow, Ireland, said that in his city of six thousand inhabitants there had been an epidemic of scarlet fever for six months. During this time there was no case of puerperal fever and no approach to one. The scarlet fever was of a mild type, yet some cases were quite malignant. We had many cases of sore throat, some of them malignant, and some tonsillitis, &c. The town is the most unsanitary place on earth. As medical officer, I attended the most of the cases of labor. I used no antiseptics, except on my forceps.

DR. C. H. F. ROUTH, of London, thought that women in an unhappy state of mind, such, for instance as had been seduced, as has been shown by Dr. Barnes, were much more likely to suffer from puerperal fever.

DR. JOHN W. BYERS, of Belfast, was a thorough believer in the septicæmic view of puerperal fever. How can the gentleman, maintaining the views of other causes of puerperal fever, explain the results of antiseptics in hospitals? Our nurses should be firm believers in antiseptics. Opinion is now, I think, going in the direction that the number of cases which are autogenetic are diminishing. The doctor then quoted from a paper by Dr. E. G. Zinke, of Cincinnati, read before the American Medical Association in 1887, in which the question of "How soon after exposure to infection can you attend a woman in labor?" was discussed, and the opinions of prominent authorities quoted. These opinions were at great variance. It was a question he would wish answered.

DR. SAMUEL SLOAN, of Glasgow, said that antiseptics in the hospital in Glasgow had reduced the mortality much. They could not do without antiseptics. We should look more to antiseptic measures than we do. He thought close rooms in winter were more productive of puerperal fever than chill.

DR. MOORMCY, of Edinburgh, thought the plan to stamp out puerperal septicæmia was Eutopian. How can we stamp out atmospheric conditions, lochial discharges, etc.? The patient should be prepared before-hand. She should be given the chloride of iron, quinine, potash, etc. Ergot in small doses before labor is innocuous and acts beneficially. The prevention of puerperal septicæmia is the function of the nurse, more than of the doctor. It is not at all above the dignity of the obstetrician to look after the nurse. He closed by recommending uterine injections.

MR. LAWSON TAIT, with Lombe Atthill, *abhorred the name of puerperal fever.* The

practitioners in his neighborhood had been giving him the opportunity to open the abdomen in cases of puerperal septicæmia, which had been followed by good results. There are two kinds: one disease is systemic, and medicine and surgery are powerless; the other is local, and the patient can be saved. He had recently been called into the coroner's court to testify in a case where sixteen patients were taken with puerperal fever in the practice of one man, all of whom died. He inquired, and found that the most elaborate antiseptic preparations had been made and carried out. He did not inquire too closely, fearing to find out too much; but after the trial, remembering that all the cases of puerperal septicæmia had been forceps cases, he asked him what precautions he had taken with his forceps. He replied, none. There was the whole secret.

DR. H. CAMERON, of Glasgow, had seen five cases of puerperal septicæmia in one man's practice. He found that he had not been in the habit of disinfecting his forceps. He advised him to disinfect his forceps and burn his leather bag.

DR. W. H. HUMISTON, Cleveland, Ohio, said: If, as one gentleman has stated, puerperal fever is an epidemic disease, and occurs in waves without any assignable cause, why does it not now occur in the lying-in hospitals at Dresden, Prague, and Vienna? In these very same institutions, prior to the adoption of strict antiseptic precautions, the mortality from puerperal septicæmia was appalling, ranging from 10 to 18 per 100. It has been my privilege to visit these institutions, and study and observe their methods of conducting obstetrical cases. They are most careful, and insist on the highest degree of cleanliness obtainable, by frequent washing of hands and instruments with soap and water and antiseptic solutions. When Prof. Leopold took charge of the Dresden Lying-in Hospital, the mortality was 18 per cent.; by strict antiseptic precautions it was brought down to *nil*, and has so remained for several years, not a case occurring within its walls.

One gentleman has asked how soon, after coming in contact with septic material, is a physician justified in attending a case of obstetrics? I answer, at once, allowing time for change of clothes and thorough washing with trustworthy antiseptic solutions.

In Carl Brown's wards in the lying-in department of the general hospital at Vienna, the assistant has charge of the wards, and takes personal charge of all complicated

cases. At the same time he is daily giving operative courses upon the cadaver to students and practitioners, and I have seen him summoned from the operating table in the pathological building to make a forceps delivery. He would remove his protective coat and go through the most careful washings of the arms and hands. I never saw septic trouble arise in cases so managed. One important point which is original, and I hope will be found trustworthy by you in your future practice, is the indication that the specific gravity of the urine gives in foreshadowing coming trouble. If before and soon after delivery the specific gravity of the urine is markedly below 1020, look out for breakers ahead; for, with the great amount of effete matter to be carried out of the system, the urine, if the elimination be sufficient, will be of high specific gravity.

DR. R. Y. DILL, of Belfast, advised the washing of the hands under a tap instead of scrubbing dirt into them with a brush. Mind your nails. Always give two or three doses of ergot during the last two or three severe pains of labor. The mechanical arrangement of the beds should be such that the foot can be elevated in case of flooding, and the head elevated to assist drainage of clots.

DR. CORLEY, of Cork, favored the semi-erect position, but did not favor the immediate suture of the perineum.

DR. WALLACE, of Birmingham, favored antiseptics, but favored still more absolute cleanliness. He dips his forceps into boiling water, and nothing further is necessary. He cleans out the uterus in the early part of the disease, and swabs it out with the tincture of iodine. As to abdominal section, when you have absolute purulent septicæmia, nothing helps. When local septicæmia, help can be obtained.

DR. SHAW had practiced in London for 13 years, and had 1900 cases of labor. He never washed out a vagina, disinfected his forceps, nor lost a case from puerperal septicæmia.

DR. A. V. MACAN, of Dublin, said that we are all agreed that sepsis is a great danger after delivery. What is the relative danger of sepsis and other causes? If antiseptics reduce the cases so enormously, the great majority must be caused by sepsis. The remainder we will present to those who think there are other causes. It is a small present. Even in the heterogenetic, sepsis must be introduced. I must say that allowing a nurse to go out to follow her calling after a three week's training, as is the case in London,

is a disgrace to civilization. Here in the Rotunda we think six months little enough.

DR. PLAYFAIR, in closing the discussion, said: The words puerperal fever were not used in the paper, yet that term was heard again and again in the discussion. Cold and chill may produce a puerperal disease, but not puerperal septicæmia. No one is more fully possessed than I with the idea of preparing a patient against puerperal septicæmia. As I said, my allotted time was far too brief to allow me to go over the whole ground. I must omit something. I think there never was an epidemic of puerperal septicæmia. It does not come in that way. It is totally different from cholera and that class of diseases. This is a most dangerous theory. Puerperal septicæmia may be introduced through the atmosphere. The statement of Dr. Humiston is one of the most remarkable statements I ever heard.

DR. M. Q. MCCALLAHAN, of Brailsford, read a paper on "A Month's Abdominal Sections," by Mr. Lawson Tait. This consisted of a brief report of 35 abdominal sections, of course all recovering, some of them almost snatched from the other world. Several were performed for septicæmia.

MR. TAIT who was present, said that the reports just read would show how he selected his cases. This cry about the selection of cases is an absolute falsehood. I care not who says it. One case reported here was one I would certainly have been excused from operating on. The woman was brought in in a state of collapse, almost dead. I had done 300 laparotomies with but a few deaths and I did not care, I assure you, to add another. I confess it was a temptation to refuse but I thought I must give the woman a chance for her life, slight as it may be. The result was wonderful. Suppose some one of our "tramp visitors" had come along and seen this case; he would have gone away saying, Lawson Tait is the most reckless operator I ever saw.

DR. ROBERT BARNES, of London, expressed unqualified admiration of Mr. Tait and his results. He thought the surgery of the abdomen and of the brain were epochs in surgery. He was glad to know that they were British productions and that we were not indebted for them to the Germans.

DR. W. H. HUMISTON, of Cleveland, O., said that he was one of these "tramp visitors" who was excluded by Mr. Tait. He had heard Mr. Tait abused and called a liar in Germany, but it was done by those "tramp visitors," scamps and scalawags, who went once or twice and then went away to criticize.

If you want to study a man's methods go and stay long enough to know them.

Mr. Tait: the "tramp" does mischief in more ways than one and I'll have nothing more to do with him. He is doing mischief on the other side of the Atlantic. There are two kinds of doctors in America as well as in England. Some know something, others do not. I have had doctors come from America, bring their wives and families and stay six

months. I taught them all I could. Others came once or twice, went away, and knew more than those who had tarried six months.

No case of puerperal peritonitis ought to be left to die without the abdomen being opened, and I believe the day will come when we will make a large number of operations in the median line for hernia.

Several other speeches laudatory of Mr. Tait and his methods were made.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Lime Treatment of Local Tuberculosis.

Senger (*Deutsche med. Wochenschrift*, No. 31), has made a critical study of the method of treating tubercular joint affections practiced by Kolischer. After speaking of the uncertain and often unfortunate results following the ordinary treatment of such cases, and the skepticism which one naturally bears toward new therapeutic attempts, he says that the statements of Kolischer and the endorsement of Prof. Albert seem to leave no doubt as to the great value of this method. Prof. Albert said that few facts made such an impression on him as the cases treated by Kolischer. As the result of careful observation he had to admit that the method furnished a noteworthy therapeutic effect and could be warmly recommended for further trials. The results were surprising, not only on account of the rapid healing, but also on account of the complete and free motion in the diseased joints.

Kolischer proceeded on the assumption that it might be possible for the fungus joint affection to undergo a calcification similar to that occurring in tubercles of the lung. In connection with Dr. Freund (assistant in the physiological laboratory) he made experiments with acid calcium phosphate, and found that its effect was much increased when the solution contained an excess of free phosphoric acid. Kolischer distinguishes two kinds of fungus inflammations: First, those not yet gone on to the formation of fistulæ; second, those already fistulous. In the treatment of the first kind, Kolischer proceeds as follows: A sublimate dressing is applied for twenty-four hours. The part is then washed with soap and water and irrigated with a one per cent. sublimate solution. Then the solution described below is injected. The hypodermic syringe is

of hard rubber, with a platinized needle (steel being acted on by the solution). The syringe is kept in five per cent. solution of carbolic acid. Injections must be made in different parts of the tumor, part of the contents of the syringe being expelled each time. The "fungus" must be entirely permeated by the solution, and give a peculiar juicy feeling, while the parts not injected are depressed and elastic.

The needle must be inserted as far as possible, even into the softened bone. The injections are very painful, and after a few hours severe pain ensues, for which morphia hypodermically is recommended. An antiseptic dressing is applied. High temperature, lasting 17-24 hours, follows, and the inflammatory reaction lasts 5-6 days. After this time the joint is put in a starch dressing, which is renewed as often as it becomes loose. After from three to six weeks more the swelling has disappeared, there is a limy hardness perceptible, but no pain. Massage and passive motion are begun. Malpositions can be corrected by the dressing in the latter days of the reaction.

The second class of cases is treated by widening the opening, tamponing the cavity with gauze soaked in the solution (No. 2), and covering all with a sublimate dressing. The tampon is renewed every two days. As soon as healthy granulations appear iodoform and arg. nit. can be used. Caries of the bone is treated in a similar way.

Cold abscesses are opened freely and packed without being scraped out. Tubercular fistulæ in ano are treated similarly. Attempts to treat enlarged glands were too few to be considered as to their result.

Kolischer has treated more than 200 such cases, with striking results. Three cases were demonstrated to the Vienna Medical Society, with casts showing the affected parts before treatment. Two of these were

cured tuberculosis of the elbow joint. Another was a boy of four years, who six weeks before was admitted to the clinic with the right knee ankylosed in an angular position, with intense pain on motion, etc. Finally a case of tuberculosis of the wrist joint was shown. A week before this had been swollen, with lateral movability in the joint and metacarpal bones. At the demonstration the hand had almost normal contours, the parts formerly swollen were hard and bony, there was no pain, and active motion of the fingers was possible.

Freund originated the following formulæ after a study of the blood of tubercular subjects, though the manner of the investigation is not given:

1. R Calc. phosph. neutr. gr. lxxv
Aq. destill. ʒj ʒ ivss
Then add: Acid. phosph. q. s. to make a perfect solution. Filter and add
Acid. phosph. dil. ʒ ix
Aq. dest. q. s. ad. f ʒ iij ʒ j
S.—For injection.

2. R Calc. phosph. neutr. f ʒ iss
Aq. destill. O j
Then add: Acid. phosph. q. s. to make a perfect solution; filter and add
Acid. phosph. dilut. f ʒ ii-iv
Aq. destill. q. s. ad. O j
S.—For impregnating gauze.

The fluid for injecting is sterilized, which causes a precipitate. This, however, is redissolved on cooling. For the gauze-solution 1 per cent. of free phosphoric acid suffices in mild cases, 2 per cent. for very chronic cases. The dissolved acid calcium phosphate solution amounts to 6.5 per cent.

Senger says that on account of the great importance of the subject he has given it so much space, and especially in consequence of Albert's favorable criticism. From the result of the lime water treatment of phthisis pulmonalis he confesses disbelief in the probability of great success, but admits that in local tuberculosis the conditions are not exactly parallel, and the method of Kolischer need not be discarded for a priori reasons. His doubt has been much increased by the latest communication of Kolischer, in which, from a study of 500 cases, the latter admits that in severe tubercles of bones, necrosis, tubercular ulcers and glands, the lime method is of little value. But in children, especially in regard to the restoration of function, the results are brilliant and imposing. Even in severe bone diseases a certain cure is attained, though in rare cases even in children the results are negative. In older persons the results are still more unfavorable. Extensive necrosis Kolischer recom-

mends to be treated by chiselling and then tamponing with the lime gauze. This very fact is suggestive, inasmuch as it is abandoning the idea of cure by medication. Even if the numerous fungous arthritides could be cured by Kolischer's method the therapeutic advance would be great. Unfortunately this is doubtful, because he himself admits the difficulty of curing bone tuberculosis, and the most arthritides depend on or originate from primary foci in the bones. It would be encouraging if this doubt were caused by an imperfect separation of bone and joint diseases on the part of Kolischer, and not by an imperfection in the method.

It is very desirable that the lime treatment should be studied by other investigators.

Spontaneous Expulsion of a Foreign Body after staying in the Eye for Five Months. Perfect Sight Restored.

L. Debierre gives the following account of this most interesting case:

On November 5, 1886, a child eight and a half years old was taken by his father to the clinic of M. Meyer for an injury of the left eye, which had occurred two days before. It seems, from the father's account, that the child was striking fulminating caps with a hammer, when one exploded and wounded the left eye, causing at the same time a jet of blood to spurt some distance. The child was hurriedly taken home and a doctor immediately summoned. The latter applied compresses to the eye and then a protecting bandage.

At the first examination at the clinic (two days after the accident) there was marked œdema of both left eyelids. The skin was intact, the wounding body having struck the ball of the eye directly at its supero-external part, eight to ten millimetres behind the sclero-corneal margin. At this level there was a very pronounced chemosis, divided into two by a contraction of conjunctival tissue indicating the point of entrance of the vulnerating body. A little pericorneal injection in the internal part of the corneal border; anterior chamber intact; pupil with maximum dilatation; crystalline lens seemingly transparent; vision $\frac{1}{10}$ of normal. The field of vision taken at the perimeter showed a very marked limitation at the inferior part which almost amounted to complete failure. Ophthalmoscopic examination proved the presence of a large effusion of blood occupying the superior portion of the retina and extending nearly to the superior border of the optic disc. At this level the retina seemed lifted up and even loosened from its attachments.

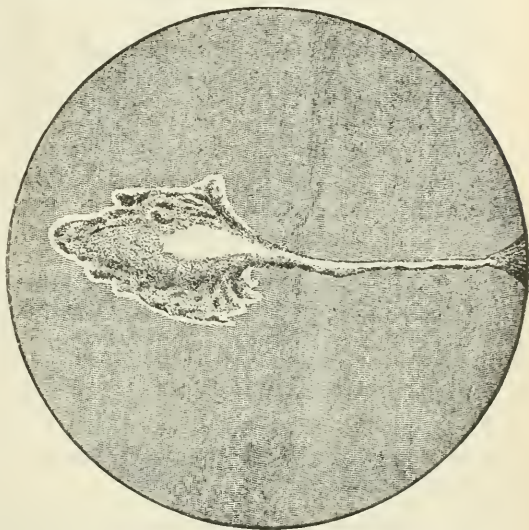
An endeavor was made under chloroform to find and remove the body, but without

success. The child was kept under observation in bed for five days, and as there were no bad effects from the exploration, another ophthalmoscopic examination was made; at which time the hemorrhage which had occupied the superior part of the fundus of the eye had to a great extent been absorbed, and one could see below and beyond the disc a large ecchymotic spot at the inferior part of which the presence was established of a black body which Meyer supposed to be the foreign body. The retina was lifted up throughout the superno-external region. The rest of the eye was sound, the vitreous and chryalline lens perfectly clear, and vision had increased to $\frac{1}{3}$ normal. In this condition, the child suffering no pain, he was directed to return home; the father, however, was admonished that at the least painful accident arising in one of the eyes he should at once bring the boy back.

The patient was then lost to sight until March 16th, 1887, when he returned because of pain and of a sensation of a foreign body in the upper part of the injured eye. On lifting the upper lid, the point of entrance of the foreign body was seen as a circumscribed swelling about one centimeter in diameter. In the middle of this reddened swelling was a more depressed point, which seemed open, and, on touching it with a metallic sound, there was a certain resistance. The rest of the eye presented no alteration; vision normal, with the exception of slight hypermetropic astigmatism. Field of vision normal, except below and within, where there was limitation, which for colors went nearly to the point of fixation.

The pupil was dilated to the maximum, and at the ophthalmoscopic examination there was recognized in the superno-external part, at a distance of a papillary diameter and a half from the entrance of the optic nerve, an alteration of the fundus of the eye having a horizontal diameter of twice that of the disc, and a vertical diameter of one and a half times that of the optic disc, of irregular form, grayish color, and bordered irregularly with pigment. The centre of this spot served as the point of origin of a pedicle in shape like a large tent, and having a diameter equal to that of the optic disc. This pedicle begins to grow rapidly smaller, and in the shape of a cylindrical tube with very thin and transparent walls crosses the vitreous, and growing slightly larger again, stretches to the point of origin of the foreign body. At this level the tube becomes absolutely black. Throughout the length of the inferior border of this membranous tube are found

isolated particles of pigment forming a regular track, so that it shows the annexed pattern, of which we have been able to easily take a picture. All the rest of the retina is perfectly normal, and so are both the vitreous and chryalline lens.



After putting the child to sleep with chloroform, M. Meyer enlarged with a slight cut of the scissors the conjunctival wound and easily seized with small forceps the extremity of the foreign body and withdrew it. The cap was rectangular in shape, $6\frac{1}{2}$ mm. long by $1\frac{1}{2}$ m.m., weighing about $1\frac{1}{2}$ cgm.

The sequel of this slight operation being good, the child was sent home, its vision being normal and continuing so when seen some days later, but still presenting the curious alteration at the fundus of the eye.

To sum up: There had been the penetration of a metallic body through the external wall of the sclerotic and vitreous and lodgment within the deep membranes of the eye; then five months afterwards a reappearance of the foreign body at its point of entrance.

After discussing and rejecting the possible supposition that two foreign bodies had entered the eye through one wound, or that one body had become divided into two at its point of entrance, the author maintains that but one foreign body entered the eye; that this passed to the fundus and then gradually worked itself back to the point of entrance. In support of this position he calls attention to the pigmented track of the tube, and also to the experimental researches of Leber upon foreign bodies artificially introduced into the eyes of animals. — *Revue Générale d'Ophthalmologie*, June 30, 1887.

BOOK REVIEWS.

Sexual Impotence in the Male and Female. By William A. Hammond, M. D., etc., New York. Published by Geo. S. Davis, Detroit, 1887.

This new edition of a well-known book contains a chapter on impotence in the female that renders the book complete in its way. The book is divided into four sections, and treats of—

- I. Absence of sexual desire.
- II. Absence of power of erection, and of consequent intromission.
- III. Absence of the power of ejaculating the seminal fluid into the vagina.
- IV. Absence of the ability to experience pleasure during the act of copulation and at the time of the emission of the semen.

Three corresponding sections are devoted to impotence in the female.

REVIEWS OF PAMPHLETS.

—"Practical Thoughts for Physicians" is the title of a paper by Dr. G. W. H. Kemper, of Muncie, Indiana, which was read before the Indiana State Medical Society, May 10, 1887. The paper shows Dr. Kemper to be a clear-headed thinker as well as a good man, a happy combination that cannot occur too frequently.

—A very interesting and comprehensive description of "Intubation of the Larynx," is contained in a monograph by E. Fletcher Ingals, M. D., of Chicago. It is a reprint of two articles upon this subject that appeared in the *New York Medical Journal*, July 2 and 9. The author states that he has reports of 514 cases, in 134 of which, or 26.7-100 per cent., the patients recovered. He advocates the claims of this operation for preference over tracheotomy, and remarks, that while it cannot always take the place of tracheotomy, it has much to recommend it in the majority of cases.

—Dr. C. W. Moore, of San Francisco, Cal., in his "Review of the Advances of Surgery, Medicine and Pharmacy in the last Forty Years," notes a number of things in which there has been improvement since he began practice forty years ago. A few of these are thoracentesis, cerebral localization, systematic examination of the urine, hypodermic medication, treatment of vesicovaginal fistula, treatment of aneurism by

digital compression, experimental therapeutics, etc.

It is a very hopeful sign when an old practitioner sees not only what has been gained in the way of increased knowledge, but looks with bright anticipations to the future.

—We have received a reprint of a paper on "Suppurative Inflammation of the Antrum," read in the section on Otology, etc., of the American Medical Association, by E. Fletcher Ingals, A. M., M. D., of Chicago. The author recommends hot fomentations, local blood-letting and saline purgatives in acute inflammation of the antrum. Free exit must be given to the pus, preferably through a decayed tooth. If the teeth are all sound, the author thinks it advisable to draw the first molar. It is better to make a comparatively large opening, which is best done with a bone-drill. As a subsequent wash, the author recommends peroxide of hydrogen, 3ss—3j to f3j.

The paper is to be commended for its clearness and avoidance of unnecessary technicalities.

—"Intelligence in the Van; the Beginning of the Beginning and the End of the End," is the title of an essay by Dr. Horace Dobell, of London. The writer says he made in 1861 in his "Notes for Future Work," this memorandum: "Is not the difference between what we call instinctive action and intelligent action simply that, in one case, the development of the necessary faculties and machinery is perfected before birth, and in the other after birth; and does not careful observation detect that even instinct is, in a small degree, further perfected after birth, just as intelligence is so perfected, in a larger degree?" Until 1886 he was unable to develop this thought. As the result of cogitations since then, the writer thinks "*the position of the material universe is intermediate between Potentia in its primordial state of diffusion and its final state of individualization.*" From the birth of the first atom of matter, through all the wondrous forms in which it is presented to the senses of conscious beings, including those beings themselves, it is but the medium for the attainment of the eternal ultimum of man, "when the spirit shall return unto the God who gave it."

It is but seldom that a physician in active practice can devote time to a study of the higher problems of metaphysics, and when he does, his point of view is generally materialistic.

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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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THE AUTUMNAL FEVERS.

The advent of the season during which these fevers prevail makes a discussion of the modes of distinguishing the various forms of them both appropriate and profitable. The most important paper recently presented to the profession was read before the meeting of The Association of American Physicians in Washington, by Atkinson, of Baltimore. The series of cases which the author recorded were undoubted cases of typhoid fever, which presented the single feature of continued fever alone. The specific symptoms were absent, and yet we take it the association agreed with him fully that no other diagnosis than typhoid fever would have been warranted.

This fever, with the various forms of malarial fever and the simple continued, form

what we have to do with in this climate. Of the latter fever, Guit ras very happily named one variety, more common to the south and due to the heat, a continued thermic fever.

Of the differential diagnosis between malarial fevers, of remittent and continued type, and typhoid fever, much was said in the discussion. The usual characters of each are well-known and we therefore take occasion to refer especially to some recent methods of distinguishing them. This paper limits itself to an examination of the blood and the urine.

In malarial subjects the detection of the pigmented hyaline bodies, the crescentic bodies and the flagelliform microbe of Laveran in the blood, is all that is sufficient. A microscope with an amplitude of 800 to 1200 diameters, the former for the bodies, the latter for the germ is all that is necessary in the way of instruments. On the other hand in typhoid fever, examination of a drop of blood, previously stained, will reveal its characteristic micrococci while by the now well-known methods of culture, the features of this microbe are more readily distinguished.

Dr. Jacobi referred to the Diazon test for the recognition of typhoid fever. We much regret having to take issue with the Professor. We must say we thus far have found it of no avail, and we learn direct from Leyden of Berlin that the characteristic purplish discoloration of the urine, said by Dr. Jacobi to occur, in this test, in typhoid fever and tuberculosis only, is considered by the German professor liable to occur in all cases in which there has been much exhaustion. The absolute, the final test of the two varieties of fever, therefore, is the recognition of their specific cause in the blood.

A DIABETIC PATIENT IN SEARCH OF HEALTH.

Jules Cyr, who has written much and well on the subject of hepatic and renal diseases, has published a lively little brochure with the title: "Impressions and adventures of a diabetic," in which the experience of his patient with a variety of doctors and treatments is given. One of the most amusing

chapters, "La Médecine de Precision," is a good take-off on much that passes for scientific medicine, although the real counterpart of Cyr's "Polyclinic Institute," it might be difficult to find. Possibly the author aims the shafts of his satire at certain tendencies of the present day, rather than at any actual system of medical practice.

In the course of his travels, Sir Archibald Heartstone, the hero of the narrative, arrives at Artzburg-sur-l'Ammer, a university city *par excellence*, with its one hundred and fifty ordinary professors, twenty-five extraordinary, and a very respectable number of *privat doctenten*. As for the number of pupils, it scarcely exceeded by fifty the whole number of teachers. Here was the famous Institut Polyclinique, with professor Von Humbug at the head; this institute Sir Archibald proposed to enter to be treated for his malady.

At the office of the institute he was required to pay for a week's board and treatment in advance, and sign a declaration bequeathing in the event of his death his body to the institute for purposes of autopsy. Before being introduced to the supreme medical authority of the institution for final judgment concerning his case, and suitable treatment, he must first be examined by a corps of resident experts. First came the professor of etiology, who after an exhaustive inquiry into the antecedents of the patient—his father had had a fall on the head, and he honestly had suffered a similar disaster; and his mother (a nervous invalid) had died from some hepatic trouble—formulated a provisional diagnosis: "*diabetes of a traumatic, hepatic, nervous, diathetic character.*" Then came three long hours of ordeal with the expert onsymptomatology, who examined the thoracic regions with all the most modern apparatus of diagnosis, the cardiograph, the pneumograph, etc.; applied the sphygmograph to the wrist, then auscultated and percussed the chest, then finally tested the acuteness of the several senses and general sensibility by appropriate implements. Tired with this exhaustive examination, he was in

poor trim for the visit of the urinologist, who examined his urine quantitatively, qualitatively, and microscopically, confirming the diagnosis of the etiologist, and left him to the charge of the expert in therapeutics, who enters to take notes as to the various treatments which he had undergone, and the effects experienced therefrom. Finally, the arch-professor himself comes upon the scene, with the inevitable spectacles, gold-headed cane and bald head, escorted by three resident physicians, one *privat doctent* and two pupils. With exemplary gravity the findings of the several expert inquisitors were summed up in a few fitting phrases, and the medicinal treatment was comprehended in the one word *theriacum*, a very ancient and composite electuary whose principal ingredient is opium. Sir Archibald Heartstone thought this a most lame and impotent conclusion of so much scientific parade and flourish.

During his stay in Paris, our diabetic patient consulted a venerable physician, in whose description as given, it is easy to recognize the late Professor Bouchardet. Under the title of "An Original Consultation," Cyr gives the routine of daily exercises with bill of fare prescribed for his patient for one week. The diet table consisting of half a dozen or so, well chosen articles, was such as only a consummate connoisseur could write, and only a cook specially selected for the particular occasion could fill; it was beyond the capacity of any public restaurant. The exercises were to consist in digging the earth and removing the soil with a wheelbarrow, in a certain area of garden which had to be bought for the purpose; in marching for hours with a company of infantry; in several times making the ascent of the towers of Notre Dame, and in walking around Paris by the boulevards in the suburbs. It is not surprising that in attempting to comply with these requirements Cyr's patient found the road to health almost as arduous and beset with difficulties as did the hero of ancient fable the return from the cloud-encompassed regions of Tartarus; *sed revocare gradum, hic labor, hoc opus est.*

THE INTERNATIONAL MEDICAL CONGRESS.

Next week one of the most important events in the medical history of our country occurs: the meeting of the International Medical Congress, at Washington. There will then assemble in the Nation's capital two or three thousand members of the profession from all parts of the United States, and Canada; with hundreds of eminent physicians, surgeons, and obstetricians from abroad. Washington has rarely known a more august and learned congregation of eminent professional men than that which will honor it during the first week in September, 1887.

The MEDICAL AND SURGICAL REPORTER desires not only to wish the Congress great success, but also to give hearty welcome to the foreign members of the profession, who have not found the sea too wide or its perils too great, but have come to our land with fraternal love and sympathy, and with lessons of instruction in the noblest of arts and the best of sciences. May their brief visit be not less happy to them, than it will be both happy and useful to those who rejoice in their coming, and may its memories be perpetual pleasure without any admixture of bitterness or of sorrow.

NOTES AND COMMENTS.

MODERN TREATMENT OF COMMON DISEASES.

Bronchial Catarrh.

The following prescriptions are taken from Ewald's *Handbuch der allg. und Spec. Arzneiverordnungslehre* (Berlin, 1887).

- R Ammoniac.....gr. cxliiss
Aceti scillæ.....gr. ccxxv
Aq. fœniculi.....f3 vj f3 ij
Ext. glycyrrhizæ pur.....gr. cl
M. Sig.—Teaspoonful every ½ hour, in profuse purulent expectoration.
- R Ammon. chlor.,
Ext. glycyrrhizæ pur.....āā gr. lxxv
Aque ad.....f3 vj
M. Sig.—Dose f3 ij—f3 ss.
- R Ammon. chlor.....gr. lxxv
Pulv. rad. alth. (Marshmallow)
Pulv. rad. glycyrr.....āā gr. ccxxv
Antimonii sulphidi.....gr. ix
M. Sig.—Take a teaspoonful in a small tea cup of water, 3 or 4 times a day.

- R Decocti rad. alth. (Marsh.). f3 iv f3 vss
Ammon. chlor.....gr. xviii
Tr. opii.....m̄ viiss
Syr. senegæ.....f3 ss
M. Sig.—Two teaspoonfuls every 2 hours.
- R Ammon. chlor.....gr. lxxv
Rad. ipecac. pulv.
Ext. hyoscyam.....āā gr. viiss
Ext. glycyrrh. pur., q. s.
Ut. ft. pil. no. c. Sprinkle with pulv. rad. glycyrrh.
Sig.—Six pills three times a day.
- R Apomorph. hydrochlor. cryst.....gr. 1
Aq. dest.....f3 iiii
Ac. hydrochlor.....m̄ iv
Syr. simp.....f3 ivss
M. Sig.—f3 ss every ½ hour, as an expectorant.
- R Morph. hydrochlor.....gr. ss
Apomorph. hydrochlor.....gr. ss—j
Acid. hydrochlor. dilut.....m̄ viiss
Aque.....f3 iv f3 vss
M. Sig.—f3 ss every 2–4 hours.
- R Apomorph. hydrochlor.....gr. 1
Solve in
Aq. destil.....f3 ss
Syr. marshmallow.....m̄ cl
M. Sig.—Twenty drops every hour, as an expectorant in children. Teaspoonful as an emetic in children.
- R Bals. peruv.....m̄ xv
Myrrh.....gr. xxx
Ext. opii.....gr. v
M. Div. in pil. no. xxv.
Sig.—2–4 pills twice a day in ch. bronchitis.
- R Pulv. rad. ipecac.....gr. viiss
Antimonii sulphidi.
Ext. senegæ.
Ext. conii.....āā gr. xv
M. Ft. pil. no. xxx. Sprinkle with lycopodium.
Sig.—1–2 pills 3 times a day in chronic bronchitis.
- R Pulv. opii.....gr. iss
Pulv. fol. digital.
Pulv. rad. ipecac.....āā gr. iij ¾
Ext. hyoscyam.....gr. xxij
Pulv. rad. alth., q. s.
M. Ut. ft. pil. no. xxv. Sprinkle with lycopod.
Sig.—1 pill every 3 hours in spasmodic cough.
- R Ext. ipecac.....gr. iss
Antimonii sulph.....gr. iij
Ext. senegæ.....gr. xv
Ammoniac.....gr. viiss
M. Ft. pil. no. xx.
Sig.—5 pills 3 times a day in ch. bronch.
- R Flor. arnicæ.....gr. xxxviiss
Camph. (tritured).....gr. viiss
Ammon. chloridi.....gr. cl
Sacch. alb.....5 ivss
M. Ft. pulv.
Sig.—Tablespoonful 3–4 times daily; expectorant.
- R Aq. amygdal. amar.....f3 iv 5 vss
Syr. toltan.....m̄ ccxxv
Tr. opii camph.,
Tr. scillæ.....āā m̄ iij
Ammon. carb.....gr. xv—xx
M. Sig.—Tablespoonful twice a day; to promote expectoration.

R Creosoti..... $\mathfrak{m}\mathfrak{x}$ viiss
 Acid. acet..... $\mathfrak{m}\mathfrak{x}$ lxxv
 Aq. destil..... $\mathfrak{f}\mathfrak{z}$ v
 M. Sig.—Dessertspoonful with 2-3 tablespoonfuls
 water put in an inhaler.

R Inf. rad. ipecac..... $\mathfrak{f}\mathfrak{z}$ v
 Ammon. chlor.....gr. lxxv
 Sp. am. aromat..... $\mathfrak{m}\mathfrak{x}$ lxxv
 Syr. senegæ..... $\mathfrak{f}\mathfrak{z}$ iiss
 M. Sig.—Tablespoonful every 2 hours, in bron-
 chial catarrh of very weak persons without fever.

R Sp. am. aromat..... $\mathfrak{m}\mathfrak{x}$ xv
 Inf. senegæ rad..... $\mathfrak{f}\mathfrak{z}$ iij
 Syr. fenic..... $\mathfrak{f}\mathfrak{z}$ vj
 M. Sig.—Small teaspoonful every hour in bron-
 chitis of infants.

R Sp. am. arom..... $\mathfrak{m}\mathfrak{x}$ lxxv
 Aq. amygdal. am..... $\mathfrak{m}\mathfrak{x}$ cl
 Aq. aurantii flor..... $\mathfrak{f}\mathfrak{z}$ iss
 M. Sig.—Teaspoonful 2-3 times a day, in chronic
 catarrh.

R Myrrh.....gr. xxx
 Gum arab..... $\mathfrak{z}$ ij
 Rub with
 Elder flower water..... $\mathfrak{f}\mathfrak{z}$ iv $\mathfrak{z}$ vss
 Adde
 Ammon. chlor.
 Ext. glycyrrhizæ..... $\mathfrak{a}\mathfrak{a}$ $\mathfrak{z}$ j
 Syr. bals. peruv..... $\mathfrak{f}\mathfrak{z}$ ss
 M. Sig.—Tablespoonful t. d., (Oesterlen).

R Sodii phosph..... $\mathfrak{z}$ v
 Solve in
 Inf. fol. digital..... $\mathfrak{f}\mathfrak{z}$ ivss
 Syr. pruni virg..... $\mathfrak{f}\mathfrak{z}$ v
 M. Sig.—One tablespoonful, in bronch. with dis-
 position to phthisis.

R Inf. juniper berries..... $\mathfrak{f}\mathfrak{z}$ vj
 Ext. juniperi..... $\mathfrak{z}$ v
 M. Sig.—Tablespoonful every $\frac{1}{2}$ hour, in chronic
 bronchitis.

R Rad. ipecac.....gr. $1\frac{1}{4}$
 Ammon. chlor.
 Ext. glycyrrhizæ,
 Sacch. alb..... $\mathfrak{a}\mathfrak{a}$ gr. xxxviiss
 M. Ft. pulv. no. vj.
 Sig.—One powder every 2 hours.

R Opil,
 Rad. ipecac. pulv..... $\mathfrak{a}\mathfrak{a}$ gr. iij
 Ext. hyoscyam.....gr. viiss
 Ammon. chlor.....gr. xxij
 Ext. glycyrrhizæ pur., q. s.
 M. Ut. fiat pil. no. xxv.
 Sig.—One pill t. d., and during evening and night
 2 pills every 3 hours. In violent cough.

R Inf. rad. ipecac..... $\mathfrak{f}\mathfrak{z}$ iij- $\mathfrak{f}\mathfrak{z}$ vj
 Morph. hydrochlor.....gr. $\frac{3}{4}$
 Aq. amygdal. am..... $\mathfrak{f}\mathfrak{z}$ v
 M. Sig.—Tablespoonful every 2 hours, in bron-
 chitis with spasmodic cough.

R Ol. terebinth..... $\mathfrak{f}\mathfrak{z}$ iij
 Acid. acet..... $\mathfrak{f}\mathfrak{z}$ ss
 Yolk of one egg.
 Aq. rosæ..... $\mathfrak{f}\mathfrak{z}$ iiss
 Ol. lini..... $\mathfrak{z}$ j
 M. Ft. Liniment. Sig.—To rub the breast with,
 especially in bronchitis.

R Ol. terebinth.
 Aq. destil..... $\mathfrak{a}\mathfrak{a}$ $\mathfrak{f}\mathfrak{z}$ iss
 Yolk of one egg.
 Ol. lini..... $\mathfrak{m}\mathfrak{x}$ lxxv
 M. Ft. Liniment. Sig.—For different chronic
 affections of the chest. Similar to St. John Long's
 Liniment.

Cannabis Indica in Diarrhœa.

Frederick F. Bond, M.D., and B. E. Ed-
 wards, M. B., give the following resumé of
 the treatment of diarrhœa in India, by can-
 nabis Indica: Dr. S. J. Rennie, Cawnpore,
 in the *Indian Medical Gazette* for December,
 1886, calls attention to the value of Canna-
 bis Indica in the treatment of dysentery.
 We wish to draw attention to its value in a
 similar condition, namely diarrhœa; espec-
 ially in the type known as summer diarrhœa
 or English cholera. Attention was drawn to
 it in this connection by Dr. Turner of the
 Holloway Dispensary, in the *Lancet* (vol ii.
 1866, p. 536: he says, "In ordinary diar-
 rhœa," (referring to summer diarrhœa pre-
 sumably) "the formula" (mentioned in a
 previous part of his letter as very valuable in
 cholera, namely

R Tincturæ Cannabis Indicæ..... $\mathfrak{m}\mathfrak{x}$
 Spiritus chloroformi..... $\mathfrak{m}\mathfrak{x}$
 Tincturæ kino..... $\mathfrak{z}$ j
 Aquæ menthæ piperitæ ad..... $\mathfrak{z}$ j)

"in a modified dose, will be found very ser-
 viceable. Being connected with a dispen-
 sary where thirty to forty cases of diarrhœa
 presented themselves daily for treatment dur-
 ing the months of August and September,
 and where a great variety of remedies were
 tried, so great was the superiority of Indian
 hemp above the others, that the patients
 themselves got to know it, and invariably
 asked for the green medicine."

We have been in the habit of prescribing
 it in nearly all forms of diarrhœa with
 marked benefit, combined with medium
 doses of morphine. In summer diarrhœa
 the effects are very striking. There is no
 necessity to record cases, they are very much
 alike; the great depression, the frequent
 watery stools, the vomiting, and the cramp-
 like pains are very quickly relieved, the ap-
 petite speedily returns, and by the following
 or third day the cases are practically well,
 except for some weakness and debility.
 The formula we generally use for an ordinary
 adult is:

R Tincturæ Cannabis Indicæ..... $\mathfrak{m}\mathfrak{x}$
 Liquoris morphinæ..... $\mathfrak{m}\mathfrak{x}$ v vel $\mathfrak{m}\mathfrak{x}$
 Spiritus ammoniæ aromatici..... $\mathfrak{m}\mathfrak{x}$ xx
 Spiritus chloroformi..... $\mathfrak{m}\mathfrak{x}$ xx
 Aquæ ad..... $\mathfrak{z}$ j)

To be repeated every 1, 2, or 3 hours according to circumstances. Directions: *No food for several hours, but a little brandy and water.* We have not seen one case run on to a fatal issue under this treatment.

It appears to act by increasing the astringent and anodyne properties of the morphine (the dose of morphine would have very little effect alone), by its stimulant effect on the nervous system, and by improving the appetite; thus enabling the system to quickly overcome the marked depression and exhaustion. Most remedies in this disease rather retard the return of the digestive functions, but from our experience Indian hemp markedly accelerates it. Indian hemp seems also to frequently counteract the bilious action of morphine, as well as the loss of appetite, and allows it to be given where it otherwise would not be tolerated.

In other forms of gastro-intestinal disturbance it is also valuable, probably for the same reasons. It was of marked use in a case of subacute gastro-enteritis, which had existed for a few weeks before it came under our care, in a girl aged 13 years, showing the following symptoms:—marked anæmia, which had gradually come on after the other symptoms; constant pain over the abdomen, especially in the epigastric region, increased on pressure and after food; tongue covered with yellowish-white fur; loss of appetite; vomiting at variable times after food of partly digested material; diarrhœa, six or eight stools in the day which were watery and green, containing partly digested food material; some rise in temperature—a little over 100° F. She was first treated with bismuth, then with effervescent mixtures, with no benefit; then with the cannabis mixture (modified to suit her age), and the symptoms very quickly subsided, the vomiting and diarrhœa were checked, the pain ceased, and appetite returned. By the end of the week all the symptoms had disappeared except the anæmia, which persisted for a short time longer.

In cases of tuberculous diarrhœa we have not seen much benefit, beyond a slight relief of symptoms for a short time, though we have not had sufficient experience in this type; nor in the excessive diarrhœa in typhoid fever.

The use of Cannabis Indica in diarrhœa is certainly not new, as the quotations previously given will show; and an old dispensing chemist informed us that some twenty years ago he knew it to be frequently prescribed; but probably from the introduction of many new remedies, and from good specimens of

the drug having been not always attainable, it has with many other valuable remedies been temporarily forgotten. We can find no mention of it in modern works on medicine. —*Practitioner, July, 1887.*

CORRESPONDENCE.

A Correction.

EDS. MED. AND SURG. REPORTER:

In your issue of August 20th is a copy of a letter, "A visit to Dr. Hiram Corson," taken from the *N. Y. Medical Journal*, in which an error occurs in regard to the dose of the infusion of cimicifuga, giving it in teaspoonful doses three times a day. It should be from a tablespoonful to a wine-glassful. The tinct. or fld. ext. can be used in teaspoonful doses.

The same error occurred in the paper from which the letter was taken, and I have already had it corrected there. Trusting you will do the same at a very early date,

I am very truly,

1527 Green St., MARY WILLITS, M. D.
Philadelphia, August 24th, 1887.

A Rare Dislocation.

EDS. MED. AND SURG. REPORTER:

Sirs: I met a dislocation which I think is quite rare. It is a dislocation of the upper end of the fibula backwards in a child sixteen months old. The child was sitting on the floor, when an older one fell from a bench above upon the legs of the little patient. The mother was not aware of the accident at the time, and several days later consulted me, saying that the child suddenly lost the power of locomotion. It was an extremely difficult diagnosis to make, since the fall of the older child had failed to attract any attention.

Hamilton (*Fractures and Dislocations*, in edition of 1880) says simple traumatic dislocations, which can only occur forwards or backwards, are very rare, and relates three cases of this accident.

It may be of interest in this connection to mention a very peculiar deformity which resulted from this dislocation. The extensor longus digitorum seemed to be completely paralyzed, giving to the toes a "dropped" appearance, like the drop wrist in lead poisoning. This deformity led me to examine the spinal column for the difficulty, and only accidentally did I discover the condition of the fibula. H. L. ROSEBERRY, M. D.

Mellonsburgh, Ohio, Aug. 18th, 1887.

EDITORS MED. AND SURG. REPORTER :

Sirs.—An article in a recent number of the REPORTER, giving an instance of the poisonous but curative effects of a dose of morphine, reminds me of a similar experience in the first year of my own practice.

A middle aged married woman, subject to occasional attacks of asthma of a severe type, sent for me, on the advent of an unusually hard attack, to afford her medical relief. The attack proved very stubborn as well as lasting, for after more than two weeks of unremitting effort on my part, aided by the counsel of an old practitioner, my patient was worse rather than better. On the evening in question, I found her in so much distress that I determined to relieve her or, as we say, "know the reason why."

My patient, also, begged for relief or death. I at once prepared a hypodermic of morphine, guessing at the quantity, which was not less than one-half grain, and probably about three-fourths of a grain, and injected it into the arm with the assurance that she would soon feel better. In about twenty minutes she became so wild and restless that I was alarmed. In ten minutes longer I summoned the family, for I believed her to be dying. Within forty-five minutes after I had given the injection, she was quiet and wanted to sleep, but as soon as she fell asleep the breath would stop, and in one or two minutes she would wake up in agony. I antiodoted the morphine with belladonna, and stimulated with wine of ammonia. About two o'clock in the morning she was so much better that I left her in care of another person, and lay down on a lounge in the room. In the morning and through the day she felt very comfortable, and was much surprised at the absence of her enemy the asthma. From this time forward improvement was steady and unbroken, and with the use of very little medicine, and that of a general character. She remained free from asthma until her complete recovery some five or six weeks after. I nearly poisoned, but a year later she was still free from the trouble. Moving away about this time I heard nothing of her for four or five years, when a friend reported that she was still comparatively free from her asthmatic trouble. I have always attributed her prompt recovery to the powerful impression made by the large dose of morphine on her system in some way such as to prevent the ready return of the trouble.

Occasional experiences in the administration of strong poisonous doses of medicines under marked conditions all go to show,

that in some way not easily or clearly explainable, a profound shock to the nervous system reacting to the very centres, will often afford the relief sought, which otherwise has been found impossible of attainment.

I am not anxious to repeat the experience I had with my patient; still, under the same conditions, I would probably try, as a forlorn hope, the effect of a medical shock. Had my patient died, I have strong reasons for believing that the matter would have been settled in court.

In closing I wish to add, that I like the REPORTER better than ever under its new management. W. C. EUSTIS, M. D.
Flarmington, Minn., Aug. 17, 1887.

Remarkable Case of Typhoid Fever.

EDS. MED. AND SURG. REP.:

Horace F., aged 15, previously very healthy, was very well developed and muscular, weighing 160 pounds.

Began to complain on the 6th of August of slight weariness in his limbs, and lack of energy. Had a slight chill on the 7th inst., took to bed in the afternoon of the 8th. I was sent for on the morning of the 9th, and found his condition as follows: Pain in the left iliac fossa, with only slight tenderness in the right iliac fossa; loss of appetite; nausea, with occasional vomiting; heavily coated tongue, and diarrhœa. Pulse, 100; temperature, 102. I saw him on the 10th, and he presented the following conditions: Pulse 114, very feeble; temperature, 104. Nervous symptoms marked, answered questions at hap-hazard, talked incoherently, had incontinence of urine and feces, and made efforts to get out of bed. His condition on the morning of the 10th was: Pulse, 120, very quick and feeble, scarcely perceptible; nervous symptoms more marked; had carphalugia, picking at the bed-clothes, and subultus tendinum.

Digestive symptoms were: Tongue began to get dry in the center, and fissured; was protruded, with apparent hesitation and difficulty. Teeth and lips were covered with black sordes, as is usually seen in the 2d and 3d week. Had an attack of severe epistaxis the previous night.

I saw him on the evening of the same day, when the following conditions were noticed: Pulse, 130; temperature, 104 $\frac{3}{4}$; tongue very dry and fissured, the patient very delirious, talking and moaning constantly.

He had a profuse attack of epistaxis, lasting for an hour, during my visit, which was checked by applications of ice to the head

and nape of neck and insufflations of tannic acid. Took no nourishment any more, and at 11.30 he passed quietly away to another world.

Having never seen a similar case during an epidemic and through my 3 years of instruction at the University Hospital, I deemed the case worth reporting.

The remarkable features of the case were the abruptness of the attack, with very slight prodromic symptoms, the marked high fever and pulse in the first week, as also the marked nervous symptoms and death of patient on the 3d day of the disease.

DR. JOHN P. HILLEGASS.

Pennsburg, Pa.

A Correction.

EDS. MED. AND SURG. REP.:

Dear Sirs:—Dr. Cale's name has been misspelled in the clinical report of the Surgical Clinic of the St. Louis College of Physicians and Surgeons, reported in the issue of August 13th. Please to correct it in your next issue, and oblige.

LOUIS BAUER, M. D.

St. Louis, August 22, 1887.

NEWS AND MISCELLANY.

The International Medical Congress.

A correspondent of the *Med. News* (Aug. 27, 1887), sends the following sketch of each days' proceedings of the Int. Med. Congress:

In spite of the depressing influences of the heated term, busy preparations are going on by all concerned in the local management of the International Medical Congress. The office of the Secretary-general, Dr. Hamilton, shows tables filled with proof-sheets, titles and abstracts of papers, programmes, letters, etc., and medical men are constantly coming and going, seeking information on matters pertaining to the Congress. Dr. Hamilton showed me a closely printed pamphlet in small type, a proof copy, in which were embodied the titles of papers to be read and presented; it (the pamphlet) had already reached sixty-four pages, and the eleventh section, that of Ophthalmology, was not concluded, there being six more sections to be included, so that it would be impossible to give a fair idea of the material preparing without taking up a great deal of space.

So far, 338 foreign delegates are on the list as having expressed their intention of being in attendance.

The general sessions will be held at Albaugh's Opera House, which is centrally located on Fifteenth street, just below Pennsylvania Avenue, and looks out on the grounds of the President's House and Washington Monument. It ought to be cool and well ventilated. Its seating capacity is about thirteen hundred, including the balcony seats; the floor, comprising what is known as the orchestra and orchestra circle, seats seven hundred and eighty. The stage is moderately large, and the acoustics are pretty good. The Sections have also been provided with suitable accommodations.

The programme for the meetings is about as follows:

Monday, September 5. General meeting at Albaugh's Opera House, beginning at 11 A. M. Forenoon: Organization of the Congress, report of Secretary-General, report of Chairman of Local Committee, Address of Welcome by Secretary of State Bayard, Address by the President of the Congress, and other addresses. The Sections will meet at 3 P. M.

Tuesday, September 6, 10 A. M. General addresses: First, Dr. Austin Flint, of New York, on "Fever, Its Causes, Mechanism, and Rational Treatment." Second, Dr. Mariano Semmola, of Naples, Italy, on "Bacteriology and Its Therapeutical Relations. The Sections will meet daily from 11 A. M. to 1 P. M., and from 3 P. M. to 6 P. M.

Wednesday, September 7, 10 A. M. General addresses: First, Dr. P. G. Unna, of Hamburg, Germany, on "The Relations of Dermatology to General Medicine." Second, Dr. G. Fielding Blanford, of London, on "The Treatment of Recent Cases of Insanity in Asylums and in Private Houses."

Thursday, September 8, general meeting at 10 A. M. General addresses: First, Dr. A. Luteaud, of Paris, on "The Influence of Discoveries of American Surgeons on the Development of Gynecology in Europe." Second, Dr. Neudörfer, of Vienna, on "The Military Medicine of the Present and that of the Near Future."

Friday, September 9, general meeting at 10 A. M. for general business.

Saturday, general meeting at 10 A. M.; adjournment.

Although, as stated before, it is impossible to do justice to the material to be presented at this meeting, I cannot avoid noting a few papers on interesting subjects accompanied by the names of prominent medical men from abroad. Thus, in the section on *General Surgery*, William MacEwen, of Glas

cow, Scotland, will read a paper on "Brain Surgery." Edmund Owen, of London, has two papers on "The Surgery of the Hip-Joint: Paracentesis of the Articulation in the Early Stages of Disease of the Hip-Joint," and "The Distention of the Capsule in Disease of the Hip-Joint." Dr. Ollier, of Lyons, has a paper on "The Results of Resection in an Orthopedic and Functional Point of View." Dr. Leon Le Forte, of Paris, on "Gradual Dilatation of the Urethra." Neudörfer, of Austria, has several papers to present, dealing chiefly with problems in military surgery; he is Sanitary Chief of the Fifth Army Corps. Sir Thomas Longmore has a paper on the soldier's equipment for field dressing of wounds in time of war. Dr. Joseph Ewart, of London, has a paper on "Cholera," and Dr. Frederick Esmarck, of Kiel, a paper on "Field Dressing of Gunshot Fractures of the Lower Limbs in Connection with Transportation."

In the Section on *Obstetrics*, Prof. Emil Ehrendorfer, of Innsbruck, Austria, has a paper on "Puerperal Fever." Dr. Thomas More Madden, of Dublin, one on "Puerperal Septicæmia." Dr. M. Sänger, on "Conservative Cæsarean Section." Kirch, of Italy, on the same. Dr. Goelson Duncan, of London, gives a case of Porro's operation, and Prof. Lazarewitch, of St. Petersburg, a new normal (?) forceps. Lawson Tait has also a paper on "Tubal Pregnancy."

In other sections we note a paper by Prof. Rosenthal, of Vienna, on "Experimental and Clinical Observations of Cocaine." Dr. D. Hack Tuke, of England, on the "Care of the Insane." Dr. John Batty Tuke, of Edinburgh, on the "Legal Relation of Epilepsy." A paper on "Massage," by Dr. Charles Weber, in the Section of *Therapeutics and Materia Medica*, one by Dr. G. Ludvic Hirschfeld, of Paris, on the "Inefficacy of Ferruginous Injections," and one on the "Poison of the Cobra," by Dr. T. Gnezda, of Berlin. Dr. Dudley Wilmot Buxton, of London, gives "Experimental Studies in Asphyxia." In *Otology*, Dr. B. Loewenberg, of Paris, has a paper on the "Treatment of Tinnitus Aurium." In *Anatomy*, Reginald Harris, of Liverpool, on the "Bladder;" Dr. William Mitchell Banks, of Liverpool, on the "Wolffian Bodies." In *Diseases of Children*, Dr. E. Bouchut, of Paris, on "Tubage of the Glottis." In the Section of *Dermatology and Syphilography*, are papers by Mr. Jonathan Hutchinson, of London, Dr. P. G. Unna, of Hamburg, Dr. T. Colcott Fox, of London, and several other well-known foreign dermatologists.

The Section on *Public and International Hygiene* is favored with papers by Thudichum, of London, Antoine Magnin, of France, Tommasi Crudeli, of Italy, Domingas Freire, of Rio Janeiro, Benjamin Ward Richardson, of London, Mapother, of Dublin, and others.—*Med. News*, Aug. 27, 1887.

The Rocky Mountains for Recreation.

Why do so few of our young men go West for recreation? There is no land where nature recreates a man as she does there. You literally renew your youth. The climate is invigorating beyond words. For nervously exhausted men, for weary brains, there is simply nothing to touch it. I have gone to the [Rocky] mountains thoroughly fagged out, unable to sleep well or eat well—life a burden, and work an impending horror. In a fortnight I have been eating as many meals a day as I could prevail on my men to cook, and have been glad to fill up chance spaces in my internal economy with raw bacon. Yes, many a time, after a monumental dinner, when we have gone into camp at five in the afternoon, have I eaten with relish that most lasting of all provisions—a piece of raw bacon—before turning in. It is true, some, at first, find the rarefied atmosphere of the mountains trying to chest or heart, and many also complain of loss of appetite and loss of sleep; but if the man is sound in limb and lung, and if he does not over-do it or over-exert himself at the very beginning, but does take regular exercise, in ten days or so all life seems to awaken within him; he may not sleep so long or so heavily, for he has probably camped at an altitude of eight or nine thousand feet (excellent camping-places are sometimes found at a height of ten thousand feet or over), and he does not need as much sleep as though he were at sea-level. He may puff and blow like a grampus as he faces a moderate hill; for he has scarcely realized yet that the atmosphere is so rare that he must boil his potatoes (if he is lucky enough to have any) for at least two hours, and he will do better if he boil them all the morning, and that he cannot, by twenty-four hours' boiling, make beans soft enough to feed to his horse. But he is growing younger, not older. The world of cark and care seems very far away, walled out by the heavy mists that roll up from the plains. What a fool he was to bother his soul, as he did, with a thousand useless things!—W. S. RAINSFORD, D.D., in *Scribner's Magazine* for September.

Low Water in Rivers.

A very earnest and extended communication was received by Governor Larrabee from an intelligent Iowa lady calling attention to the low state of water in our rivers—to the fact that few of the dams in the rivers had enough water in them to run over the “breast of the dam,” and that in consequence the water was stagnant, covered with green slime, and disease-producing. As a remedy, she urged the Governor to order all the dams drawn off so that this sluggish water might be set in motion, and thereby purify itself—at least relieve the localities contiguous to the dams from their poisonous effluvia.

The communication was referred to the State Board of Health for reply. In the reply we called attention to the fact abundantly attested by careful observation, that the remedy proposed would really be more dangerous to the public health than the present condition. So long as the water covers the bed of these dams and rivers, the danger from malaria is infinitely less than it would be were these dams drained and the bottoms exposed to the hot sun, producing fogs by night, and still more poisonous exhalations by day. It is not the pond full of water so much as the pond drying or dried up that produces sickness.

We called attention to the further fact that the water in these dams though not apparently having any egress, must necessarily find some outlet whereby in a measure it purifies itself, since the water, continuously flowing in from above is just about as continuously and liberally flowing out below. Hence, we suggested that the dams be not ordered “drawn off”—but that rather we all petition the powers that be ordained to send “the latter” if not the early rain, that the “thirsty pools may rejoice.”—*Bull. Iowa State Board of Health*, August, 1887.

Potable Water.

Inquiry is frequently made of this office if there is no way to ascertain whether or not water is safe for potable use, except by analysis. Two simple tests are here given, which will answer very well:

Fill a thoroughly cleaned pint bottle three-fourths full with the water to be tested; add to it half a teaspoonful of clean white granulated or crushed loaf sugar; stop the bottle with a new, clean cork or glass stopper, and set the bottle in the sunlight in a moderately warm room. If in twenty-four or forty-eight hours the water becomes cloudy or

milky, it is unfit for domestic use. While the absence would not in certain cases prove the water to be good, the test is a good one for general purposes.

Another test is: Fill a common tumbler with the water, and put into it six drops of saturated solution of permanganate of potash, to be had at any drug store. If the water turns brown in an hour, it is unfit to drink.—*Bull. Iowa State Board of Health*, Aug. 1887.

Label Paste.

A writer in the *English Mechanic* gives the following formulæ:

1. Gum tragacanth, one ounce; gum Arabic, four ounces. Dissolve in water, one pint; strain and add thymol, fourteen grains, suspend in glycerin four ounces; finally add water to make two pints. This paste will keep indefinitely, and is suitable for labeling slides, glass bottles, wooden boxes, etc.

2. Rye flour, four ounces; powdered acacia, one-half ounce. Rub to a smooth paste with eight ounces of cold water, strain through cheese cloth, pour into one pint of cold water, and apply heat until thickening ensues; then cool, and add one ounce of glycerin and twenty drops of oil of cloves. This paste keeps well, and is suitable for both glass and wood.

3. Rye flour, four ounces; water, one pint; nitric acid, one dram; carbolic acid, ten minims; oil of cloves, ten minims; glycerin, one ounce. Mix the flour and water, strain through cheese cloth, and add the nitric acid. Apply heat until suitably thickened, and add the other ingredients when cooling. This is suitable for labeling bottles, tin or wooden boxes, and will not spoil.—*The Western Druggist*, August, 1887.

A Castor-Oil Draught.

A correspondent of the *British Medical Journal* communicates the following pharmaceutical hints. The first is for the easy administration of castor-oil:

Ol. ricini.....	3iij
Tr. rhei co.....	3j
Ess. menth. pip. vel. cinnam.....	ʒv
Shake, and add	
Liq. magnes. bicarb. recent, ad ...	3j

Five drachms of oil can be given in an ounce-and-a-half draught. He has always failed to make it in quantity, and says the ingredients should be mixed in the phial they are to be sent in. The B. P. solutions of morphine always form a deposit on the stopper or neck of the bottle; this can be

prevented by the addition of half a drachm of glycerin to each ounce of the solution. Ungt. gallæ c. opio, no matter how well rubbed up, is always gritty; this can be completely removed by rubbing the opium with a few drops of hot water.—*The Chemist and Druggist*, August 13, 1887.

Carnegie's Cure for Seasickness.

"Nobody need be seasick," explained Andrew Carnegie, the millionaire, "if he takes precautions and possesses a moderate degree of good health. This malady is often a bugaboo which people assume. The best medical authorities contend that the malady is an affection of the brain and spinal marrow rather than the stomach, and is after all, only the effort of the brain to accustom itself to the motion of the ship and the sound of machinery. It follows that will-power is a large factor in warding off the dreaded illness. Make up your mind to be well, and after you are under way take a small powder of bromide of soda, which your chemist will prepare in proper doses, put it in half a glass of water, and renew the dose whenever you feel the slightest symptoms of nausea. Your effervescent salts before breakfast will do the rest of the preventive cure.

"In any case, keep on deck as much as possible, dress too warmly rather than too coolly, and walk the deck an hour or two daily, rain or shine. Avoid over-eating the rich food with which ocean steamers are invariably stocked. There is no occasion to change your mode of life as to diet, because you are on the water, unless you have been extravagant; then let it be less so. Eat regularly, and aim to ingratiate yourself with your fellow passengers at table. You are all at the mercy of the treacherous waves. Surely, then, haughtiness or surliness is absurd; in fact, I would recommend three arbitrary ingredients for securing good, moral, mental, physical and social results, and these are good nature, will power, and bromide of soda."—*The Western Med. Reporter*, August 15, 1887.

Items.

—Yankee shaving soap is prepared according to the following: Take 3 pounds white bar soap, 1 pound Castile soap, 1 quart rain-water, $\frac{1}{2}$ pint beef gall, and 2 fluid ounces oil turpentine. Dissolve the soap, first sliced in the water, by heat, add the other ingredients, stir until cool, then perfume with oil of bitter almonds or rose.—*The Western Druggist*, August, 1887.

—Mrs. Rose Terry Cooke says that if American women wish to be healthy they must learn to live in fresh air. She advises them to open their windows, wear flannel night-gowns, and take a jug of hot water to bed if they are cold, but never to sleep with closed windows; air all their clothes and their rooms daily, eat simple, wholesome food, wear boneless waists, button their skirts on them, and take the heels off their boots.

—"Only fifty years ago," says Sir Spencer Wells, "the average duration of human life in Great Britain was thirty years: to-day, according to statistics, it is forty-nine years. In fifty years the population has increased by eight millions. At least two millions of this increase may be put down as the fruit of improved sanitary and medical work, and of victory over preventable sickness."

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from August 21, 1887, to August 27, 1887:

Major W. S. Tremaine, Surgeon, found incapacitated for active service by an Army Retiring Board, extension of leave of absence on account of sickness still further extended until further orders. Par. 9, S. O. 192, A. G. O., August 19, 1887.

Major John H. Bartholf, surgeon, leave of absence extended one month. Par. 7, S. O. 196, A. G. O., August 24, 1887.

Capt. Julius H. Patzki, Assistant Surgeon, granted leave of absence for one month. Par. 15, S. O. 195, A. G. O., August 23, 1887.

Capt. Washington Matthews, Assistant Surgeon, ordered to proceed to Phoenix, Arizona Ter., on public business, and on completion thereof to return to his proper station, S. G. O. Par. 21, S. O. 195, A. G. O., August 23, 1887.

Capt. Blair D. Taylor, Assistant Surgeon, granted leave of absence for 20 days, to take effect on or about August 31, 1887. Par. 7, S. O. 193, A. G. O., August 20, 1887.

1st Lieut. E. L. Swift, Assistant Surgeon, ordered to report in person to Commanding General, Division Pacific, for duty with troops at Round Valley, Indian Reservation. Par. 20, S. O. 195, A. G. O., August 23, 1887.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended August 27, 1887:

Surgeon P. H. Bailhache, granted leave of absence for thirty days. August 26, 1887.

Passed Assistant Surgeon H. R. Carter, granted leave of absence for twenty-seven days. August 25, 1887.

Passed Assistant Surgeon H. W. Yemans, resignation accepted, to take effect September 30, 1887, and leave of absence extended to that date. August 24, 1887.

Seaton Norman, granted leave of absence for six days, on account of sickness. August 27, 1887.

THE MEDICAL AND SURGICAL REPORTER

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ORIGINAL DEPARTMENT.

LECTURE.

TREATMENT OF JAUNDICE BY COLD WATER ENEMATA.—A CASE OF CIRRHOSSIS OF THE LIVER WITH JAUNDICE.

A clinical lecture delivered at the Philadelphia
Hospital,

BY J. H. MUSSER, M. D.

Attending Physician to the Philadelphia Hospital,
Pathologist to the Presbyterian Hospital, etc.

Reported by William H. Morrison, M. D.

GENTLEMEN :

This patient was before the class two weeks ago suffering from catarrhal jaundice. The treatment which was pursued was that which is known as the method of Krall, which is recommended by the German writers and is said to have been quite successful, namely, the administration of enemata of cold water. This was given three times daily and continued for ten days. At first the temperature of the water used is 55° or 60° , and each day the temperature is slightly increased until by the tenth day it has reached 90° . With the exception of rest and regulation of diet, nothing but the administration of the enemata has been employed in this case. Marked improvement was manifest on the second or third day after the treatment was begun. There is now scarcely any pigmentation of the skin, and there is only a slight discoloration of the conjunctiva. The gastro-intestinal symptoms which were present have also improved. While the disappearance of the jaundice and

the other symptoms have been satisfactory, the improvement has not been so striking as in other cases in which I have employed this treatment.

I wish to show you, in connection with the case you have just seen, another patient, who was admitted to the hospital one week ago, suffering with extreme prostration and dyspnoea and having enlargement of the abdomen. The patient is extremely emaciated, with a yellowish or sallow tinge of the countenance and an appearance of distress. There is, as you can see, fullness of the venous capillaries of the face. There is also slight oedema. The dyspnoea was found to be due to enlargement of the abdomen pressing the diaphragm upwards. On inspection we find that the enlargement is uniform. There is no irregularity whatever. The enlargement is symmetrical. The abdominal walls are extremely dense and glistening. The veins are enlarged and the capillaries are full. Palpation confirms inspection and, in addition, shows the presence of liquid. Fluctuation is readily detected. Percussion, with the patient on the back, shows a tympanitic area over the central portion of the abdomen and marked dullness in both flanks and in the epigastric region. The area of dullness changes as the position of the patient is altered. No friction fremitus is detected, and, in fact, as the respiration is chiefly costal, very little movement of the abdomen takes place. Mensuration shows that the enlargement of the abdomen is most marked just above the umbilicus. The ratio existing between the measurement from the umbilicus to the xiphoid cartilage, and that from the umbilicus to the symphysis, is normal, the

navel being about one inch nearer the sternum. I mention this because there are cases of fluid in the peritoneal cavity, especially in ovarian tumors, where there is a marked alteration of these measurements, the navel being nearer the symphysis.

What is the cause of this accumulation of fluid? In the first place, from our knowledge of morbid anatomy, we know that such an accumulation of fluid must be due either to conditions of the general circulation whereby there is obstruction, as in cardiac or renal disease, causing an exudation of serous fluid into the lymph spaces (and the peritoneal and pleural cavities are only large lymph spaces), or to local conditions of the circulation within the peritoneal cavity; for, as you remember, there is within the abdomen a minor circulation; or quite frequently it may be due to diseases of the peritoneum itself.

Is there any acute disease of the peritoneum in this patient? Peritonitis can at once be eliminated by the absence of fever and the other symptoms of this affection. Besides, the history of the patient would indicate that this affection has been developing for some time, and must therefore be due to some chronic process. Is there simple chronic inflammation of the peritoneum? The history of the case does not point to such a condition, and in chronic peritonitis there are other symptoms besides ascites. There is often the fremitus to which I have already referred. In chronic inflammation of the peritoneum, the effusion is not great in amount, is confined to certain localities by numerous adhesions, and localized areas of dullness will be found. In chronic peritonitis, also, the contour of the abdomen is usually different from what it is here, being irregular, and there is absence of enlargement of the superficial veins.

In tubercular peritonitis, which is a more frequent cause of ascites than is simple chronic peritonitis, there is evidence of tuberculosis found in other organs. There is in addition marked fever, sometimes of a hectic nature; there is also emaciation which is often more extreme than it is here. In tubercular peritonitis the contour of the abdomen is often irregular, and the distension is usually not so great as in this case. There is therefore a relaxed condition of the abdominal walls, and often an enlargement of the mesenteric glands and omentum. I have shown you specimens in which there was enormous thickening of the peritoneum and omentum as the result of tubercular disease of those structures. This thicken-

ing is usually detected by dullness along the course of the transverse colon above the umbilicus, and must be distinguished from the hepatic dullness. This is done by finding a line of tympany between the dullness of the thick omentum and that of the liver.

Malignant disease of the peritoneum must also be considered. In this we have frequently ascites, as in this case; and we also have the presence of the cancerous cachexia with the occurrence of local symptoms due to the development of secondary deposits in important organs, as the liver, the stomach, or in the bowel, leading to alteration of function or obstruction of the viscera. The disease would also be likely to involve the glands of the groin or of the axilla, and there is especially apt to be in these cases a deposit of carcinoma about the umbilicus. We can in this instance readily eliminate affection of the peritoneum.

There are other accumulations of fluid to which I desire to refer before speaking of the effects of obstruction of the portal circulation. In females it is necessary to consider whether or not ovarian tumor is present. We also have renal cysts, which give rise to the physical signs of effusion. We have hydatid disease of the liver, or peritoneum. Ovarian tumor can usually be distinguished by the history of the case, the relation of the growth of the tumor to menstruation, and by physical examination. The swelling usually appears in one or other groin, and the contour of the abdomen is usually not symmetrical. The normal proportion of the measurements between the umbilicus and xiphoid cartilage, and the umbilicus and the symphysis pubis is altered. If an ovarian tumor is tapped, the fluid is found to be glutinous, and contains paralbumen. There is always absence of urea. The fluid in certain cases may be of a dark color. The fluid in ascites, due to peritoneal affections, is clear, of a straw color, with a specific gravity of about 1012, and contains albumen and urea. In carcinoma of the peritoneum, however, the fluid is often bloody. The study of the various kinds of fluids found in the peritoneal cavity is of course of extreme importance in regard to the diagnosis.

In their local appearances, both renal and hydatid cysts are characterized by smoothness of their surface and irregularity in outline of the abdomen and also by the characters of the fluid. In hydatid cysts we have the presence of hooklets, and there are local symptoms referable to the organs involved in the disease. In renal cysts there is a history of

some affection of the kidneys, possibly the previous passage of a calculus.

We come now to speak of disorders of the general circulation that may cause ascites. In this patient there is some general anasarca. There is œdema of the feet, and, on admission, there was quite marked œdema of the hands. The history of this case points rather to a local than to a general affection. If the condition were due to some disturbance of the general circulation, such as cardiac disease; or, if it were due to disease of the kidney, which is almost always a general disease, the affection of the kidneys being a local manifestation, as of arterio-capillary fibrosis, we should have a different history. The patient is forty-five years of age, and is a domestic by occupation. She has been a moderate drinker. She states that she has been always healthy, until the appearance of the present trouble, which developed three months ago. She first noticed swelling of the abdomen, which was associated with gastro-intestinal symptoms, especially the occurrence of vomiting at irregular intervals. There was some dull pain throughout the abdomen. Five months previous to admission she states that she vomited blood. This is all the history that we have been able to obtain, and the condition of the patient rendered it difficult to obtain even this. She further states that her health has been failing for two years.

There is no history of renal symptoms, and the examination of the urine serves to at once eliminate disease of the kidneys. The heart also is found to be normal. There is nothing to lead us to believe that ascites is due to any disorder of the general circulation. We must therefore consider it to be due to disturbance of the portal circulation.

In distinguishing the particular affection of the portal circulation which has given rise to the ascites, we must take into consideration the history of the case. In this patient the history points to that affection, which is quite common in this hospital, namely, cirrhosis. The age, the habits, the previous history and the gradually developing ascites, would lead us to look to the liver for the cause of the trouble. Under such circumstances we find the liver is contracted, and on percussion we find the normal area of hepatic dullness much diminished. In addition, there is slight icterus, as shown by the yellowish tint of the eye and of the mucous membrane under the tongue. We would at once consider this to be a case of cirrhosis of the liver, and the presence of the enlarged superficial abdominal veins confirms

this opinion. The peculiar cachectic appearance which this patient shows is very characteristic of the latter stage of cirrhosis. The absence of renal and cardiac lesions would also all point towards this affection.

There are other disorders which influence the portal circulation and lead to dropsy. One of these is perihepatitis, especially, syphilitic perihepatitis, with subsequent contraction. This perihepatitis usually develops secondarily to some local affection of the peritoneum, such as may be caused by ulcer of the stomach or the passage of gall-stones. Another cause is affections of the portal vein causing obstruction. This occasionally is a result of pyelophlebitis, especially of the adhesive variety, with the formation of thrombus in the portal vein. In this condition there is usually a history of some local abdominal trouble. One peculiar thing in thrombus of the portal vein is that, within twenty-four hours after tapping, the abdomen is again distended to its previous size. We have not used this test in the present case, because the patient has improved. If after tapping we find the accumulation quickly returns, we should possibly infer the existence of thrombosis of the portal vein, but this may be present in cirrhosis. The symptoms point to obstruction of the portal circulation with the occurrence of ascites, hemorrhage and the enlargement of the superficial abdominal veins.

When admitted the patient was extremely weak and the first indication for treatment was the use of stimulants. It may be said, "Why use stimulants since this affection of the liver is undoubtedly due to the abuse of stimulants?" The damage has already been done and it is not likely that in moderate quantities, any bad effect will be produced. The general condition absolutely called for the use of stimulants. In these cases it is also well to stimulate the renal circulation. The skin in like manner should be remembered. In this case we have used copaiba as a stimulant of the renal secretion with quite satisfactory results. The oleoresin of copaiba in five minim doses was given three times a day. Other diuretics may be used in addition. Digitalis is of much value. In this instance the copaiba is acting so satisfactorily that we shall not change, unless the condition of the stomach requires it.

The question as to the propriety of tapping arises. When I first saw the patient, I thought that this would have to be done, but she was so much excited at that time that I did not consider the operation warranted. Tapping was therefore postponed. It should

be done not only on account of the large accumulation of fluid, but also on account of the pressure effects which this collection produces. Tapping is usually followed by the discharge of a larger quantity of urine than has been previously passed. The removal of the fluid relieves anasarca and the secondary congestion of the mucous membrane of the stomach and bowels.

This case, therefore, presents a perfect picture of cirrhosis of the liver in the third stage. The prognosis is, of course, grave, yet even in this stage cases have been so relieved that they have lived for a long time. Undoubtedly the best method of accomplishing this is by frequent tapplings. In one reported case tapping was performed some forty or fifty times, and finally the ascites entirely disappeared, and the patient became comparatively well. Drugs used for their effect upon the liver are, of course, out of the question. It is sometimes said that if iodide of potassium is administered in the third stage, the progress of the disease may be checked. There has never been any positive proof that it has this power.

There is another interesting condition, and that is the occurrence of small purpuric spots on the arms and eyelids. These often occur in cirrhosis; and indicate not only a depraved condition of the blood, but also a congested state of the capillaries. Jaundice does not usually occur in cirrhosis, except possibly in the first stage. In this case it is due to the secondary congestion of the mucous membranes arising from the obstruction of venous radicles in the liver, in that way finally causing gastro-intestinal catarrh.

There are cases of cirrhosis of the liver where the organ is enlarged instead of contracted. This occurs most frequently in women. They may be the result of alcohol, but they are often secondary to long continued jaundice due to chronic obstruction in the biliary passages. We shall carefully watch this case and report the result to you.

—Prof. Virchow, known not only as a celebrated physician, but also as an archeologist of renown, will finish his vacation by accompanying the famous Dr. Schlie-mann on his visit to Egypt next spring. He may, perchance, find his "cellular pathology" entombed in some of the Theban catacombs.—*Weekly Medical Review*, August 20, 1887.

COMMUNICATIONS.

MISTLETOE: ITS PHYSIOLOGICAL ACTION AND THERAPEUTIC APPLICATIONS.

BY R. L. PAYNE, M. D., LEXINGTON, N. C.

Overburdened as is now the Pharmacopœia with new remedies, any well-meaning physician should hesitate long and consider well the merits of any proposed new drug before he calls attention to its virtues. Feeling this, it is with extreme diffidence that I comply with the call of the REPORTER for my experience with mistletoe; and only because, after a careful study of its physiological action, and after testing its therapeutic virtues for more than nine years, I am convinced that its uses are not sufficiently understood by the medical profession, have I determined to prepare this little sketch.

Mistletoe, the *Viscum album* of Linnæus, the *Viscum flavescens* of Pursch, or *Phoradendron* of Nuttall, is a small, parasitic evergreen shrub of the natural order, *Loranthaceæ*, and grows chiefly upon deciduous leaved trees.

The *viscum album* is indigenous to Europe; the *phoradendron flavescens* is an American species, growing mostly on the elm, oak, locust, black-gum and persimmon trees, its habitat being in the Southern States, extending northward as far as New Jersey, and westward to the Mississippi Valley. The leaves of the *viscum album* are lanceolate or spatulate, obtuse and entire; those of the *phoradendron flavescens* are obovate or oval, fleshy.

Both plants are brittle, of a yellowish-green color, much branched, and bearing a flower monœcious and in clusters, and the fruit, a berry, small, white and waxy-looking.

Mistletoe has been analyzed by Gaspard, Funcke and others, who find it to contain mucilage, sugar, an odorous principle, a fixed oil, tannin (in traces), a resin, and various salts. It also contains viscin, or bird lime, in small quantities, but this seems to be largely a product of fermentation. Mistletoe was formerly used by European physicians as a remedy in hysteria and epilepsy, but in these conditions its use has become obsolete.

In the year 1851, Dr. Turnipseed, of South Carolina, called attention to the ebolic action of a decoction of mistletoe,

but little attention was paid to the declaration. In the year 1878, renewed interest in the remedy was excited by an article written by Dr. Long (*Louisville Medical News*), in which the author speaks highly of the oxytotic virtues of mistletoe, claiming it to be far superior to ergot:

"1st. Because it acts with more certainty and promptness.

2d. That instead of producing a continuous or tonic contraction, as does ergot, it stimulates the uterus to contractions that are natural, with regular intervals of rest. Consequently, it can be used in any stage of labor, and in primiparæ where ergot is inadmissible

3d. It can always be procured fresh; does not deteriorate by keeping, and is easily prepared"

Cases have also been reported by European authorities, in which children, after eating of the berries, were seized with vomiting, great thirst, tenesmus, bloody and mucus stools, and in one instance collapse and death. Further than the gastro-enteric irritation which the symptoms in these cases indicate, nothing was published throwing any light upon the physiological action of mistletoe until in the *North Carolina Medical Journal* (May 1881), the writer published an extended series of experiments upon cold and warm blooded animals, from the results of which the following general summary of the physiological action of the drug was deduced, viz: "Mistletoe is an irritant of the gastro-intestinal mucous membrane. We also conclude that it exerts, in cold blooded animals, an action on the heart similar to digitalis, slowing its action by increasing the length of its diastole, at the same time increasing the length of its systole. In warm blooded animals its action on the heart is more like that of belladonna, its force not only being increased but its rate of impulse also, and—contradictory as it may seem—it must be that in frogs the heart is slowed by increase of its inhibiting control, and strengthened by stimulation of its vaso-motor ganglia; while in warm blooded animals the increase in strength and rate of the pulse is due not only to stimulation of the vaso-motor cardiac ganglia, but also to a paralyzing action on the pneumogastric terminal filaments. It must also be noted that in too large doses, or if its action is too long continued, mistletoe by over-stimulation of the cardiac motor ganglia exhausts their irritability and paralysis results. The action of mistletoe on the pupil is also evidence of its stimulant action on the sympathetic nerves;

and further it is seen that in both cold and warm blooded animals, mistletoe exerts a paralyzing action upon the spinal cord and its nerves, both of sensation and motion, but the action upon the heart and pupil indicate a stimulant effect upon the ganglionic nerves. Whether this paralysis depends upon a specific action on the cord, or whether it be due to a diminished supply of blood, the result of the stimulation of the vaso-motor nerves and consequent contraction of the arterioles, cannot well be determined, but the latter hypothesis I am inclined to adopt.

Mistletoe destroys the reflex functions of the spinal cord and lessens the electro-motor contractility of muscles."

As a result then, of this determination of physiological action, and knowing that the uterus, like all unstriped muscles, is almost entirely controlled by the ganglionic nerves, it is easy to understand the alleged oxytotic virtues of mistletoe; and since the publication of my paper above referred to, a number of trustworthy observers have testified to me of its efficiency. Indeed, I am prepared to endorse not only all that Drs. Long, Todd, Lane and others claim for it in this connection, but I would further add, that in those cases of post-partum hemorrhage in which the loss of blood has been extreme and the nervous shock so severe that we dare not give ergot, lest paralysis of the heart result, mistletoe, from its stimulant action on the heart, may be given with greater safety and with even more confidence as to the relief of the flooding, than ergot.

After an extended experience with mistletoe in cases of the retained placenta after abortion, I am fully persuaded that it will be found a most efficient remedy. Further, from its stimulation of the vaso-motor nerves and consequent contraction of the arterioles, mistletoe will be found to do good service in epistaxis, hæmoptysis, menorrhagia, metrorrhagia, and indeed all passive hemorrhages. That its action on the heart indicates its influence in all diseases of this organ characterized by weak action and low arterial tension I have been able to demonstrate in practice since I claimed for the remedy theoretical virtues in my former paper; and in *The Practitioner* (November, 1881), will be found a note on *viscum album* by Dr. Roswell Park, of Glasgow, who, referring to my paper, confirms my observations in this connection. Dr. Park states that "whatever the exact pathological condition might be, incompetency and tumultuousness, and distressing cardiac action were the immediate

symptoms calling for treatment in those that presented themselves. For this I prescribed 3 ss doses of the tincture every four hours with the best results; all the patients returning with the above symptoms ameliorated." He further states that the drug is one of no mean "physiological power," and "an excellent substitute for digitalis."

In concluding this hurried sketch, I trust I may be permitted to present a few clinical cases illustrative of the value of the remedy in some of the above-named conditions:

Case I.—Mrs. E. called me to attend her in her third confinement. She had called me several times when suffering with false pains, consequently I did not hurry; and when I arrived I felt convinced that true labor pains had not set in; indeed, I thought she might be several days from term. She, however, would not hear to my leaving, and after careful consideration I determined to give mistletoe a trial. The pelvis was very capacious, the vagina was larger and well lubricated with mucous, and though the os was *not at all* dilated, the cervix uteri was soft and cushiony to the touch. At the time of giving the first dose of mistletoe, she had been having pains for fifteen hours, and the os uteri was not in the least affected.

3.30 P. M. I gave fld. ext. mistletoe 3j. In fifteen minutes she began to have strong pains, and in forty minutes the os was as large as a silver quarter. I now gave another drachm of the fluid extract. Her pains increased in frequency till 4.30 o'clock; the intervals of rest were so short as to be scarcely perceptible, and from that time her pains were so severe as to excite my alarm lest an evil result should follow my meddling. At 9.40 p. m. she was delivered of a girl; the womb contracted well and she had a good getting up.

Case II.—My father and partner was called to a case of abortion, at the end of the third month, to deliver a retained placenta. His best endeavors failed to obtain the after-birth. Ergot was then ordered and administered for three consecutive days without result; there was an offensive discharge from the vagina and septicæmia seemed imminent. Dr. Payne then bethought himself of mistletoe, and had a strong decoction prepared from the green leaves and about half a teacupful administered at a single dose. In a short time violent uterine effort occurred and the placenta was expelled at a single pain. The woman complained that she felt as if she would be "turned wrong side out." Recovery followed with no untoward symptom.

Case III.—Mrs. T., being examined per vaginam, the cervix was found in a cancerous condition on the anterior surface, and the woman, who was in the third month of pregnancy was in the act of aborting. The foetus was soon delivered, but then all uterine action ceased and the after-birth was retained.

After waiting sometime in vain for a recurrence of action, a half-teacupful of a decoction of mistletoe was administered. In a short time pains again set in and the placenta was promptly expelled.

Case IV.—Mrs. B., a widow, aged 43, no children, applied for treatment, saying that for several months she had been under the care of different physicians without improvement. She suffered from metrorrhagia and had taken aromatic sulphuric acid, ergot, in truth nearly all the hæmostatics, without avail. She was very anæmic and much debilitated. She was directed to discontinue all other remedies and was ordered fld. ext. mistletoe in doses of 30 drops thrice daily. Under this treatment there was slight improvement, and the dose was increased to a drachm. Improvement was now more marked, but, fearing that the fluid extract was not as reliable as it should be, she was ordered a decoction of mistletoe (strength, mistletoe, two ounces, to water a pint and a half, boiled down to a pint and strained) in doses of one ounce every six hours. In a few days the hemorrhage ceased entirely and has not since appeared. The patient expresses herself as feeling better than she has for years, and is rapidly gaining flesh.

Case V.—Mrs. F., aged 27, married, and mother of four children. She tells me that during the last year she has at short intervals flooded severely, and at one time came near dying before a physician could be called. She has now been flooding for about a week, and, under the care of another physician, has taken various remedies without relief. Examination reveals the womb much enlarged and retroverted, the os patulous, soft, and spongy to the touch. She is now taking ergot without apparent good effect. I therefore discontinued the ergot and ordered fld. ext. mistletoe in drachm doses every six hours. She began at once to improve, and in two days the extract giving out and having no more at hand, she was ordered a decoction of like strength and dose as Case IV. After the first dose of this she ceased to flood, and an interval of six weeks having elapsed without further trouble, she was placed under treatment for the existing metritis, and has since borne two children and enjoys fine health.

Case VI.—Mrs. H., primipara, aged 45, is subject to frequent severe floodings. Was ordered to use the decoction of mistletoe steadily for several weeks. The floodings have not since recurred.

Case VII.—Mrs. N., widow, aged 65, very anæmic, and subject to frequently recurring and very profuse epistaxis. During an unusually severe fit of bleeding, after ergot had failed to give relief, she was advised to use a decoction of mistletoe. A good result was almost immediately obtained, and since that time she informs me she has frequently used the remedy for the same trouble and with universally good effect.

Case VIII.—Mrs. H., who is in the second stage of tubercular phthisis, has been bleeding freely from the lungs for a number of hours. Having no ergot at hand, a decoction of mistletoe was administered, and in less than an hour the hemorrhage ceased.

The following notes of two cases of bronchial hemorrhage treated with mistletoe were given me in a letter from a professional friend:

“No. 1. Second stage tubercular phthisis. Frequent large hemorrhages for over two years; ergot, salt, and gallic acid, he said, had been frequently used in previous hemorrhages; but they acted very slowly, and it was a question whether the hemorrhage ceased from their use. The attack he had, when I saw him, began after a violent fit of coughing when he was within a square of the hospital. He came to me at once, and I gave 3ss of the extract of mistletoe, and repeated the amount in fifteen minutes. After first dose hemorrhage ceased.”

“No. 2 said he had been perfectly well till within a week, when he had a cough, tight and ringing. Without apparent cause had violent hemorrhages, and came at once to hospital. Administered 3ss of extract at once; in 15 minutes the dose was repeated; 25 minutes after this hemorrhage ceased.”

And so I might go on citing case after case from my own practice and that of others, illustrative of the value of mistletoe in conditions similar to those above detailed; but these will suffice to indicate its usefulness. In country practice I almost daily prescribe a decoction of mistletoe, and I fully believe that at no distant day the remedy will enjoy the confidence of the profession at large.

SPEEDY AND FATAL CARBOLIC ACID
POISONING OCCURRING FROM
A UTERINE DOUCHE ADMIN-
ISTERED IN PUERPERAL
SEPTICÆMIA.

Reported to the Henry County, Tenn., Medical Society,

BY S. C. EDMUNDS, M. D., PARIS, TENNESSEE.

Mrs. Curtis, aged 18, of good physique, and of healthy parentage, was delivered by a midwife at 11 P.M., June 9th, of a well-developed female infant. She progressed favorably until noon of the 12th, at which time she was seized with a severe rigor, followed by high fever, and at 2 P.M., on the 14th, she had had two other rigors, and the case was developing serious symptoms. I was sent for and arrived at 7 P.M. Her pulse was 128, temperature in the axilla $103\frac{1}{2}^{\circ}$, respirations 32. The womb extended an inch above the umbilicus, was hard, but not tender. The bowels had been evacuated repeatedly by purgatives, and within the last forty-eight hours she had taken forty-eight grains of sulphate of quinine. This treatment had been instituted by her mother. I prescribed for her eight grains antifebrin to be given every four hours. This treatment was continued until 8 A.M., on the 15th, when the medicine gave out. I did not see her again until 8.30 P.M.; her pulse was 104, temperature $101\frac{1}{2}^{\circ}$; she expressed herself as having been much better, but was now growing worse in consequence of a rise of fever, and in thirty minutes thereafter it had risen to $102\frac{1}{2}^{\circ}$. The lochia was very fetid, and the womb as large as the day before; I concluded to wash out its cavity with a disinfectant solution; a drachm of liquid carbolic acid was stirred into a quart of warm water, and was injected with a uterine douche. The liquid was injected gently and returned freely through the escape-canula. It caused no pain while being given, but in a few moments she exclaimed, “Mother, run here and rub me, my blood has quit circulating, there are ten thousand needles sticking in me, I am burning up, give me water.” She drank the water and immediately vomited a greenish fluid and commenced trembling, and soon went into a clonic convulsion which lasted about ten minutes, during which time she did not lose consciousness. She said, “It is that old stuff you injected that is killing me, I taste it in my mouth.” On the cessation of the spasmodic movements her temperature was found to be 105° ; she was given eight grains of antifebrin, but rejected

it forthwith together with a large quantity of a black fluid, resembling "Black Vomit." She now became delirious and it required four to keep her in bed. I gave her morphine sulph. gr. $\frac{1}{4}$, atropine sulph. gr. $\frac{1}{100}$ hypodermically. In a few moments she was quiet, and her temperature rose to $108\frac{1}{2}$. She died at 10.55 P.M., one hour and forty minutes after the douche was used. Although the symptoms in this case did not resemble those ascribed to carbolic acid poisoning, yet I think that was the trouble. When we consider that there were two hundred and fifty-six drachms of water and one drachm of liquid carbolic acid, and that a full quart of the fluid returned as was ascertained by measurement it is easily understood that much less than the minimum dose of carbolic acid could have been absorbed. I do not think it probable that any of the fluid entered the peritoneal cavity through the Fallopian tubes as there was no tympanitis an hour after death. This is the worst mishap that has occurred to me in a long and active practice. Ever since the antiseptic treatment came into vogue I have been in the habit of giving uterine douches in cases of puerperal septicæmia, and, as I have been thinking, with marked benefit, and in no case did any untoward symptom result except in the one just reported.

STROPHANTHUS HISPIDUS.

BY JOHN AULDE, M. D., OF PHILADELPHIA.

Strophanthus hispidus was first brought to the notice of the public and the medical profession by Pelikan in 1865, who discovered that it was the active ingredient in an arrow poison used by the inhabitants in tropical Africa. It is one of several "Allied Plants" referred to in the U. S. Dispensatory under the head of Oleander, Nat. order, *Apocynaceæ*, and nearly a quarter of a century had elapsed before any attempt was made to establish its exact pharmacological position. Within the past few years, however, much has been accomplished toward establishing for it an important place in our materia medica. From the fact that a knowledge of this new remedy is not widely disseminated, it may not be out of place to note some of the facts which have been demonstrated as to its physiological action. It is stated that in 1877 Hardy and Gallois first isolated from the seed the poisonous neutral principle strophanthin, a white, crystalline substance, soluble in water, and slightly so in alcohol and chloroform, which was then supposed to be an alkaloid,

but later was found to be a glucoside. The honor of having discovered this principle is claimed by some for Professor Fraser, of Edinburgh, who published an account of his investigations before the British Medical Association in the latter part of the year 1885. Prof. Fraser has shown strophanthus to be a powerful muscle poison, the heart being early affected, and to him probably more than to any other, we are indebted to day for this valuable addition to our *armamentarium*. The estimated amount of strophanthin contained in the seeds is from eight to ten per cent., although the same principle is found in the leaves and bark, but in much smaller quantities. The hairy seed-crown contains *ineine*, a non-poisonous crystalline alkaloid, adopted no doubt from the name *inée*, which is that given to the plant by the natives of Africa.

Physiological Action.—Strophanthus acts on all striped muscular fibre, and a single injection of one fiftieth of a grain has been known to produce effects which were noticeable after an interval of eight days. As compared with digitalis, its effect on the heart is much more decided and powerful, while its action on the blood vessels is less, and yet the diuretic effect is most marked, as will readily be seen by reference to the following experiments:* "Comparative experiments upon the separated frog's heart showed that solutions of digitalin made by Morsin, of one part in over one hundred thousand parts, produces characteristic changes in the heart's action, but were sufficiently strong to kill the heart within two hours; but that a solution of strophanthin, one in six million, produced characteristic changes in the heart's action and complete stoppage of its contractions in extreme systole in about twenty minutes. In a frog whose central nervous system had been destroyed, a solution of digitalin, one in twenty thousand, passed through the blood-vessels, produced in six or seven minutes extreme contraction of the vessels, but no decided effect was observed with strophanthin in solution of one in three thousand, and a temporary effect merely with a solution one in two thousand. . . . It would therefore seem that strophanthus may be used with much greater advantage than digitalis in the treatment of cardiac disease, where the action of digitalis on the blood-vessels simultaneously with its action on the heart constitutes one of the strongest drawbacks to its successful employment."

*Prof. Fraser—*Brit. Med. Journ.*, Nov. 14, 1885, p. 904.

The question very naturally comes up here as to the *modus operandi* of this remedy acting as a diuretic, when it has all along been supposed, and by many the question was supposed to have been settled beyond a doubt, that digitalis acted as a diuretic by reason of its increasing blood pressure. Here we have a remedy which acts as a diuretic, and yet, when compared with digitalis in this respect, its action on the blood vessels is comparatively slight. According to the observation of those who have had the most perfect facilities for determining the matter, this diuretic effect is one of its marked characteristics, and it is recommended in cases of cardiac disease when the diuretic action is desired. Can it be that our teachings have been at fault in this important particular, and that digitalis does not act as a diuretic *cæteris paribus*, with the increase of blood pressure? I think this supposition can be satisfactorily explained by granting that both digitalis and strophanthus give increased power to the heart's action, and consequently that there is an increased activity in the vascular system, the result being that all glandular function is more perfectly carried on. This, of course, leaves out of the question all consideration of the effects of blood pressure in the structure of the kidney. In support of this proposition, I shall refer you to the results of recent investigations made by Heidenhain and his pupils, and referred to by Dr. H. G. Beyer, U. S. N., in the course of a lecture delivered in the Biological Laboratory of the Johns Hopkins University.

Dr. Beyer says: "It is a fairly well-settled question in physiology that the epithelia lining the convoluted tubules of the kidneys are the structures principally concerned in the excretion of the solid constituents of the urine, and that the epithelium lining or covering the glomeruli is the tissue chiefly engaged in the secretion of the watery constituents of the urine." On this reasonable basis it is evident that increased glandular function is not due to increased blood pressure, but may be readily accounted for on the assumption of cellular activity, due to the influence of the remedy upon the epithelial lining of the convoluted tubules, and that lining or covering the glomeruli. As additional proof of the proposition, I may quote from Dr. Beyer's exceptionally interesting lecture: "Dr. von Schröder, of Strasburg, Germany, in a beautiful series of experiments, has succeeded in conclusively demonstrating, at least to my mind, the fact that caffeine, injected into the circulation, gives rise to a much increased flow of normal urine." As

the writer believes that caffeine lowers blood pressure, it would appear to be unnecessary to pursue the subject farther, and I shall therefore confine myself to a brief report of several cases in which this remedy has done good service:

Case I.—Three years ago I saw Mrs. K. for the first time. The occasion for consulting a physician was continued bleeding at the nose, a circumstance which had occurred previously, but had not been sufficient to cause the family any alarm. The patient was then aged 73, and was rather frail in appearance, and had withal a very unsatisfactory cardiac action; but, aside from being weak and short of breath at times, she had but little trouble. There were found valvular changes together with indications of mitral regurgitation, while the condition of the pulse pointed to senile degeneration. With the exception of slight attacks of indisposition from time to time, she did very well until during the past winter, when there appeared symptoms of a general breakdown, and shortly thereafter œdema of the lower extremities began, which, of course, caused me to give to the friends and relatives an unfavorable prognosis. Up to this time various remedies had been tried in vain with a view to improve the condition of the heart. Digitalis had been tried cautiously, but the contra-indications for its exhibition were so decided that it was discontinued, and convallaria adopted in its stead. Soon, however, it was found that convallaria was not likely to be of any permanent benefit, and small doses of nux vomica were substituted, and with apparent improvement. It was found that the heart did not intermit so often under the administration of nux vomica as it did with either of the other remedies, of which digitalis proved the least beneficial, and caused the most alarming symptoms, amounting almost to syncope. The doses of nux vomica in this case were quite small, and not too frequently repeated; the fluid extract being used, well diluted with water, and as an additional safeguard small doses of belladonna were combined with it. For a portion of the time that the nux vomica was taken, small doses of atropine (gr. 1-200) were also taken, but not all of the time, and I had therefore an excellent opportunity of witnessing the specific effects of each of the three remedies. It was found that the addition of the atropine increased the patient's feeling of well-being; but during all this time my patient was perceptibly sinking, and if any change could be made for the better, it was immediately demanded. It was then

that I decided to try *strophanthus*, a remedy with which I was but slightly familiar at that time, having used it but once or twice previously, and then only temporarily. The remedy was at that time difficult to obtain; but I was fortunate in procuring a fresh supply, and immediately began its administration, in doses of two drops of the tincture every three or four hours, except when the patient slept. In the course of two days there was an apparent improvement in the condition of the heart, and at the end of the week there was a decided change for the better; but, as a matter of course in a case of this kind, which was hopeless from the beginning, the œdematous condition of the feet and limbs was not overcome. The general condition of the patient was manifestly changed for the better, and the medicine was reduced in frequency, as the indications for its use became less urgent. True, the case terminated fatally; but I am disposed to think that she was more comfortable, was made to feel more natural, and lived many days longer than she otherwise would had it not been for the judicious use of *strophanthus*.

Case II.—Late in the spring of the present year I was called on by a gentleman to see his wife, age 26, whom I found in the last stages of consumption; in fact, she died 12 days from the time I first saw her. She had given birth to her first child about four months previous, but had nursed the baby only a short time, her physician wisely advising her that it would not be prudent to do so. The child was fairly well-nourished, but gave no very encouraging promise of longevity. On my first visit the patient seemed very much taxed for breath, and it was with difficulty that I could take the pulse and temperature. The latter was but slightly above normal, but the cardiac action was so rapid that the best I could do was to make an estimate of one hundred and eighty to the minute, and I had serious doubts as to the probability of her living twenty-four hours. The following morning the temperature was 97.9° Fah., the pulse 144 per minute. The feet and limbs were considerably swollen, the stomach was in an extremely bad condition, and diarrhoea was a symptom which required attention. The respiratory trouble seemed to be the most aggravating of all the other ailments, although the throat came in for its share. Suitable remedies were ordered for the condition of the stomach and bowels, and for the bronchial irritation; and in addition to this she was to take one and one-quarter drops of the tincture of *strophanthus* every

three hours. As a result, the digestion improved, and a few days later she began to expectorate large quantities of muco-purulent material, the breathing became easier, and she felt more comfortable than she had for many days. The temperature never reached much over 100° Fah. in the evening, and was generally below normal in the morning, while the pulse was maintained at about 120 per minute after the first twenty-four hours, and was of good volume. The œdematous condition of the extremities quickly disappeared under this treatment, although no observations were made as to whether or not a larger quantity of water was passed.

The clinical evidence in this case is strongly in favor of the value of *strophanthus*, and although she died from exhaustion, it is a question whether the same or equal benefit could have been secured by the use of any other remedy under the circumstances that existed.

Case III.—A few weeks ago a gentleman, age 82, consulted me on account of swelling of the feet and legs, a condition which had appeared within the preceding few days, and, from his statements, did not seem to be due to exposure, nor to unusual exertion. It was about the close of the late heated term, and his age may have had something to do with it. It should be stated that the gentleman has been subject to rheumatism, and his shoulders are now so stiff that he is unable to dress and undress himself without assistance. The action of the heart was fairly good, but knowing his rheumatic tendency it was not difficult to detect indications of the approach of infirmities incident to old age. The urine was carefully examined every few days, and found to be normal, not even a trace of albumin. The age of the patient and the unfavorable condition of the weather both pointed to rest in the recumbent position and mild treatment, but the cautious use of the remedies indicated for the period of eight or ten days accomplished nothing, and he began to get discouraged. At this time he was placed on the tincture of *strophanthus*, four minims three times daily, and at the expiration of three or four days reported again, this time with his shoes and stockings on. He was greatly rejoiced that he could walk about again, and that the swelling had nearly all disappeared. The medicine was continued, the dose stated above being taken but twice daily, and I am happy to say he made a good recovery.

The foregoing case seems to me to be a characteristic one, in which the value of

strophanthus is fully shown. The heart needed a powerful tonic, the stimulating effect of strophanthus on the kidneys favored diuresis, and with appropriate rest the œdema rapidly disappeared, so that as soon as compensation of the heart was re-established nothing more was needed.

Case IV.—Mrs. L. was suffering from rhus poisoning, caught when out blackberrying on her vacation, but the poison remained for some days latent in the system, and when it did appear it came out with a vengeance. As usual, the ordinary remedies failed. However, the poison was fairly under subjection when choleric diarrhœa set in, and, to cap the climax, she received a cablegram calling her to the bed-side of an invalid relative. All these things naturally produced considerable shock to the nervous system, that was manifested by the irregular and uncertain action of the heart, which intermitted every third beat, a decidedly uncanny condition for one who desired to take the steamer in three days. She was immediately put on strophanthus, four minims three times daily, and the irritability of the bowels having been corrected, a restricted diet was prescribed along with suitable aids to digestion, and at the end of the two days, the cardiac action being regular, and without a break, she was in very good condition and quite ready to take the journey to the steamer.

Remarks.—It seems appropriate to make some observations as to the possible value of strophanthus in various cases which come under the eye of the physician, and the reader will pardon a second allusion to its action as a diuretic. In cases of fever, for instance, when there is great tension, the skin hot and dry, with the urine scanty and high colored, it is surprising how quickly we observe the diuretic action of a small dose of aconite frequently repeated. Yet the free perspiration which follows shows conclusively that the tension has been relieved, a physiological effect in many respects just the opposite of that produced by digitalis. I am aware, of course, that aconite is regarded as a diuretic, and that the claim is put forward that it not only increases the secretion of the watery parts of the urine, but also of the solid parts. But while aconite reduces, digitalis increases tension, showing that strophanthus may be substituted for digitalis as a diuretic when it is desired to avoid increased blood pressure. Probably this effect may be explained by assuming that in such cases there is too much tension, and

that this condition being relieved, compensation is re-established, when cellular activity begins.

Again, it would appear to be a suitable remedy in ordinary cases of cardiac dilatation, or in those cases dependent on diseased conditions, such as the later stages of typhoid fever and pneumonia, in which alcoholic stimulants are indicated. From the investigations thus far made, there are good grounds for believing that it will in many instances be preferable to nux vomica and strychnine, and considering the cumulative action of digitalis, it seems far preferable in most cases to that drug. The danger from digitalis is, first, from the dose being too large, when the heart is arrested in systole; or, second, from small doses being too long continued, causing paralysis of the cardiac muscle, when the organ is arrested in diastole. True, it is claimed by some that there is no cumulative effect from the use of digitalis, and I have never seen it, although I have administered digitalis in doses ranging from one drop of the tincture three times daily to forty drops of the fluid extract at a single dose.

Patients in the later months of pregnancy who suffer from a flabby condition of the cardiac muscle along with œdema of the lower extremities, would no doubt be benefited by the use of strophanthus, but I would not say that the presence of albumin in the urine would not be a contra-indication for its use. As a means of preventing collapse in producing anæsthesia, strophanthus promises to supercede the hypodermatic use of morphine and atropine, and as a remedy to prevent the depressing effects following the use of chloral and the bromides it will readily receive a warm welcome.

4719 Frankford Avenue.

SOCIETY REPORTS.

THE NINTH INTERNATIONAL MEDICAL CONGRESS.

First Day—Monday, September 5, 1887.

The Congress was opened at eleven o'clock in Albaugh's Theatre. Dr. Henry H. Smith, of Philadelphia, chairman of the Executive Committee, called the Congress to order and introduced President Cleveland, who opened the proceedings with a short address. He said:

"I feel that the country should be congratulated to-day upon the presence at our capital of so many of our own citizens and those representing foreign countries who have distinguished themselves in the science of medicine and are devoted to its further progress. My duty on this occasion is a very pleasing and a very brief one. It is simply to declare that the Ninth International Medical Congress is now open for organization and for the transaction of business."

Dr. Smith next proposed for President of the Congress, Dr. N. S. Davis, of Chicago. The motion was adopted unanimously.

President Davis now introduced the Hon. Thomas F. Bayard, Secretary of State, who welcomed the Congress in an elaborate address.

The welcome was responded to by Dr. Wm. Harris Lloyd, Inspector General, R. N., on behalf of Great Britain; Dr. Leon Le Fort, of Paris, on behalf of France; Prof. P. G. Unna, of Hamburg, on the part of Germany; Senator M. Semmola, of Naples, for Italy, and Sir Charles Reyher, of St. Petersburg, representing the Government of Russia. Dr. Unna spoke in German, and Drs. Semmola and Le Fort in French.

President Davis then delivered his opening address.

He first referred to the loss sustained by the profession in the death of Prof. Austin Flint and then passed on to a discussion of the present conditions of medical study and investigation. He advocated the increase and diffusion of knowledge concerning the conditions favorable to the propagation of contagious and infectious diseases and the general principles of the collective investigation of disease. He praised the usefulness of medical societies, and urged the importance of systematic study of meteorological conditions over extended tracts of country and long periods of time. He thought this could be accomplished by the medical societies in different parts of the country. He also thought it would be well to have in every medical society two standing committees, to one of which should be referred for critical examination every communication claiming to embody a new discovery in either the science or art of medicine, and the other should be charged with the work of devising such lines of investigation for developing additional knowledge as require the co-operation of different individuals and perhaps societies and of superintending their efficient execution until crowned with success.

He closed with a congratulation upon the great achievements of the medical profession.

Dr. J. B. Hamilton, Supervising Surgeon General of the United States Marine Hospital service, having been nominated and unanimously elected Secretary General of the Congress, took his place and nominated the gentlemen agreed upon as Vice-Presidents of the Congress, who were elected.

Dr. J. Solis Cohen, of Philadelphia, on the question being put, moved to amend and pointed out the uselessness of appointing to office a number of gentlemen who had no intention of being present. President Davis refused to receive the amendment, stating that it was too late now and that whether the nominees were present or not they had not declined the offices bestowed upon them.

Drs. William B. Atkinson, of Philadelphia, George Byrd Harrison, of Washington, and Henry Bangs, of France, were elected as Associate Secretaries; Dr. F. S. F. Arnold, of New York, as Treasurer; Dr. Richard G. Dunlison, of Philadelphia, as Chairman of the Finance Committee; Dr. Henry H. Smith, of Philadelphia, as Chairman of the Executive Committee; and Dr. A. Y. P. Garnett, of Washington, Chairman Committee on Arrangements.

The following gentlemen were elected presidents of sections: A. B. Arnold, M. D., general medicine; W. T. Briggs, M. D., general surgery; Henry H. Smith, M. D., LL. D., military and naval surgery; De Laskie Miller, M. D., Ph. D., obstetrics; Henry O. Marcy, M. D., gynecology; Traill Green, M. D., LL. D., therapeutics and materia medica; W. H. Pancoast, M. D., anatomy; J. H. Callender, M. D., physiology; A. B. Palmer, M. D., LL. D., pathology; J. Lewis Smith, M. D., diseases of children; J. J. Chisholm, M. D., ophthalmology; S. J. Jones, M. D., LL. D., otology; W. H. Daly, M. D., laryngology; A. R. Robinson, M. D., dermatology and syphilography; Joseph Jones, M. D., public and international hygiene; A. L. Gihon, A. M., M. D., U. S. N., climatology and demography; J. B. Andrews, A. M., M. D., psychological medicine and diseases of the nervous system; Jonathan Taft, M. D., D. D. S., dental and oral surgery.

Secretary General Hamilton then read his report of the organization of the congress and Dr. Garnett announced the social entertainments arranged by the committee.

After this the opening session adjourned.

Second Day, Tuesday, September 6.

The second day of the Ninth International Medical Congress was devoted to scientific work exclusively. No ceremonial similar to that at the opening of the congress will be observed until the close of the session on Saturday. At 10 o'clock this morning Albaugh's Theatre, where the general meetings are held, was so crowded by delegates that many of them were unable to find seats. They were attracted by the fact that Professor Austin Flint, of the Bellevue Hospital Medical College, New York, was to read a paper on "Fever, its Causes, Mechanism and Rational Treatment."

Dr. Flint is a son of the physician of the same name who was elected president of the present congress, and whose death was referred to by President N. S. Davis yesterday. Dr. Flint's elocution is perfect, and his manner of emphasizing points was such as to entirely hold the attention of the audience. This is the more remarkable, as the address was philosophical in its character, following with exactness the chemistry of his subject, and touching upon a number of physiological experiments which must sorely have puzzled some of his hearers from the backwoods.

Dr. Flint began by quoting, "Feed a fever; do not let your patient die of starvation." He then went on to condemn the old plan of depletion and insist on free alimentation. He pointed out that the life of acute disease was usually short and self-limited, and the object of treatment should be to afford sufficient nutritive material to make up for wasted tissue, and so keep the patient alive until the disease had run its course. Dr. Flint entered into a profound discussion on the evolution of animal heat, and continuing his argument proved as the result of previous experiments on his own person that the body in health secreted more water than was ingested.

Professor Flint's Conclusions.

He then dwelt on the application of cold and the uses of antipyrin and antifebrin to cases of fever which might be regarded as typical of internal fevers, such as typhoid, as opposed to sunstroke, and concluded a paper, which seemed to be regarded as a masterly effort, by stating the following propositions:

1. Fever, especially in acute disease, is self-limited. 2. We are as yet unable to destroy directly the morbid organisms which give rise to the continued fevers; all that we can for the present undertake is to modify their action and their powers of development. 3. The production of animal heat

involves the oxidation of fat, resulting in the destruction of tissues and the formation of water. 4. As regards its relation to animal nutrition and the production of animal heat water is to be counted as an excrementitious principle. 5. Fever, as observed in the so-called essential fevers, may be defined as a condition involving an excessive production of heat, with the production and discharge of an excessive amount of carbon, and the production and discharge of excessive amounts of water. 6. The more prominent symptoms of fever are, for the most part, secondary to the high temperature, the increased oxidation, etc. 7. The destruction of excessive heat by the application of external cold and the reduction of temperature by antipyretics, while they do not affect the cause of the fever, are beneficial in their influence to the extent that they modify the symptoms secondary to the pyrexia. 8. During a fever the severity of the symptoms is, in a measure, diminished by the introduction into the system of water. 9. Severity of the symptoms of a fever is in a measure increased by the withholding of water from the system. 10. Alimentation during a fever is mainly difficult on account of the derangement of the digestive organs, and this difficulty is to be met by the introduction of articles easily digested and readily assimilated. 11. In the introduction of the hydro-carbons important factors in the reduction of animal heat are attained; alcohol is the best representative of these principles. 12. Precisely in so far as it produces oxidation in the body, alcohol furnishes matter which is consumed in the excessive production of heat in the body. 13. Alcohol diminishes rather than increases the production of pyrexia. 14. As the oxidation of alcohol necessitates the production of heat, it should be given in such quantity only as will meet the demand of the system for nutrition. The slightest degree of intoxication must be avoided. 15. The great object is to limit and reduce the pyrexia by direct and indirect means, and to place the system in the most favorable condition for recovery after the disease shall have run its course.

The conclusion of the address was greeted with loud applause. Professor Semmola was down on the programme to read the next paper on Bacteriology, but President Davis announced that in order to permit the delegates to give more attention to the work of sections, but one address would be given each day. This action was advisable from another cause—the probability that Dr. A. Luteaud, of Paris, who was to have read an address on

"The Influence of American Gynæcologists on the Development of Gynæcology in Europe," may not be present, while Dr. Neudorfer, of Vienna, whose address on "Military Medicine" was down for Thursday, has not yet put in an appearance.

Attendance on the Sections.

The various sections were fairly well attended in the afternoon, with the notable exception of the important section on medicine, which seems to have been poorly organized. It had no morning session, and several other sections were almost empty in the morning. The programme of the various sections was not arranged beforehand, and there is much consequent annoyance. Many of the delegates preferred sight-seeing during the afternoon, especially as the heat has been intense. The Army Medical Museum attracted many of the foreign delegates, to whom its custodian, Dr. John S. Billings, is well known personally or by reputation, but he has not been seen at any of the meetings of the congress, general or sectional. Dr. A. R. Robinson, of New York, chairman of the section of dermatology, invited some of the more prominent specialists in his section to dine with him at Willard's on Wednesday. This is the only entertainment by an officeholder which has come to notice so far.

Notes from the Sections.

The proceedings of very few sections of the Medical Congress will have greater professional interest than the section of gynæcology, over which Dr. Henry O. Marcy, of Boston, presides. In addition to reading papers in his own section Dr. Marcy contributes to the section of climatology and demography a paper entitled "Western North Carolina as a Health Resort."

Dr. Daly's Address.

Dr. W. H. Daly, of Pittsburg, president of the section of laryngology, in his opening address to his section, after greeting the foreign members, said among other things:

"We ought to congratulate ourselves as laryngologists, in this our second meeting, as an independent section of the International Medical Congress, and endeavor to have the work of this branch of medicine placed in every large medical body as an independent section, as the importance and growing excellence of its literature and valuable practical work deserves."

Some Remarks About Hay Fever.

"When one looks back to the state of laryngology in 1876, and makes a comparison with the present status of it, it becomes a

matter not only of utmost interest, but of satisfaction and pride, to those who have been engaged in its study and advancement, to note what alone its cognate branch, rhinology, has done for the successful and rational treatment of hay fever, which, before the appearance of a paper which I read before the American Laryngological Association in 1881, calling the attention of the profession to some observations I made during a few previous years upon the local predisposing intra-nasal causes of this disease, the sufferers therefrom had spent a rambling sort of life in seeking immunity from what they can now in a large percentage of cases easily get cured permanently and surely, at home, by a proper rational treatment. I desire to say, however, that the lamented Hack and some other able workers in the same field claimed more for the plan of treatment I then advised than I ever did, as I then, in 1880, assumed to postulate. I still find it, after seven years, strongly tenable, viz: 'Whether we are warranted in believing any case of hay asthma purely a neurosis without first eliminating the possible causation due to local, structural, or functional disease in the naso-pharynx.' Therein clearly admitting that a proportion of cases were of the character of neurosis, but a far greater proportion still depended on a chronic intra-nasal disease, upon which the exciting cause, viz, pollen, etc., and other agents act with effect, and, second, without this intrinsic nasal disease the exciting cause is innocuous."

Dr. Daly referred also to the advancement of laryngology and its cognate branches.

The Food of the Soldier.

Dr. Jos. R. Smith, lieutenant-colonel and surgeon, U. S. A., read an interesting paper yesterday afternoon before the section of military and naval surgery and medicine on the "Food of the Soldier." He endeavored to show the difficulties in determining exactly, the least amount of food that will suffice for the soldier in the exigencies of service, and gave the rations of different armies and the diets devised by various observers and experimentors, comparing them and discussing their bearings. He showed that in general they err on the side of amplitude; that soldiers, as regards their demand for food, are to be classed in the category of active laborers; that besides the nutriment the food contains we must also consider cost, facility of transportation, and personal preferences in fixing a diet. He concluded that the soldier's ration should contain about 293 grains of nitrogen and 4,576 grains of

carbon, and that considerable variation in the relative proportions of these elements, as well as in those of the food principles and in the bulk of the food ingested, are consistent with health. He suggested two rations for armies whose mean proportions of nitrogen and carbon are N. 300 grains and C. 4,964 grains. Finally he emphasized the fact that sale, barter, and interchange of food, in practice, always give the soldier suitable variety of food.

Dr. Robinson on American Specialists.

Dr. A. R. Robinson, of New York, President of the section of dermatology and syphilography, gave the opening address.

After referring to the fact that there is no particular centre for dermatological study in America and hence no representative American dermatologist, he said, "returning from his European travels—'speaking a foreign language just as well as his mother tongue'—the would-be specialist is beset by temptations to which he too frequently falls a victim. With more medical journals in the land than are necessary for the publication of papers that repay one for their perusal, there is on one hand a demand for an article on some subject, it matters not what it be, by the editor, and, on the other hand, a desire to publish a paper by the specialist anxious for reputation and notoriety. The medical world at large must know that he is devoting special attention to a particular branch of medical science, and what plan so good as to write an article for a journal and by means of reprints scattered broadcast let the world know your specialty, name and address. A few repetitions of this procedure will, without fail, bring patients to the office and reputation among the mass of general practitioners. Why this latter is a result is not difficult to understand. As already mentioned, the college graduates usually have no knowledge of the so-called special branches, consequently any reprint, although it be only a compilation of previous articles by real workers—and very often they are even very poor compilations—appears to the busy practitioner to contain valuable information, and the author thereof as one having special knowledge of his subject.

"This mode of action is a very serious evil, and must and does bring discredit upon the specialists in that branch as a body. It is to be hoped that the protest that I now enter against this evil will not be in vain, and that in the future only such articles will be published as represent real contributions to the existing knowledge of the subject discussed."

He closed by expressing the hope, in view of past events, "that another International Congress will not be held in America until the profession in this country have shown by their actions a change of heart, and that they are prepared to subject the desire for personal gain to the proper, nobler, and more honorable feeling for the advancement of medical science and the relief of human suffering."

Proposed International Vital Statistics.

Dr. A. L. Gihon, U. S. N., in his address, yesterday afternoon, as president of the section of climatology and demography, referring to the expansion of medical science, said: "The Rome that was built on the seven hills beside the Tiber was but the central sun of that great empire, whose limits were co-extensive with human progress. So the medicine, which rested on the foundations of the seven chairs of the schools of fifty years ago was only the nucleus of that broad realm of science which to-day makes tributary every branch of human knowledge. To the outside world medicine is yet only the mercenary art of healing at so much apiece the maimed, and the halt, and the blind of the human race. It is still an inscrutable mystery to the masses that men who in their eyes are only tinkers of human mechanisms, where sweet bells are jangled out of tune, can really be earnestly striving to prevent these very ills whose coming brings them profit. The recognition of the subjection of human organisms to external influences which sanitary considerations have induced has brought climatological questions into prominence as medical factors—not in the restricted therapeutic sense, which has been so long the only medium through which physicians were ever expected to look, but as active forces in man's economy.

"The effects of climate," he said, "are not to be looked for in the prevalence of specific diseases with well-defined geographic limits. The question of acclimation considered, the climate of the United States unjustly denounced as pernicious, when in fact the most heterogeneous race elements are here being welded on a vast scale into intimate union, as nowhere else on earth."

He submitted to the consideration of the section resolutions declaring that in the opinion of the section "it is important there should be established in every country a national department bureau or commission for the record of vital statistics upon a uniform basis, to include not only accurate returns of births and deaths, but the results of the attentive investigation by government officials

of facts bearing upon the natural history of disease as manifested among men, women, and children separately, especially with regard to climatic and other discoverable causes of the several forms of disease, that necessary preventive measures may be determined and enforced for the preservation of the public health." The Italian government, he said, has already made commendable progress in this direction.

HOSPITAL NOTES.

THORACIC ANEURISM — IMPROVEMENT BY REST AND POTASSIUM IODIDE.

REPORTED BY M. HOWARD FUSSELL, M. D.

In May, 1886, Michael E., 50 years old, carpenter, presented himself at the dispensary with the ready made diagnosis of rheumatism of the right chest and shoulder. Something about the man's appearance attracted my attention, and I stripped him, and found the following condition: Visible pulsation of all of the superficial arteries. Apex beat of the heart one-half inch outside nipple in sixth interspace, and at apex a loud double murmur was heard.

A very slight prominence was noted at the junction of right third rib and sternum, which plainly pulsated. There was dullness over the prominence with a very faint systolic whiff.

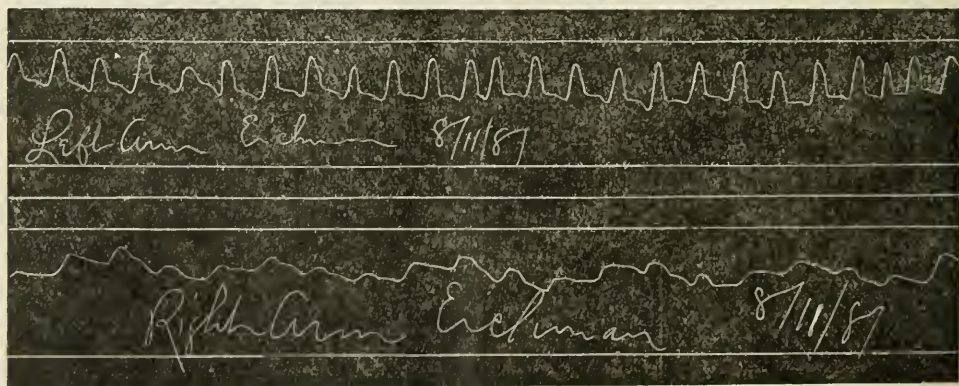
to put himself under care in the hospital. This he refused to do, saying he was compelled to work.

He was put on potassium iodide 15 gr. t. d. In a week he returned feeling much relieved from pain.

I did not see him again until the latter part of July, when he presented himself in response to urgent word sent him to call. He was still working, and taking the iodide with almost entire absence of pain. He said he was well. He was again warned and urged to rest, but without avail.

He paid no more visits to the dispensary until July, 1887, over a year from his first visit. He said he had been well all winter, until sometime in January, 1887. When, after a hard day's work, he had excruciating pain in region of the tumor above noted, and it had suddenly grown to almost double its size. It continued to enlarge for about two weeks at the end of which time it appeared to him as large as at present. He was now suffering from extreme dyspnoea, amounting indeed to orthopnoea. A severe distressing cough, of the character peculiar to pressure on the air passage, numbness of right arm and hand, with some loss of power. Severe *pain* in region of tumor. A great prominence could be seen through his clothing in the upper part of his chest.

Since May, 1887, unable to be about his work. The prominence extended from clavicle on right side downward to third rib, and from midsternum to the margin of ribs. It was of dumb bell shape, measuring 5 in. in



He complained of *pain* being in the region of this prominence, and radiating to arm and neck, and made worse by lying on left side. On questioning he acknowledged being short of breath on exertion. There was no oedema of feet, and no difference in pulses or pupils. Voice not changed. He was warned about violent exercise, advised

greatest diameter, $3\frac{1}{2}$ in. over each enlarged end, and 3 in. over the constricted portion. Pulsated markedly, the pulsation being expansile and isochronous with systole of heart. Apex beat of heart in sixth interspace outside nipple, with a double murmur at apex; voice not changed, pupils equal, pulse weaker on right side than left, as markedly shown

by the sphygmographic tracing taken at the time, and shown in the cut.

There was no thrill felt, nor bruit heard over the tumor.

Over the position of right bronchus posteriorly, the breathing both on expiration and inspiration was high-pitched and prolonged, showing evident constriction of that tube. Veins at root of neck much enlarged. As stated, his pain and dyspnoea were the most urgent symptoms. He was again told to rest, and has carried out the instructions fairly well. Was given Potass. Iod. in 20 gr. doses t. d., with result of relieving pain to marked extent.

He still refuses to enter the hospital. The rest, though by no means as absolute as desired, has had a good effect in markedly relieving his breathing. The action of the iodide in relieving the pain leaves nothing to be desired in that direction.

The sudden enlargement of the tumor was doubtless due to a rupture of one or more of the coats, and illustrates not only the danger of violent exercise in cases of suspected aneurism, but also shows that severe lesions of the arteries may take place without an immediately fatal issue.

189 Green Lane.

EDITORIAL DEPARTMENT.

PERISCOPE.

Remarks on Four Cases of Excision of the Tongue.

Dr. A. F. McGill made the following remarks which were suggested by the experience of four cases in which it has been necessary for him to excise the tongue.

These were all under my care in the Leeds Infirmary within a few weeks of one another. They illustrate the advantage that is gained by the performance of a preliminary laryngotomy, and the rapid recovery which follows excision by means of the scissors. The method of operating was the same, with slight modifications, in each case.

(1) Laryngotomy was performed, a tracheotomy tube introduced, and a sponge attached to a piece of tape pressed well back into the upper part of the pharynx. The advantages of a preliminary opening into the windpipe are so evident to any one who has operated in the cavity of the mouth with and without this procedure, that it is unnecessary to insist on it. It is however, I believe, more usual for surgeons to open the trachea than to perform laryngotomy. The latter operation has, in my opinion, the advantage that it is much more easily done, and that the resulting wound heals up much more quickly and leaves less scar. The sponge in the pharynx is in every way more satisfactory than the plugging of the trachea with Trendelenberg's tampon. It blocks up both the passage into the trachea and also into the œsophagus, and thus prevents the passage of blood into the stomach, and consequently the unpleasant and perhaps

serious vomiting which blood in the stomach is apt to cause. The anæsthetic can be as easily administered without as with the tampon.

(2) To secure a good illumination of the cavity of the mouth, the position of the patient is changed, the head being raised and flexed instead of depressed and extended as it was during the performance of laryngotomy. Two cheek retractors are placed in the angles of the mouth, and secured by tapes tied at the back of the head. A gag is next placed between the molar teeth on one side, and opened to the full extent. The cheek retractors are of great use, because if the gag is used without them the width of the mouth is diminished instead of being increased, as is required.

(3) The tongue is next secured by a stout ligature passed through it, and is removed with scissors, as recommended by Mr. Whitehead. The frænum and mucous membrane being first divided, the muscles attached to its under surface and the various arteries are cut through. The arteries can be secured with great ease, and this having been done, as much or as little of the tongue can be removed as the peculiarities of the case require. The operation is one of such extreme simplicity that it is hard to understand why many surgeons still recommend the use of the *ecraseur*. The amount of blood lost is usually trifling, and never excessive or dangerous. It is seldom necessary to pass a stitch through the stump of the tongue and tie it to the teeth, as recommended by many authors, for the simple reason that it is generally advisable to remove the organ so far back that no stump is left.

(4) The after treatment is of great importance. The wound is filled with iodoform, which is rubbed thoroughly into all its interstices; it is then plugged with carbolic gauze, the meshes of which are filled with iodoform. The sponge in the pharynx is not removed till all possible oozing has stopped—usually in six or eight hours. The tracheotomy tube is taken out in about twenty-four hours. The patient is, if necessary, fed with nutrient enemata and suppositories, but soon takes liquid nourishment out of a feeding cup, having a piece of india-rubber tubing attached to its mouth. The gauze in the mouth is changed twice daily for three or four days, when it is discontinued, and a gargle of permanganate of potash is kept by the side of the patient, who uses it as often as he feels inclined. He is usually sitting up out of bed within a week, and not unfrequently leaves the hospital in a fortnight. The following are short notes of the cases referred to above:

CASE I.—J. W., aged 69. Epithelioma, involving the right half of the tongue, but not extending over the floor of the mouth; duration of disease, three months. He has been a very great smoker, using clay pipes.

10th Feb.—Operation performed as described above.

4th March—Left the hospital with wound healed.

CASE II.—J. R., aged 57. Epithelioma of right side of the tongue, involving the floor of the mouth and the side of the lower jaw; disease first noticed two months ago, and is now rapidly spreading.

4th Feb.—It being necessary to remove a portion of the lower jaw and floor of the mouth in addition to the tongue, the operation was modified. An incision was made from the angle of the mouth outwards as far as the masseter muscle. The lower jaw was next divided in front and behind the molar teeth, and the included portion was removed with all diseased structures as far as the tongue. The tongue was then removed in the usual manner. During the operation there was considerable hemorrhage, and the advantage of the preliminary laryngotomy was well demonstrated.

On 15th Feb., a fortnight after operation, the patient was made an out-patient, with the wounds nearly closed.

CASE III.—W. J. S., aged 53; admitted with a deep epitheliomatous ulcer, involving the greater portion of the anterior part of the tongue, and localized to it. Disease first noticed four months ago. Has been a great

smoker, smoking more than half a pound of tobacco every week for many years past.

10th Feb.—Operation; stump of mucous membrane secured to teeth.

19th Feb.—Discharged, with the wound healed.

CASE IV.—J. S., aged 68. Extensive disease, involving the whole of the tongue, and extending almost to the epiglottis. There is much difficulty in swallowing, he being unable to take solids. Disease of four months' duration.

17th March—Operation; bleeding slight, only one vessel ligatured. Left the hospital with wound rapidly healing on 28th March. —*Edinburgh Med. Journal*, August, 1887.

Pachydermia Laryngis.

With reference to the case of the Crown Prince of Germany, Professor Virchow read a paper before the Berlin Medical Society, on July 27th, on the disease which he terms pachydermia laryngis. After pointing out the mode in which the squamous epithelium extends from the pharynx to the vocal cords and its distribution in the larynx, he refers to the two conditions which he groups under the term pachydermia, these conditions being more or less allied to chronic inflammation. In both a greater or less amount of squamous epithelium is formed, the result in the one case being a flat, diffuse swelling of a great part of the surface towards the posterior end of the vocal chords, and the other a formation of warty growths—what are commonly known as papillomata, and usually situated towards the anterior ends of the cords. In these the hypertrophy of the epithelium is the chief element, the elongation of the papillæ being, according to Professor Virchow, a secondary process. The latter he terms pachydermia verrucosa. The following is the point on which he lays stress, as distinguishing these affections from epithelioma. He looks on all the cases as simple, local, and only superficially hyperplastic, in which he finds a sharp line of distinction at the base of the epithelial growth, separating it from the fibrous tissue beneath. Where, however, there is any trace of epithelium in the fibrous tissue, he considers the case suspicious. Neither the sessile nor the papillary swellings must show anything of an epithelial character below the borderline between the epithelium and connective tissue. If there is no epithelium beneath this border line, then, whatever may have happened on the surface in the way of papillary outgrowths, fissures, etc., he considers that the disease is local and benign. Appa-

rently the disease in the case which has excited so much interest belongs to the class of pachydermia verrucosa. The possibility of recurrence is great, but experienced laryngologists are convinced that, by continued removal of the growths, it is ultimately possible to get rid of the disease completely.—*Brit. Med. Journ.*, Aug. 13, 1887.

Removal of Large Encysted "Wedgewood" Ball Pessary from Vagina.

Dr. W. J. Beatty read the following interesting account of this case before the Edinburgh Obstetrical Society, 25th of May, 1887:

I have the pleasure of showing you to-day a large ball pessary which had become encysted in the vagina of an old lady, and which I enucleated and removed.

The history is as follows:

Mrs. H., aged 68, consulted me for enlargement in left groin, with an offensive discharge from vagina. She informed me that about sixteen years ago she suffered from falling of the womb, when she was examined by her medical attendant, who advised her to wear a ball pessary to keep the womb in position, and for which purpose he inserted a large wood ball pessary, ordering her to take it out every week and wash it. This she was able to do for about twelve months, but at the end of this period she failed to remove it, as owing (she says) to its greasy condition, it kept slipping from her fingers, and as she had left the town where the doctor lived who inserted it, she felt a delicacy about consulting another medical man, and feeling no inconvenience, she simply syringed out the vagina two or three times a week. She was always able to move the pessary until about six years ago, and has never suffered any inconvenience, except troublesome constipation, and latterly a constant desire to go to stool, until a month ago, when she felt a little pain in the left groin, and found a slight enlargement there, and about a week later had an offensive discharge from the vagina.

On examination I found an enlarged gland in left groin, and in the vagina a large round tumour only slightly moveable, situated to the left and posterior to the wall of the vagina, over which I made an incision and removed the large ball pessary which I now have the pleasure of showing to the members of this Society.

Remarks.—As to the enucleation of the pessary there was little difficulty, but I had considerable difficulty in removing it from the vagina,—the same difficulty, in fact, as my patient herself had, *i. e.*, its greasy con-

dition, and being globular it kept slipping from my fingers, but at last by fixing it against the perineum with the fingers of my right hand. I succeeded in expelling it by external pressure on the perineum with the palm of my left hand.

In conclusion, I may add that since its removal the glandular enlargement has gone, constipation greatly relieved, and the constant desire to go to stool has quite disappeared.

The pessary had become quite soft, and I was able to make a section through it with an ordinary table-knife.—*Edin. Med. Journ.*, August, 1887.

Joint Diseases.

In the *Glasgow Med. Journal* for August 1887, Mr. Knox writes upon the treatment of the inflammatory diseases of joints, of which the following is an abstract:

The lines of treatment followed were, in brief, as follows:—

(1.) *Absolute rest* to the joint in every case. This was secured in most cases by the use of splints, in others by extension. At the same time any flexion or faulty position was remedied under chloroform.

(2.) If the disease was apparently advancing, but no great amount of degeneration had as yet taken place, *counter-irritation* over the joint was employed. For this purpose I used liniment of iodine, fly blisters, or the actual cautery.

(3.) If the disease was comparatively inactive or stationary, *sorbifacients*, especially Scott's dressing, with *pressure* over the joint and a *starch* or *plaster bandage* were used.

(4.) In all cases *cod liver oil* and *iron* were administered in appropriate doses.

(5.) *Nourishing food* of the best possible kinds, especially beef tea or meat soups, with milk. In some cases porter or malt extracts, and even whiskey, were of great benefit even to young children. I have not hesitated to give alcohol at times.

(6.) And, lastly, in suitable weather, I always try to get patients out into the open air and sunshine when they are able to walk, and if I had had little carriages or other conveniences I would have sent out some of those who could not walk, but might have been carried downstairs.

Under such a *regime* it is astonishing how many patients rapidly improve. The pain ceases, and the other symptoms begin to recede. It may take months or even years before a cure is effected, but given the time and the necessary attention, even in very bad cases, I would not despair of an ultimate cure.

Poisoning by Meat.

In May, 1885, about one hundred persons in Chemnitz were taken sick with similar symptoms after eating beef derived from the same source. The meat in question was undoubtedly eaten in a raw state, seasoned generally with salt and pepper, sometimes with the addition of onions and vinegar. In one case in which the meat was roasted, the persons eating it were not taken sick, though meat that was not completely roasted was still poisonous. The meat, as regards color, taste and smell, was not noteworthy, and moreover was completely consumed.

The symptoms took the form of diarrhoea and vomiting. In isolated cases, albuminuria was present. Convalescence was always tedious. One of the patients that died was a child in its first year, which had been well nourished, but by chance had received about a thimbleful of the meat. The pathological anatomy as seen at autopsies was that of beginning typhoid fever. The symptoms of the disease began generally in from ten to twelve hours. Nothing is known as to what the changes in the diseased meat were.—Flinzer, *Centralblatt f. d. med. Wissensch.*, July 23, 1887.

A New Method of Treatment of Erysipelas.

Ducrey remarked at the clinic of Prof. de Amicis, of Naples, upon the very successful treatment of erysipelas by means of injections of corrosive sublimate. Medicines were also employed. The strength used was one-hundredth of one per cent. and more, and injections were made some millimetres from the erysipelatous border and at a distance of three centimetres from each other. Externally, a one per cent. solution is employed upon absorbent cotton. Twice a day the dressings are changed and the injections are repeated, always in different places. By this method there is produced at once over the whole surface, a mild and slight eruption of blisters which mark the healing of the erysipelas, and which are to be treated with boric acid ointment or carron oil.—*Deutsche Med. Central-Zeitung*, July, 1887.

—Porous alum is prepared by evaporating the saturated solution of alum, freed from iron, and just before it is upon the point of crystallizing adding about one-fifth of one per cent. of sodium bicarbonate. The carbonic acid gas produced, when expelled by the heat, renders the mass porous.

BOOK REVIEWS.

“*Neuerungen und Verbesserungen in den Applicationen der Fracturenbehandlung.*” By Dr. Aug. Schreiber, Augsburg.

This monograph is a treatise upon the latest and most improved methods of treating fractures. The author declares that many of these improvements have been unknown to German readers, because original descriptive papers were published in other languages, or, if in German, without illustrative cuts. The author certainly deserves great credit for the completeness with which the subject is presented, and the copiousness with which the work is illustrated. The work is to be commended to any one desiring a complete and yet brief summary of the latest advances in this branch of surgery.

REVIEWS OF PAMPHLETS.

—“*Heredity in Tuberculosis*” was the title of a paper read before the American Climatological Association, May 31st, 1887, by Frank Donaldson, M. D., Baltimore. We are glad to have a reprint of this encouraging paper. We say encouraging, because of the author's belief that the influence of heredity in tuberculosis can be overcome by hygienic measures adapted to special needs. The paper must be read to be justly appreciated. The concluding sentence deserves to be quoted: “*If the prophylactic treatment is thoroughly carried out, the hereditary and the acquired proclivity to phthisis may remain latent and the individual never contract the disease.*”

—Dr. E. C. Seguin's name is well known in connection with keen and critical studies of nervous diseases. The paper before us is called “*A Third Contribution to the Study of Localized Central Lesions,*” and is a reprint of a paper originally printed in the *Journal of Nervous and Mental Disease*, Vol. xiv., June, 1887.

The author presents two cases, the first referring to the face-centre, the second to the leg-centre. Both of these are accompanied by cuts showing the location of the lesions, and by the notes of the autopsies. This paper should be read in connection with Dr. Hurd's article upon Cerebral Localizations in the *REPORTER* for August 27th, 1887.

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CHRONIC INCONTINENCE OF URINE OF CHILDHOOD.

The chronic eneuresis which occurs in childhood and early adolescence has not received the attention that it merits. This must be in part because parents are apt to think the child will outgrow the weakness, and in part also because the physician knows that treatment is often ineffectual, and therefore is not desirous of inviting failure by beginning treatment. In about half the cases, the disease is accompanied by some local pathological condition of the penis, or of the rectum. The most frequent local disorder is an adhesion between the glans and prepuce immediately in front of the corona. This varies in degree from a slight adhesion on one side of the glans, to one

encircling the entire glans for about one-eighth to one-quarter of an inch in front of the corona. A greater degree than this is rarely seen. Other less frequent local disturbances, which may also co-exist with the first named, are phimosis, a long pendulous fore-skin, hypospadias, and a rectum impacted with fæces. Boys have been known to go two weeks, and longer, without defecating, and to be constipated to this extent quite regularly.

While local disturbances, varying in kind and degree, are to be met with in most patients, there are a number of cases which present no local manifestation of disease. In some of these the cause must be sought in the urine, and in others in organic or functional disease of the nervous system. Except in those patients who urinate at night under the influence of a dream, which makes them seem to be in the water-closet—except when, in other words, the trouble seems to be psychical—cases of eneuresis of nervous origin are very rebellious to treatment. On the contrary, where there exists a local tangible lesion of the penis or adjacent organs, the prognosis is much better.

In a recent paper before the Medical Society of the District of Columbia, Dr. Adams apparently recommended circumcision in all cases of redundant prepuce, whether this was associated with phimosis or not. Doubtless, his experience has been a large one, or he would not speak so positively. He states that he has only known one instance in which eneuresis persisted after circumcision, and in that case there was reason to suspect stricture of the urethra as a sequel of gonorrhœa. In the course of the past year in a large institution for boys in Philadelphia the result of treatment in twenty-five cases was reported. One of these was a boy (9 years old) who had been circumcised, but, as far as could be determined, without improvement of the eneuresis; while those due to phimosis, or, to speak more exactly, those accompanied by phimosis and adhesions, sometimes with priapism, showed the best results. The adhesions were broken up painlessly by the

previous local application of cocaine, and then the parts were anointed with olive oil. The best internal remedies were belladonna, the bromides, cannabis indica, ergot, strychnia and digitalis. In cases in which constipation was a prominent symptom, cascara sagrada with belladonna proved of greatest service. Their relative merit is fairly indicated by the order given. Suitable combinations of these drugs for special indications will readily suggest themselves to the practitioner.

PNEUMOTHORAX.

Dr. Samuel West, in the Bradshawe lecture delivered before the Royal College of Physicians, August 18, 1887, has given the profession a highly instructive paper, which is manifestly the result of much painstaking labor. He finds that phthisis is the cause of at least 90 per cent. of all cases of pneumothorax. If from the remaining 10 per cent. we exclude cases of gangrene and acute inflammatory, or traumatic lesions of the lungs or pleura, only 2 or 3 per cent. of all the cases are to be accounted for by causes not referable to the lungs. About one case of tracheotomy in every fourteen is followed by pneumothorax.

After insisting upon the fact at which he has arrived as the result of experimental researches, and which he has confirmed by clinical observation, that the lungs can resist a pressure represented by nine inches of mercury, and therefore a pressure greater than can be exerted by voluntary inspiratory efforts or by coughing, he concludes that the occurrence of pneumothorax is presumptive evidence of unsound lungs.

The author then proceeds to study the mechanism of the production of pneumothorax. He accepts as correct the statement that the elastic lung tissue has a tendency to pull the pulmonary pleura away from the parietal pleura, but then asks, why does not collapse of the lung always occur when air enters the pleural cavity? That it does not, is proved by ample clinical and *post-mortem* evidence. Rejecting, then, as untenable the supposition that pneumothorax occurs, but that the air is

promptly re-absorbed, he details an elaborate series of experiments as a result of which he concludes that moist serous surfaces, when accurately approximated, offer a resistance to being pulled asunder considerably greater than the calculated equivalent for the normal elasticity of the lung. "Therefore, pneumothorax can be no longer regarded as a condition to which there is an inherent tendency in the healthy body, but, on the contrary, as a condition brought about by the forcible separation of the pleural surfaces, and in this respect exactly analogous to the distension of the subcutaneous tissue, which occurs in surgical emphysema; and, considering the frequency of subcutaneous emphysema, and the rarity of pneumothorax in simple fracture of the ribs, it would seem to follow as a corollary that the force required to distend the subcutaneous tissue must be less than that required to separate the layers of the pleura. Pneumothorax, therefore, so far from being, as it is commonly regarded, a passive process, and inspiratory in origin, is really expiratory in its initial stage, and requires an active force to produce it; and surgical emphysema, so far from implying, as Fagge asserts, the necessary antecedence of pneumothorax, may in reality be a protection against it, the air making its way in the direction of least resistance beneath the skin rather than between the pleural surfaces."

It is manifest, that when compression of the lung has once taken place, a certain force will be requisite to produce expansion again. How is this brought about? If fluid is contained in the pleural cavities, it may be removed by the pump-like action of respiration upon the lymphatics of the pleura; by being squeezed through the lung, and then removed by expectoration or absorption; or by absorption from the pleural cavity itself.

With reference to the removal of gases from the pleural cavity, there are three forces to be considered: diffusion, simple absorption, and absorption aided by chemical combination. As the rapidity of interchange of gases is great, it is probable that the force exercised may be far greater than is required for the expansion of the lung.

The prognosis of pneumothorax is unfavorable; about 90 per cent. of the author's cases died in the first month. When recovery takes place, it is in one of two ways: either by the gradual conversion of the pneumothorax into hydrothorax, or by the simple disappearance of the air. The mechanism of these processes is indicated above.

PYREXIA AND FEVER.

Before the thermometer came into use as an instrument for detecting changes of bodily temperature, fever was commonly looked upon by clinical observers as a complex of symptoms, among which quickened pulse and respiration held the most important places. Since clinical thermometry has come into general use, there has been an increasing disposition to regard pyrexia as the chief, and, according to some, the only evidence of fever, while acceleration of pulse and respiration are looked upon as results. There is danger of going too far in this matter. In some diseases, such as peritonitis, diphtheria, and meningitis (according to Fagge), there may be severe, and even fatal inflammation without pyrexia, though the pulse is often quickened. If we allow ourselves to believe absence of pyrexia to be evidence of the absence of severe disease, we will in a few cases fall into dangerous error. On the other hand, it is a matter of common observation, that children and those of an impressionable or neurotic disposition may have great pyrexia without serious disease.

With reference to the latter point, some recent experiments of Dr. Ott, of Easton, are of great interest. He has found that puncture of the brain in three points will cause fever. These points are respectively: the parts of the brain about the corpus striatum, the anterior inner end of the thalamus, and the point between the optic thalamus and the corpus striatum, near the median line, puncture of which, according to Schiff, induces a peculiar cry. Dr. Ott regards the function of this heat centre as inhibitory. It has long been noticed that there is in some diseases a sudden and un-

controllable rise of temperature, and the existence of a heat controlling centre, paralysis of which permitted this hyperpyrexia, was therefore inferred. It is not likely that pyrexia of nervous origin will be found accompanied by such emaciation as results from inflammatory fever.

Another point that it is well to bear in mind is that there is a disposition on the part of some writers to return to the old Hippocratic idea of pyrexia, and regard it, in septic and inflammatory diseases, as a conservative process by which nature gets rid of noxious matters in the blood. Fagge, who is an exponent of this view, refers to the fact that micro-organisms cannot survive when the temperature is raised above a certain point. Fagge is probably correct, at least in part. Certainly one cannot fail to be impressed with the occurrence of an apyretic crisis in pneumonia, sometime before the pulmonary consolidation has cleared up.

NOTES AND COMMENTS.

Stenocarpine.

Dr. Knapp sums up the results of experiments with the new local anæsthetic, Stenocarpine, as follows:

From the preceding and Dr. Claiborne's observations, it follows that Drs. Goodman and Seward have presented us with a new local anæsthetic that is very similar to cocaine, chiefly differing from it by its more powerful and lasting mydriatic property. This difference determines its range of applicability.

1. Everywhere, when dilatation of the pupil is desirable—*i. e.*, in all conditions that have a tendency to *congestion and inflammation of the iris*—stenocarpine, either alone or in combination with atropine, is beneficial, and preferable to cocaine.

2. Though its mydriatic effect be less persistent than that of sulphate of atropine, stenocarpine may be used with more advantage when in iritis there is increase of eyeball-tension, a *tendency to glaucoma*, and *when there is great pain*. Further observations have to show whether or not stenocarpine, as other mydriatics, leads to granulations of the conjunctiva. If it does not, it will be very valuable in cases of chronic iritis.

3. Stenocarpine is *inferior to cocaine* when we want anæsthesia without mydriasis, as is the case in the majority of operations—removal of foreign bodies, paracentesis and incision of the cornea, iridectomy, extraction of cataract—more especially when in this operation the iris is spared—operations on the conjunctiva, the lachrymal apparatus, and the eyelids. For an ophthalmoscopic examination, homatropine will be preferable.

4. If we want to be certain of a *complete paralysis of accommodation*, for which stenocarpine is as reliable as sulphate of atropia, stenocarpine deserves preference because its action lasts only half as long.

5. Applied *externally to an unbroken cutis, it produces no anæsthesia*. Observations to the contrary mentioned by Goodman and Claiborne must be owing to peculiar conditions which further experience has to determine.

6. *Small doses* (four drops) *rapidly absorbed* may produce *transient general symptoms*—pallor of the skin, cold perspiration, dizziness, stupor, fainting, nausea, and weakness. The same symptoms are produced by cocaine.

7. Larger doses cause the most *alarming general symptoms*—violent tetanoid convulsions, opisthotonus, dilatation of the pupils, excessive acceleration of pulse and respiration and prostration.

8. *Introduced into the veins*, stenocarpine is the *strongest poison*, causing death almost instantly by arrest of respiration and pulsation.

9. It is certainly dangerous to inject even small quantities into vascular tissues, such as the orbit, for instance; it appears even unsafe to inject it under the skin in quantities exceeding ten minims of a two per cent. solution—*i.e.*, about 0.01 ($\frac{1}{10}$ grain). We should also be on our guard if we apply it to an open wound during the progress of an operation.

10. *The symptoms of poisoning*, as has been seen from the above description, are like those from strychnine. The affinity of the two substances should be further investigated. The chemical tests for the detection of strychnine applied to stenocarpine have proved negative. The reflex excitability from stenocarpine is less than from strychnine, also its toxic effect is considerably less. I instilled into the eyes of a rabbit four drops, and into one eye of another two drops of a two per cent. solution of nitrate of strychnine. Both animals died from tetanoid convulsions in ten minutes. Ten and fifteen minims of a two per cent. solu-

tion of cocaine injected into the orbits of rabbits had no general effect.

The alkaloid stenocarpine was separated by Dr. Seward from the leaves of a tree growing in Louisiana, called the "Tear Blanket Tree." From its likeness to the *Acacia stenocarpa* he dubbed it stenocarpine.—*The Med. Record*, August 13, 1887.

Removal of Right Half of Lower Jaw by Slow Enucleation.

DR. JOSEPH W. HOWE sent a patient to the meeting of the N. Y. Path. Soc. (June 8, 1887), with the following history: Thomas R., 23 years of age, was admitted to St. Francis Hospital with the following symptoms: On October 4 he received a severe blow on the under surface of the chin, which exposed the bone. The wound was sewed up at St. Luke's Hospital, but failed to unite. The jaw afterward became very much swollen and painful, and he sought admission to St. Francis Hospital. Dr. Howe made an examination in the early part of November, and found an extensive swelling extending from the symphysis to the posterior part of the ramus of the jaw on the right side, and a small hole running up under the chin behind the jaw, which led to the dead bone. The teeth on the affected side were loosened, and the alveolar process stripped bare and rough and bathed in pus. Pressure on the outside, over the jaw, forced a quantity of pus out, both from between the periosteum and bone and external to the periosteum. The periosteum was separated along the upper line of the jaw back to the ramus, and in some parts had been completely destroyed. The lower teeth were removed from the jaw the following day, and a portion of the periosteum separated. This process of separating the periosteum from the bone was repeated at intervals for several weeks, while the parts were thoroughly cleaned and the patient's general health was kept up by tonics and stimulants. With the stripping of the bone, the periosteum gradually thickened so as to increase the swelling on the affected side. Three weeks previous to the first operation, he made a careful examination under ether, and separated the greater portion of the periosteum and other tissues from the bone. Pieces of lint steeped in carbolic acid and glycerine were placed on each side of the dead jaw, and the patient was allowed to return to the ward. More swelling and fever followed the operation. On the following Monday he completed the operation, removing the last attachment at the symphysis and pulling out the diseased jaw, leaving be-

hind a good basis for a new jaw in the ossifying periosteum. The slow enucleation of a diseased jaw is a comparatively simple process; very little force and very little cutting are required to remove it. The patient has now a new jaw, which has grown from the old periosteum.—*Med. Record*, Aug. 20, 1887.

Methods of Treatment of Prostatitis, with Especial Reference to Hypertrophy of the Prostate.

Among the different forms of prostatitis, Dr. Fischer of Munich (*Centralblatt für Chirurgie*, No. 3, 1887,) distinguishes that of youth, in which the genitals are over-used (*i. e.*, misused) from that of older individuals. The first always appears as an acute affection, and at times violent in its onset, with high fever, rigors, and even sopor, until the abscess in the urethra bursts, either spontaneously or from attempts at catheterization. Its cyclical course lasts about eight days, and repeats itself after a time. Often for many years one attack follows another in the same way, and finally ends in a cure. Occasionally, however, it passes into a chronic inflammation, with hypertrophy. The more chronic form in older people begins usually with catarrh of the gland, prostatorrhœa, and leads slowly to hypertrophy. According to Nussbaum, it is very characteristic of the affection that when the catheter can not be used, the bladder may only be emptied when the body is placed in a peculiar position, and indeed the position of the body which renders this possible, does not remain the same, but must be changed from time to time to effect the same result. We pass over here the well-known resulting conditions, and point out only the not infrequent occurrence of abscesses. During the treatment of prostatitis in its acute stage, after the regular course of treatment and along with the ordinary after-treatment with iodine and bromine mineral waters, Nussbaum has used the cold ascending douche with great success; a treatment which, in chronic prostatitis and hypertrophy of the prostate, even in cases of long standing, is followed by the best results. Occasionally, among the better class of patients, this treatment may be advantageously combined with brine and sea baths either as full or sitz baths. He disapproves of all methods of treatment which have for their object the forcible dilatation of the narrowed portion of the urethra or the destruction of the gland, as well as all operations for extirpating the prostate through the rectum. Bottini's galvano-caustic treatment is, on the other hand, approved by

Nussbaum, although the difficulties of the operation do not favor its employment. Notwithstanding the untoward results of parenchymatous iodine injections, Iverson's subcutaneous injections of ergotine are thought to deserve careful attention. It is not advised to make an opening of a prostatic abscess from the urethra because of the danger of making a false passage in catheterizing. The incision through the rectum or the perinæum deserves also the preference over puncture with a trocar. Maas's recommendation to divide the sphincter ani in severe cases is worthy of attention because of the opportunity thus given of applying antiseptic washes.

When there is retention of urine in consequence of hypertrophy of the prostate and the various methods of catheterization have been tried without success, the author recommends, according to Nussbaum's method, the puncture above the symphysis pubis, with the subsequent introduction of a Nélaton's catheter, and with antiseptic washing out in preference to the puncture for aspiration, in which latter washing out is not possible—a very important procedure, and one which ought frequently to be done. According to the author's observations, he has often succeeded, directly after the first operation, in introducing the catheter through the urethra; when, after the cure of the cystitis and the removal of the resulting inflammatory products, the prostate rapidly decreases in size, and the fistulæ are also soon cured.—*Journal of Cutaneous and Genito-urinary Dis.*, Aug. 1887.

Mud Poisoning on the Legs of Cattle Like the Western Black Leg.

The mud from creeks and pond holes gets in between the toes and irritates the skin, and also on the legs and inflames the skin. In a short time the skin will crack and then the mud and flies will cause the inflammation to become very severe and the cattle can hardly walk. The mud in the bottom of water holes and quagmires becomes poisonous with the decay of vegetation and the presence of the gases which fill the earth. The cattle should be kept out of the holes and their legs be washed with soap suds and smeared with salted grease. When the trouble has gone so far that the poison has been absorbed into the system then the animal should have doses of physic for a week or two and be fed oil meal or some other mucilaginous food. The physic should not purge but should keep the bowels loose.—*Farm. J.*, Sept. 1, 1887.

On the Treatment of Gout.

I have seen patients with albuminous urine and heavily loaded blood, apparently groaning under the weight of accumulated waste, die quickly and directly after the withdrawal or reduction of an accustomed supply of food and stimulants, although presumably both were in excess. I make it a rule, therefore, never to cut off any food or drink until the blood has been unloaded by elimination, and it is shown by clear and conclusive evidence that the food and stimulants habitually taken are not necessary in the particular case under observation, after a free outlet of nitrogenous waste and excess has been established. Meanwhile direct chemical treatment is adopted with a view to rid the blood of its nitrogenous burden.

The principal of this treatment is the elimination of uric acid. I venture to differ, though with much respect, from the received authorities on the treatment of gout. I do not give alkalies to neutralize the acidity of the urine, nor do I offer the uric acid in the blood a base such as soda or potash with which to combine. It is, I think, preferable to break it away from the combinations into which it has already entered, and while providing a large quantity of fluid to wash it out of the blood, and through the kidney in solution, to avoid increasing, but on the contrary try rather to diminish the deposits of urate of sodium with which the attack of gout is associated. With this view I give iodine in the form of a tincture with glycerine; an infusion of serpentaria, or pure water, being employed to dilute it. The clinical effects of this treatment are almost uniformly these: the strength is maintained, while the irritative fever is lessened, the pain is relieved, and the swelling is reduced. These happy results are, I believe, brought about by the simple process of rapidly ridding the blood of the uric acid, together with other products of imperfect metabolism. The urine becomes increasingly acid by reason chiefly of the elimination of oxalic acid with the uric, and it is either increased in quantity, or is more dense, without being increased, rapidly throwing down a shower of uric crystals. Under the most favorable conditions the total quantity of urine passed is simply immense, and its burden of uric acid is *proportionally* (i. e., to the total quantity excreted,) increased. The primary effect of its increasing the acidity of the urine lasts four or five hours only, and side by side with it there is an amelioration of the symptoms. I have in no instance, for some years past, in fact since I have treated gout

by this directly chemical method, had occasion to use colchicum or any sedative. The relief afforded has been immediate and effective. The only cases which have baffled my endeavor have been those in which morphia had been largely used previously to the attack or exhibited in it. I cannot tell why this effect should be produced by morphia, but it undoubtedly seems to antagonize the treatment and render it useless. The *rational* of the use of iodine in gout is, I believe, as above stated, in the main a separation of the uric acid from its bases, but I am not sure that there is not also some destruction of the uric acid affected by its agency. As these are simply notes on treatment, I will not attempt the discussion of the chemical question this conjecture would raise. Suffice it to say that the practical results gained by the method in my experience, at least, surpass those attainable by other procedure, and, which is of considerable moment, the patient not only suffers less than usual during his attack, but his convalescence is shorter and the paroxysm is not so soon followed by another, when it is thus treated. Moreover in the interval, he is not compelled to live the life of an invalid, and by the occasional use of the same remedies the deposits in and around his joints—which must, I think, be always regarded as unexploded shells left from previous wars—are progressively broken up and removed by the action of the iodine circulating in the blood. By a careful examination of the urine from time to time for quantity, specific gravity, acidity, urea, and uric acid, a fairly precise knowledge of the progress of the case may be obtained; and after watching a considerable number of cases for some years, I cannot doubt that the method of treatment adopted is, on the whole, the most satisfactory.—DR. MORTIMER GRANVILLE, *Braithwaite's Retrospect*, July, 1887.

—Owing to the transference of Prof. G. Baumgarten from the chair of Physiology in the St. Louis Medical College to that of special Pathology and Therapeutics, the duties of the former position will be fulfilled by Dr. Wm. Townsend Porter, with the title of assistant professor. Dr. Porter is a most meritorious man and conscientious worker, and will undoubtedly perform the duties of the chair with diligence. During the last year he has been pursuing physiological studies in the laboratories of the University of Pennsylvania and the Johns Hopkins University.—*Weekly Med. Rev.*, August 20, 1887.

Spontaneous Absorption in the Empyema of Children; the Relative Advantages of Aspiration and Early Incision in Children.

Dr. L. Emmett Holt read a paper upon this subject before the N. Y. Academy of Medicine, May 19, 1887, in which he discussed these two points. The prognosis was much better in children than in adults. This depended upon the fact that the ætiology differed at the earlier and later ages. In adults empyema occurred commonly in tuberculosis, which was not the case in children. Spontaneous absorption took place very rarely; he had been able to find but two recorded cases in which the diagnosis had been proved by the withdrawal of some of the pus. It was evident that in children the chances of recovery from empyema by nature's unaided effort was not great. One of the conditions of cure of an abscess, wherever located, was that the walls should come in contact. This was accomplished in the chest by expansion of the lung, for the outer wall was unyielding. The more rapidly and completely the expansion took place, the quicker the recovery. The indications for treatment were to get rid of the pus by the easiest, safest, and most thorough means as early as possible. He would discuss only aspiration and incision with drainage. Puncture with the trocar and siphon drainage was an incomplete form of drainage, and could not easily be carried out in children. The advantages of aspiration were: its simplicity; with ordinary skill and clean needles, its freedom from danger; the fact that the fluid was not removed rapidly, so that gradual expansion of the compressed lung was favored; the absence of any necessity of confinement to bed or of general anæsthesia; and the cure of many cases by it alone, the fluid after one or two aspirations becoming serous and then being absorbed rapidly. But there were some very obvious objections. Not all the fluid could be removed. One sac might be emptied when another was not touched, whereas by incision and insertion of the finger the septa could be broken down. There were also certain cases in which aspiration was not applicable, as where the pus was of a septic nature, or associated with gangrene of the lung, or contained much clot.

The advantages of incision and drainage were pointed out, and then the use of general anæsthetics was considered. The author had twice known rupture to take place in a bronchus while the patient was unconscious, and death to result from suffocation. Both these cases were in adults. But local anæ-

sthesia could be relied upon. It seemed that cocaine would suffice. The results of incision and drainage had been much improved in the recent statistics. He had collected eighty cases treated by antiseptic incision in which the duration of the discharge had been given. In five cases it was four months or over; in the remainder it averaged six weeks. In twenty-one cases, mostly cases of early operation, the duration was a month or less.

The author drew the following conclusions: 1. All methods of treatment of empyema in children yielded better results than in adults. 2. It was never justifiable to leave a case to nature. 3. Aspiration held out a reasonable prospect of success in cases of localized empyema, but a very slender one when the exudation was general. 4. If, after two aspirations at the most, pus accumulated again, showing no tendency to change to serous effusion, aspiration should not be persisted in. 5. In a case of large effusion, one aspiration might be done as a preliminary to a cutting operation. In all other cases a free incision should be made as early as possible.

In the discussion which followed the reading of the paper, Dr. A. L. Loomis said that he had been accustomed to regard the pleurisy of children as a very different affair from that of adults. Acute suppurative pleurisy in children was of a very common occurrence. In fact, whenever he found fluid in the chest of a child, the chest becoming pretty rapidly filled, he was pretty certain that it was purulent, not sero-fibrinous. According to his observation, suppurative pleurisy in the adult was in the majority of cases a dangerous thing, and rather rapidly dangerous. He had come to recognize it as infectious pleurisy in almost all instances. He had rarely found acute suppurative pleurisy in the adult without also finding some acute pneumonic disease in the opposite lung. He had seen the pleural cavity become filled with pus to its utmost capacity within twenty-four hours. And it seemed that the constitutional disturbance and fever went on in the same degree after removal of the fluid as before. We had to contend at this time with an acute disease which could not be removed simply by withdrawing the products of inflammation. But after the subsidence of the acute process, when the case became one of simple empyema, the chances of effecting a cure were decidedly in favor of treatment by incision. He thought the incision was of no benefit at the beginning of an acute suppurative pleurisy. He believed the cases were at the start fibrinous pleurisy, but with-

in twenty-four hours afterward the chest cavity might be filled with pus.—*N. Y. Med. J.*, Aug. 27, 1887.

Dr. Kraske's Method of Treating Erysipelas.

Dr. Classen describes the plan of treatment which was found to be so successful in a recent epidemic of erysipelas. A number of incisions were made into the affected part, so that one-half their length passed beyond the inflammatory region into the surrounding healthy skin. These were crossed very acutely at $\frac{1}{2}$ cm.'s distance by another series of incisions, so that the points of crossing were close to the edge of the erysipelas. If a part of the trunk, as, for example, the mamma, was affected, the whole portion was encircled by radiating incisions, crossed very obliquely by others. If the disease attacked an extremity, it was surrounded by a ring of incisions, because experience taught that if a bridge of intact skin were left between the cuts, the inflammation quickly crept along this, and spread extensively about the limb until it was limited by other and more carefully made incisions. The author thinks that although the treatment was applied in his own cases to superficial erysipelas, it is undoubtedly applicable to the deeper parts, the scarifications being then made into the subcutaneous tissue.—*The Med. Chronicle*, Aug., 1887.

Parson's Local Anæsthetic.

Chloroform.....	12 Parts.
Tr. aconite.....	12 "
" capsicum.....	4 "
" pyrethrum.....	2 "
Oil cloves.....	2 "
Camphor.....	2 "

Dissolve the camphor in the chloroform, then add oil of cloves, and then the tinctures.

The venerable Dr. Parsons, in sending this formula for publication, says: "I cannot expect to remain much longer in this world, and I want the profession to know the value of this local anæsthetic."—*The Southern Dental Journal*, July, 1887.

The Question of Consciousness after Decapitation.

Not long ago we referred to certain investigations of this question in France, in the case of the lower animals. In a recent issue of the "*Progrès médical*," M. Paul Regnard and M. Paul Loye give an account of their observations in the case of a criminal be-

headed at Amiens. They concluded that there was no sign of conscious life at the end of two seconds, but, by irritating the cornea, they were able to evoke reflex movements up to the sixth second. The contractions of the cardiac ventricles continued for twenty-five minutes, and those of the auricles for an hour. The death was calm and without agony, contrary to what one of the authors has observed in the lower animals, and was due not to asphyxia, but to an inhibition analogous to that studied by Brown-Séquard in animals that died of the effects of certain irritations of the nervous system.—*N. Y. Med. J.*, July 30, 1887.

CORRESPONDENCE.

A Formula for Lithuria.

EDS. MED. AND SURG. REPORTER:

R	Liq. ammoniæ citrat.....	3	jss
	Sodæ phosphatis.....	3	jss
	Acidi salicylic.....	3	jss
	Ferri pyrophosphati.....	3	ij
	Glycerini.....	3	ij
	Elixir aurantii.....	3	vj
	Aquæ q. s. ad.....	3	vij

S.—Mix in the order of the formula, shake well, and give a tablespoonful every 3 or 4 hours.

I have found no prescription superior to this in cases of lithuria, and in uric acid diatheses attended with gouty and rheumatic symptoms; and under such circumstances, the mixture is much improved by the addition, to each dose, of twenty drops of wine of colchicum. In combination with drachm doses of either of the fluid extracts of pariera brava, or dog grass, it has served me well in chronic cystitis, gonorrhœa and leucorrhœa. The fluid ext. of pichi, in suitable doses, has also, proved an excellent addition to the formula in the treatment of mucus discharges from the urinary organs.

J. B. JOHNSON, M. D.

Washington City, D. C.

—A complimentary dinner was given, under the auspices of the German Medical Society, of Philadelphia, to Dr. Carl Seiler upon his return from Europe, at the St. George hotel, on Friday evening, Sept. 2.

—It is asserted by an exchange that many thousand tons of pea-nuts are imported into the ports of France annually for the manufacture of oil, and the residue, after the oil is expressed, is used for adulterating cocoa in the preparation of chocolate confections.

NEWS AND MISCELLANY.

A Move in the Right Direction.

The announcement recently made by the College of Physicians and Surgeons of New York to the effect that, beginning with the session of 1888-9, and thereafter, it will require preliminary examination of matriculants who do not hold diplomas or certificates from recognized colleges or schools of science, should be hailed with satisfaction by the profession.

If anything is needed at the present time it is a reform in our present system of medical education. Under the exercise of old custom students of any and every grade of preliminary training have been freely admitted to courses of medical instruction by nearly every medical school in this country. With absolutely no safeguards thrown around the study of medicine, it is not a matter of surprise that the ranks of the profession of medicine are filled with ignorant, illiterate and incompetent men. The extent of this ignorance and illiteracy can only be appreciated by those who have the means of coming into contact with large numbers of medical practitioners. To the medical editor these revelations of incompetency are frequent and appalling. We are frequently in receipt of communications from medical practitioners which display such illiteracy and ignorance that we cannot but regret that their prior general training was so utterly deficient as to defeat their usefulness in professional work to a very great extent. Whilst we admit that an occasional man may make an excellent practitioner with a very small knowledge of the language he speaks, this argument will only hold good in such exceptional cases as make it a dangerous precedent. Other things being equal the better preliminary education the medical student has the better is he equipped for the study and practice of his profession. He should at least have a good knowledge of his own language and some acquaintance with Latin and Greek, but especially the former. He should know something of elementary mathematics, including arithmetic, algebra and plain geometry, and should have some acquaintance with general history and modern literature. Those young men who have not enjoyed the advantages of preliminary instruction to the extent here indicated should be discouraged by their preceptors from studying medicine and should be refused admission to our medical schools until they have passed a satisfactory examination on these branches.

The action of the College of Physicians and Surgeons of New York in requiring a preliminary examination is a move in the right direction and we trust that their example will be the means of inducing other schools to adopt this course.—*Maryland Med. Journ.*, August 13, 1887.

An Epidemic of Convulsions.

A curious outbreak of convulsionist's mania, analogous to those which occurred from time to time during the Middle Ages, is reported by a foreign contemporary to have shown itself at Agosta, in the province of Rome. For some weeks past the country people have been laboring under the delusion that the district is under the immediate government of the Evil One, and before retiring to rest they carefully place on the threshold the broom and the salt, which are credited with the power of keeping off evil spirits. Many of the younger women have epileptiform attacks, during which they utter piercing shrieks, and are violently convulsed. So serious had the condition of things become, that the syndic of Agosta found it necessary to inform the Prefect, who sent detachments of soldiers into the district in order to calm the apprehensions of the inhabitants. The contrast between this strictly physical way of dealing with the disease and the more imposing but less effectual religious ceremonies formerly employed must be interesting to historical students. As a natural consequence of this condition of mental perturbation, the country is overrun with quacks who claim to possess the only infallible remedy for the seizures. One of these nostrums, the vendor of which was making a rich harvest from its sale, was found on analysis to consist of earth, snuff and borax. Three medical men who were commissioned to investigate the cause and nature of this extraordinary affection, came to the conclusion that it was an epidemic of hysteria. They examined a number of the sufferers, mostly young women, some of whom were alleged to have vomited nails, horse-shoes, and other equally indigestible substances, while others barked like dogs. Several of them were removed to Rome for treatment in the hospitals there, and measures have been taken to check the spread of the mischief. In a milder degree, this contagious form of hysteria is not infrequent, especially in places where ignorance and superstition favor manifestations of nervous disorder. The worst excesses of popular outbreaks, like

the French Revolution, have been attributed to similar influences, and with every appearance of justice.—*Boston Med. and Surg. Journal*, August 18, 1887.

Female Medical Students.

A humorous piece of versification recently published in a contemporary, describes the pitiable condition of a north country "coach" on being applied to by a female student to give her private lessons in anatomy. The gist of the humor resides in the bashfulness of the grinder, who was eminently desirous of restricting his lessons to things which in his estimation were "consistent wi' propriety." As a joke, the sentiment is commendable, but when it is brought into real life it becomes ridiculous. Men who have studied abroad can bear witness to the fact that it is at least as easy to study anatomy, or any other department of medical education, in the society of female students, with the most perfect propriety, as it is to perform gynæcological or obstetrical operations in an operating theatre with the assistance of the nurses, without any mental qualms. So long as separate courses of study are insisted upon for the two sexes, so long necessarily will a certain amount of diffidence mark the manner of both when they come together in after life. We are, however, ready, to confess that so far as our experience goes, the diffidence has generally been more marked on the part of the male than on that of the female student, and this fact is explained by the latter having schooled themselves to ignore everything not having a scientific bearing. Female medical students do not belong to that category of young ladies, one of whom is reported to have fainted on being told that a man was looking at her with a naked eye.—*Med. Press and Circular*, July 20, 1887.

The Mummy of Sesostris.

The following particulars of the examination of the remains of Ramses II., made by Dr. Maspero at Boula possess a certain interest: "When the bandages were removed, after the lapse of some three thousand years, the body was exposed to view. The summit of the cranium was denuded. The hair, scanty on the temples, was plentiful over the occiput, and was stained of a yellow color. The forehead was low and narrow, the eyebrows prominent, the eyelashes white and thick, the eyes were small and near together, the nose long and thin, and flattened from the pressure of the wrappers. The temples were depressed, and the cheek-bones well

marked; the ears stood out from the side of the head, and were pierced like those of a woman. The mouth was small, the lips thick and fleshy. It was filled with a dark-colored paste, on removing which some friable teeth were visible, which, though worn, were white and well preserved. The beard and moustache appeared to have been allowed to grow only during the last illness or after death, the hairs being about an eighth of an inch long. The skin was of an ochre color, with black stains. Nevertheless the face gave a very fair impression of what it must have been during life, not too intelligent, even rather vulgar, but indicative of pride, obstinacy, and domination. The other parts of the body were not less well preserved than the head, but the desiccation of the soft parts had materially affected their outline. The neck was reduced to the diameter of the vertebral column; the chest was broad and the shoulders high. The arms were crossed over the chest, and the hands were delicate and stained. The wound through which the embalmers had removed the viscera was extensive, and was situated on the left side. The genital organs had been removed with a cutting instrument. The thighs and legs were emaciated; the feet long, thin, and flat. The corpse was evidently that of a robust and vigorous old man."—*Med. Press and Circ*, Aug. 17, 1887.

Counter Prescribing.

If Health Commissioner Dudley finds the time hanging heavy on his hands during these piping days of health and freedom from epidemic and endemic diseases in the city, we sincerely hope he turn his attention to an evil that has been steadily growing in St. Louis and which has become almost universal with a certain class of local druggists. We allude to the habit of counter prescribing, which is indulged in to an extent that is scarcely credible to those who have not examined into the matter. We do not, of course, refer to the administration of well-known remedies in the simpler ailments of life, the recommendation of a cough mixture, diarrhoea remedy or tooth-ache drops; but to the custom of diagnosing and prescribing for almost any and every ailment that is brought to their notice by prospective patients. From long immunity these fellows have, some of them, become so bold that it would seem like an easy matter to fix the offence upon them sufficiently clearly to bring them under the penalties of the law concerning unregistered physicians.—*St. Louis Med. and Surg. Journ.*, Aug., 1887.

Read Medical Journals.

Dr. T. L. Brown writes as follows to the *Med. Advance*, August, 1887: I secured a very important case, many years ago, and through this one case a number of others were brought to me. I never knew until months afterwards how I happened to be selected. It was in this way: One night, at quite a late hour, I was called to see the family of a prominent New Hampshire official, temporarily staying in our town, to whom I was a perfect stranger. After I had discharged myself, and quite a while afterwards, I learned that as soon as this gentleman found that he required a physician, instead of asking the landlord of his hotel, or appealing at some drug store for the name of a doctor, he took a carriage and drove to the house of the postmaster. "I want a doctor," said he. "Tell me which one of the doctors of this city takes the largest number of journals?" The postmaster referred him to me. As the gentleman was leaving the house he said to the postmaster: "A man who takes the journals of his profession is well read and up with the time, and that is the doctor I want to treat me and my family."

Physical Condition of the St. Louis Police Force.

Dr. George Homan, whose eminent capacity to judge and absolute impartiality no one who knows him will doubt for an instant, declared in a paper read before the Medico-Chirurgical Society of this city a few days since, that out of the entire police force of St. Louis, numbering 482 men, rank and file, less than one hundred are physically qualified to stand the strain of emergency duty should they suddenly be called into service. He classifies the force as follows: Superior to good, 3; good, 82; good to fair, 181; fair, 116; fair to doubtful, 40; doubtful, 17; doubtful to unsound, 19; unsound, 12; unsound to bad, 1; bad, 2. Of the nature of the maladies and disabilities found to exist, Dr. Homan says: "While in certain of these affections and conditions the consequences of hard, honest police service were to be seen, in others their occurrence pointed to medical examinations not sufficiently strict, to heedless appointments by those in power, or to intemperance or licentiousness on the part of the person affected." The importance of this subject justifies the publication of this report in full in the secular papers of the city, and the

thanks of the citizens are due to Dr. Homan for the exposé thus made.—*St. Louis Med. and Surg. Journal*, August, 1887.

An Unhappy Mistake.

An occurrence is reported from Paris as deplorable in its way as any of which we have heard of late. Two children were sent to a hospital suffering from variola, both of whom were called Georges. For obvious reasons the parents were forbidden to see them pending treatment and convalescence. One of the children died soon after admission, and the decease having been duly notified to the parents, the interment was proceeded with. After the lapse of some weeks the parents of the survivor were informed that they could fetch their child, but on a messenger being dispatched for this purpose, the identity was disputed, and after some delay it was discovered that the bed-cards had, by some mishap, been changed, and that the child really belonged to the other parents who had been informed that their infant was dead. It is needless to dwell upon the gravity of such a mistake, which could not fail to have caused great and needless pain to both parents. It is greatly to the credit of the hospital administration that this is really the first time that such a case has presented itself, for the system lays itself open to such errors. It has been suggested that in view of the disfigurement caused by diseases such as variola, it would be eminently desirable to provide each patient with a bracelet duly numbered by means of which the identity might be assured. An unworthy attempt has been made to throw the discredit of this regrettable accident on the institution of lay nurses, but it is evidently the fault of the system rather than that of individuals.—*The Med. Press and Circular*, Aug. 17, 1887.

Poison Fangs and Glands of the Mosquito.

The general arrangement of the mouth of the female mosquito is well described by Dimmock on "the mouth-parts of the *Diptera*." The under lip is a large hairy tube, 2 millimetres long, open above, and serving as a sheaf for the piercing apparatus, whilst it is itself terminated by two sensitive labellæ, and by a central lancet like ligule. Within the structure of the sheaf are a large nerve, a pair of longitudinal muscles, and many oblique muscles, two large tracheæ by which air can be admitted (so as to distend the organ as in *Musca*), and long filiform tendons which arise at the base of the sheaf and support the terminal labellæ.

The piercing apparatus is enclosed during rest in a strong-pointed upper-lip (*labrum*) which is grooved inferiorly for their reception, and which along with them is received into the sheath-like under-lip. Within this labrum are the two maxillæ, very sharp and barbed near the tip, and able to play back and forward like saws; also two mandibles, a fine styliform hypopharynx, a delicate sheath for the front segment of the œsophagus, and œsophagus itself. The last named organ is received within the head into a strong box-like pharynx, which is well supplied with muscles and is a suction organ. The pharynx draws in blood (and probably vegetable plasm), which it transmits by the long post-pharyngeal part of the œsophagus to the stomach lying in the abdomen of the insect.

The poison apparatus, which hitherto has been an unknown quantity, is connected with two mandibles. Each mandible has a large funnel-shaped base, into which is inserted the end of a poison-duct. The thickened axis of the mandible is pierced by a fine canal, which opens just below the sharp apex. The structure reminds one of a bee's sting, saving that it is duplicated. We can by pressure drive out some of the contents and observe them issuing at the sub terminal orifice. It is probable that when the lancets pierce an object this fang-like mechanism may, by pressing on its base, automatically discharge a portion of the poison. The poison seems by inflaming the tissues to determine a flow of blood, and also to prevent the coagulation of blood or other proteid. (The blood subsequently coagulates in the mosquito's stomach.)

The poison duct resembles a trachea in being transversely striated, but differs by the uniform diameter of its tubule of about 6 micromillimetres, by the absence of fine ramifications, and by the great thickness of its wall. The two ducts, proceeding one to each mandible, arise by the bifurcation of a common duct in the region of the neck below the œsophagus. Behind this the difficulty of dissection is considerable, as the parts are so small that they cannot be followed with low microscopic power; they are greatly entangled among the large muscles, trachææ, and other furniture of the prothorax, and they are easily torn so as to be lost to the search. I have succeeded, however, by working back from the neck, in spreading out the entire system. The common duct arises from three prothoracic glands all sessile on its lower extremity like the leaves of a trefoil, each supplied with a pre-

current ductlet, the three ductlets meeting at a point so as to form the common duct. The glands are each about one-third of a millimetre in length and one-twenty-fifth in diameter. The two lateral glands are of the usual salivary kind common to insects. The central or azygos gland is entirely different, scarcely lobed, but being a mass of brown evenly distributed granules, with oil-like globules intermingled, its ductule having finer walls than the lateral glands. We may regard this as emphatically the poison gland, but the intermingled products of all three have their only outlet by the common duct, and thence by its two branches to the mandibles, which therefore play the part of "poison-fangs."

Some tentative notes recently given before the American Association involved inaccuracies, which are here rectified and the work completed. Measurements given above are from a small species which may perhaps be identified by its maxillary palps being as long as the maxillæ themselves. They seem to be the same for all the common species.—G. MACLOSKIE, in *Science*, Aug. 26, 1887.

Increasing Danger of Tape-Worm.

In the Texas grazing region, from which has sprung, within the last two decades, the entire stock of range cattle of the western states and territories, the beef tape-worm is a most common occurrence. In fact I do not believe I exaggerate when I say that at least every fifth person is afflicted. The cause of this is that on open ranges the eggs of tape-worm are most easily and widely distributed, and hence the cattle more frequently become infested with cysts. Stall-fed cattle, on the other hand, where the water is usually less subject to contamination, and the food cleaner, are only seldom infected, and hence tape-worm was not so prevalent in regions where the latter were used.

In the last few years, however, the shipment of range-cattle, by means of refrigerator cars, has become the chief beef supply of the East, and the danger and frequency of tape-worm greatly increased. Of course, no one should stop the use of well-cooked meat on this account, but rare and half-cooked meats can easily be avoided.—R. T. H., in *Science*, Aug. 26, 1887.

Almen's Test for Sugar.

Professor Almen, of Upsala, has improved the old bismuth test for sugar. He prepares a solution which is said to have the advantage of remaining unchanged for years, and being at the same time extremely delicate.

It is made by dissolving 8 parts of caustic soda in 100 parts (by weight) of water and adding 4 parts of sodio-potassic tartrate, and two parts of bismuth subnitrate. In testing for sugar in urine any albumen present must be first removed by precipitation by heat and acid. One part of the solution is treated with ten of the urine, when, if sugar is present, the bismuth will be deposited in the metallic state.—*Druggist's Circular and Chemical Gazette*, August, 1887.

Items.

—BLUE INK FOR STAMPS AND PADS.—Dissolve 2 parts of borax in 20 parts of water, heat to boiling, and dissolve in it 2 parts of bleached shellac; separately dissolve 2 parts of gum arabic in 5 parts of water; with the latter solution mix intimately 1 to 2 parts of best ultramarine and add to the shellac solution. Finally, add enough water and a little glycerine, if necessary, to make 25 parts.—*Chem. and Drug.*, July 30, 1887.

A young lady went into a store to purchase a diary, and had about concluded to secure one shown her, when she changed her mind, and said: "I guess I'll take a purse for the diary." An old lady standing near, and who only partially heard the foregoing announcement, went over and said in a loud whisper: "Miss, don't you do it; take blackberry cordial."

LIVING WITH HER HEART SPLIT.—Jane Berry, a colored servant of Dr. Holmes, living between New Brunswick and Cranberry, N. J., died on Thursday, and a post-mortem examination, made by the county physician, is said to show that she had lived eighteen hours after her heart had been severed, to the depth of three quarters of an inch, by the rupture of a blood vessel. The woman was taken suddenly ill on Tuesday.

OBITUARIES.

NATHANIEL ARCHER RANDOLPH, M. D.

Nathaniel Archer Randolph, was born in Philadelphia in 1858; he was tutored by his able mother until he entered Swarthmore College where he prepared for Cornell University. After graduating here he completed his literary studies abroad, and returned to enter upon his medical studies in the University of Pennsylvania. He received his medical degree with honor in 1882, and again visited Europe to engage in professional

study in physiology, therapeutics and the relation of foods to nutrition, a subject in which he made valuable experimental researches. Returning to America he soon became Instructor in Physiology in the Biological Department of the University, and a member of the editorial staff of the *Medical News* and the *American Journal of the Medical Sciences*. His abilities as a teacher were recognized at once, and his able and facile pen made him a valued writer. He became a Fellow of the College of Physicians, a member of the County Medical Society, of the American Philosophical Society, and of the Academy of Natural Sciences, where his attainments in medicine and its allied sciences won the respect of all his colleagues, while his genial nature and his sincere and kindly interest in his fellow-men gained for him the affectionate esteem of all with whom he came in contact. In 1887 he was elected Professor of Hygiene in the University, where his lectures were highly prized and were largely attended by the students, with whom he was a favorite. In May 1887 he assumed, with Dr. Charles W. Dulles, the editorial and general management of the *MEDICAL AND SURGICAL REPORTER* and its allied publications. Here his varied gifts, good judgment and kindly nature had established relations between the readers of the *REPORTER* and himself which promised to increase largely his already large circle of friends. Dr. Randolph, as a writer, more than do many, dipped his pen, not only in ink, but in his own personality; and the place and influence of the personal element in journalism was a subject of great interest to him.

His last scientific research was a study of the irradiation of motor impulses, contributed to the College of Physicians in March, 1887. He had in mind the establishment at the University of a laboratory for hygiene, and had labored faithfully for the accomplishment of this project. During the winter preceding his death he had made a careful study of house sanitation, visiting for this purpose the best appointed new buildings in the city; and his opinion had been sought on matters of practical hygiene.

To his intimate friends, Dr. Randolph had mentioned the existence of a heart trouble which had annoyed him at times, but he never relaxed his performance of duty, and the heated term saw him faithful in his office. It is supposed that anxieties of various kinds, his unremitting labors, and the heat of the terrible season just passed had rendered heart failure possible in one who was ordinarily in the best health. On the

day of his death, Dr. Randolph and his wife were bathing in the sea at Longport, N. J., when a wave larger than its fellows broke over them, and carried them off their feet. Dr. Randolph made an attempt to support and rescue his wife from danger, and while thus engaged suddenly threw up his hands, and sank. His wife was now helpless, and had to be rescued by others; and when Dr. Randolph's body was brought to shore, his life was found to be extinct. It is believed that the shock and strain had led to immediate death from heart failure.

The value of an active mind in the world is inestimable. Its worth is but partly appreciated when the relationships which bound it to others are suddenly severed. There exist a favored few whose evolution is so perfectly co-ordinated that the intellectual life moves on with all the beauty of the seasons and the stars. To such the environment of circumstances is not a boundary, a limitation, but the line which marks the blending of personality into the lives of others through the sympathy occasioned by contact. Such men are not self contained, but possessing self they have the interest and sympathy of others, the better part. To such, the law of being is the thread of harmony on which their natures find a varied growth; true to this law they can be false to none. Such was he of whom we write, whose day of life was one long morning, whose task was so well done before the noon that the reward of finished labor and felicity was his.

E. P. D.

NATHAN LEWIS HATFIELD. M. D.

Nathan Lewis Hatfield, M. D., said to have been the oldest living graduate of Jefferson Medical College, died of old age at his residence August 29, 1887. He was born in Montgomery county on August 2, 1804, and began his education in the public schools of Trappe, then taught by F. R. Shunk, afterwards Governor of the State, and subsequently studied in the classical department of the University of Pennsylvania. He took two courses of lectures in the medical department of the same college and one at Jefferson College, being a member of the first graduating class—that of 1826—of the latter institution. He was engaged in the practice of his profession in this city for many years, though, owing to his advanced age, he had been leading a retired life for a number of years past.

At one time he was President of the Board of Health. He was a fellow of the College of Physicians; a member of the Philadelphia County Medical Society; of the North-

ern Medical Society of Philadelphia, of which he was once President; of the State Medical Society of Pennsylvania, of which he was Vice-President in 1865; of the American Medical Association; of the Jefferson College Alumni Association, of which he was President in 1874, and an honorary member of the California State Medical Association. He was also a member of the Rocky Mountains Medical Association.

Dr. Hatfield was twice married and was the father of five children.

JOHN R. HANEY, M. D.

John R. Haney, M. D., a well-known physician of South Camden, died at his residence on August 27, after a lingering illness, of Bright's disease. The deceased was born in Riegelsville, Pa., and commenced the study of medicine at an early age with Dr. Rosenberger, of Fredericktown, N. J. He graduated from the University of Pennsylvania in 1861. He served as a surgeon in the late war, and at its close practiced medicine at Erwinna, Pa. He located in Camden in 1867, and followed his profession in addition to conducting a drug store.

He was President of the Camden County Medical Society in 1883, and was also a member of the State Medical Society, the American Medical Association and the Camden City Medical Society.

Changes in the Medical Corps of the Navy for the week ending Sept. 3, 1887.

Med. Dir., Richard C. Dean, detached from duty as member of Examining and Retiring Boards and to Hosp., Chelsea, Mass.

Med. Dir., George Peck, orders as Delegate to International Medical Congress revoked.

Surgeon, M. H. Simons, detached from "Constellation" and to the Naval Academy.

Surgeon, B. F. Rogers, detached from Mar. Rendezvous, New York, and to the "Alliance."

Asst. Surgeon, James G. Field, detached from the "Vermont" and Mar. Rendezvous, N. Y.

Asst. Surgeon, C. P. Henry, ordered to the "Ossipee."

Pd. Asst. Surgeon, G. P. Iamsden, to the "Boston."

Asst. Surgeon, Louis W. Atlee, restored to duty.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from August 28, 1887, to September 3, 1887:

Lt. Col., Joseph R. Smith, Surgeon, ordered to report in person to the Surgeon General of the Army, on Sept. 2, 1887, on business connected with the public service, and on completion thereof to return to his proper station. Par. 9, S. O., 198, A. G. O., Aug. 26, 1887.

THE MEDICAL AND SURGICAL REPORTER

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SEVEN CASES OF GANGRENOUS STOMATITIS.

BY H. R. WHARTON, M. D.

Surgeon to the Children's Hospital, Instructor in
Clinical Surgery, University of Penna., Assistant
Surgeon to the Hospital of the University
of Pennsylvania.

During the month of July of this year there were brought to the Children's Hospital of Philadelphia from an Orphanage in this city, seven cases of gangrenous stomatitis. The disease had developed in these cases, after an epidemic of measles, which had existed in the institution from which they came, and they all presented the well-marked symptoms of this affection, gangrene of the mucous membrane and gums, with loosening of the teeth, and necrosis of the periosteum and jaws, to a greater or less extent, and, in several of the most severe cases, gangrene involving the thickness of the cheeks. These cases at the same time presented the marked constitutional symptoms of the disease.

Case I.—Mary McC., aged $4\frac{1}{2}$ years, was admitted to the Children's Hospital, July 5th, 1887. This patient was attacked with measles on June 4th, and apparently made a good recovery, but about July 1st it was noticed that a dark ulcerated spot had appeared over the second right incisor tooth, and this spot increased rapidly in size.

When examined at the hospital, the mucous membrane and gum of the alveolar portion of the right upper jaw were found to be in

a gangrenous condition, the alveolus was blackened and necrosed, the teeth were black and quite loosely held in their sockets, and the gangrene had to some extent involved the mucous membrane of the cheek upon the corresponding side.

The child was much emaciated, and had a very offensive discharge from the mouth, and a temperature which varied from 103° to 104° .

The patient was etherized and the loosened teeth were removed, the sloughing tissue was scraped away, and the whole of the gangrenous surfaces were swabbed with fuming nitric acid.

The patient was then ordered a mouth-wash composed of chlorate of potassium, tincture of myrrh, glycerine and water, which the nurse was directed to apply at frequent intervals. The patient was also put upon quinine and iron, and stimulants.

Upon the following day it was observed that the gangrenous process had attacked the lower jaw upon the same side, and had involved the soft parts adjacent. The loose teeth were removed, and the parts were thoroughly cauterized with nitric acid.

At this time the patient was conscious and took nourishment well, but suffered from pneumonia of the right lung, and had a very profuse diarrhœa, the temperature being 104° .

Upon the third day after its admission to the hospital, the child developed perforating gangrene of the cheek, and from the exposed alveolar sockets of the lower jaw, had a very profuse hemorrhage, which was only controlled by packing with dry lint.

The patient, after the hemorrhage, was in a state of collapse from which it only partly re-acted, and died some eight hours subsequently.

Case II.—Annie L., aged 2½ years, was admitted to the Children's Hospital on July 4th, 1887, having suffered from measles on June 12th. It was observed in this case that after the rash had disappeared the fever continued for some time; and that there appeared about July 1st a soft reddish spot over the second right incisor.

Upon examination, after admission to the hospital, it was found that a considerable portion of the alveolus of the right upper jaw was black and necrosed, the gum near the necrosed alveolus was gangrenous, and the adjacent mucous membrane of the cheek was also involved to some extent. The gangrenous tissues were scraped away, and the surfaces touched with nitric acid. The patient was put upon the same treatment as in the previous case.

This patient had a temperature of 101.3°, and suffered from a profuse diarrhœa, but took its nourishment well, and continued to improve for ten days, when the temperature again became elevated, and it was noticed that gangrene had again appeared at its former situation.

The same local treatment was again adopted, namely, the use of nitric acid, and after this time the patient made a good recovery. After the removal of the necrosed alveolus, which had become loose, she was discharged from the hospital in good condition.

Case III.—James S., aged 4½ years, was admitted to the Children's Hospital, July 8, 1887, having been attacked with measles, June 14th. On June 20th, there were noticed ulcerated spots upon the mucous membrane of the gum of the left upper jaw, and of the right lower jaw. Examination at the time of his admission showed extensive necrosis of the alveolus of the left upper jaw, and a greyish sloughing condition of the gums and mucous membrane of the left cheek; the alveolus of the right lower jaw and the soft parts adjacent thereto were also involved.

The loose teeth were removed and the parts thoroughly touched with nitric acid, and the same local and constitutional treatment was applied as in the other cases. This patient also suffered from a profuse diarrhœa, and had a temperature ranging from 102° to 104°.

In spite of treatment this patient became rapidly worse, the discoloration of the cheeks extending, and spots of gangrene appearing

over the left cheek and lower portion of the right cheek; the patient died of exhaustion on July 11th.

A post-mortem examination was made in this case by my colleague, Dr. G. E. de Schweinitz, who has furnished the following notes:

Autopsy six hours after death: body of an emaciated male child; spots of gangrene in the left cheek, over the body of the inferior maxilla, and over the mastoid process of the right side; very slight post-mortem rigidity and posterior ecchymoses.

Thorax: The entire contents of the thorax appeared perfectly natural.

Abdomen: Position of viscera about normal; no fluid. *Liver:* Enlarged, its tissue firm and congested; some recent adhesions between its under surface and the hepatic flexure of the colon. The gall bladder distended with bile of a pale-yellow color; the ducts pervious. *Spleen:* Normal in size and consistence. *Kidneys and supra-renal capsules:* These showed no gross changes; some few adhesions existed between the anterior surfaces of the kidneys and the ascending and descending colon respectively; these adhesions were most marked upon the right side. *Stomach and intestines:* In the stomach and small intestines no gross lesions were discovered. The mucous membrane of the head of the colon and appendix was thickened and congested, but not ulcerated. The mucosa of the ascending and transverse colon was spotted over with round oval patches of grayish false membrane, separated from each other by areas of swollen and congested mucous membrane. This condition became more marked as the descending colon was reached, and just above the sigmoid flexure these deposits became confluent, so that the entire inner surface of the gut was completely covered over with a dense, gray-white, granular false membrane. This state of affairs continued to the end of the rectum. The walls of the large intestine were everywhere thickened and in the region just described measured 1.5 cm. in thickness.

The mesenteric and retroperitoneal glands were enlarged and soft. The rest of the abdominal organs were normal. The brain and spinal cord were not examined. *Microscopical examination* of the large intestine showed very well the lesions of *diphtheritic dysentery*. The necrosis of the mucous membrane was in places superficial, but in the lower portions of the gut the entire mucosa had been substituted by a granular mass in which structural elements were no longer recognizable. The sub-mucosa was infiltrated

with small cells. No such infiltration existed in the muscular layers, and hence the thickening of the walls depended upon this deposit of false membrane and the swelling and infiltration of the sub-mucosa.

Case IV.—James F., aged 4 years, was admitted to the Children's Hospital, July 9th, 1887, having suffered from measles during the month of June. Examination of the patient at the time of his admission to the hospital showed that the alveolus of the upper jaw corresponding to the four incisors was blackened and necrosed; the hard palate was also extensively necrosed and exposed, while the gum and mucous membrane of the upper lip and a portion of the soft palate were in a gangrenous condition. The same local and constitutional treatment was instituted in this case as in the others.

This patient suffered from diarrhœa, which at times was profuse, and had a temperature of 102° , but gradually improved until the tenth day, when his temperature suddenly became elevated, and examination showed that the gangrene had again begun to spread and that a portion of the lower jaw and gum were also involved.

The affected parts were again cauterized with nitric acid, and after this time his improvement was continuous, and at the time of this report he is in good condition although the necrosed bone has not yet separated.

The following cases were not admitted to the hospital, but were treated in the surgical out-patient department by the surgeon on duty. Dr. Edward Martin:

Case V.—John S., aged 4 years, was brought to the out-patient department of the hospital, July 5th, 1887, having had measles during the month of June. He suffered from necrosis of the alveolus and gangrene of the gum of the upper jaw about the location of the right upper canine tooth. The gangrenous tissue was scraped away and the surface was touched with nitric acid, the loose teeth being removed. The same local and constitutional treatment was instituted as in the previously reported cases and the patient made a good recovery.

Case VI.—Katie R., aged $5\frac{1}{2}$ years, was brought to the out-patient department of the hospital, July 5th 1887, having suffered from measles in June. This patient presented a patch of gangrenous tissue and necrosed alveolus corresponding to the position of the lower left canine tooth. The loose teeth were removed and the same treatment was applied as in the other cases; and the patient made a good recovery.

Case VII.—Mamie C., aged 4 years, was brought to the out-patient department of the hospital, July 5th, 1887, having suffered from measles during the month of June. She presented necrosis of the alveolus and gangrene upon the left side of the lower jaw. The same treatment was instituted, and the patient made a good recovery.

REMARKS.—Gangrenous stomatitis is comparatively a rare disease and is only seen among the ill nourished children of the very poor classes, or in homes or asylums for children where the inmates are often overcrowded and poorly fed, and where there are naturally many cases whose constitutional condition predisposes them to poor nutrition.

The disease is usually developed in such subjects after some acute disease, such as measles, scarlet or typhoid fever, and is also said to have been observed after pneumonia, bronchitis and dysentery. As sequelæ of the latter diseases I have never seen the affection, and in the cases which have come under my personal observation I have generally been able to trace its origin to an attack of measles. I think all authorities are agreed that measles is the disease upon which this affection, in suitable cases, is most apt to follow, and in this country it is certainly very unusual to see gangrenous stomatitis develop after the exhausting intestinal diseases of children which are so common during the summer months.

There has recently been described a special form of micrococcus which is supposed to be directly concerned in the production of gangrenous stomatitis, and further investigation may establish its pathological significance.

It is still a mooted point whether or not the administration of mercury in the treatment of the acute diseases of children has any causative relation to the development of gangrenous stomatitis. In the previously reported cases I have ascertained that this drug was not administered, and indeed I am inclined to agree with Mr. Heath, who thinks that the extensive necrosis of the jaws and destruction of the soft parts of the mouths of children, which were formerly so generally attributed to the administration of this drug, were really sequelæ of the exanthemata.

The disease generally first appears as a spot of ulceration upon the mucous membrane of the gums and rapidly extends to the jaw and cheek.

Gangrenous stomatitis, when well developed, cannot well be confounded with any other disease, and it is only in the very

early stage of this affection that it is possible to confuse it with the much less grave affection, ulcerative stomatitis.

If one examines carefully the mouth of a patient suffering from gangrenous stomatitis, he will see upon the gums or upon the mucous membrane of the swollen cheek an ulcerated surface covered with a brownish or greenish or dirty gray colored slough surrounded by cedematous mucous membrane. If the disease is well advanced, the bone of the jaw and soft palate may be seen blackened and dead, and the discolored teeth are found to be loosely held in their sockets and may be shed or can be easily drawn. There is also a profuse discharge of fetid saliva, and the sub-maxillary lymphatic glands are generally enlarged.

In severe cases the gangrenous process extends rapidly to the cheek where a black slough appears, and this may drop out leaving the cavity of the mouth exposed, causing the patient to present a most horrible deformity.

The seat of perforation of the cheek is generally continuous with the most extensive seat of disease in the jaw; the cheek corresponding to either the upper or the lower jaw may be involved. I remember a case which was under my care at the Children's Hospital a few years ago, in which a portion of the lower lip and chin was destroyed by a slough; in this patient recovery took place and the deformity was very well relieved by a plastic operation. If patients survive after extensive destruction of the cheek it is often impossible to obtain sufficient flaps to cover the gap in the cheek, and there is often so much cicatricial contraction that the motion of the lower jaw is impaired or it may be completely locked; in either of these events the patient presents a most miserable condition.

During the time that these local conditions exist in the mouth the patient has a more or less elevated temperature, but generally rests well and rarely refuses nourishment; it is often remarkable to see these patients continue to take nourishment with apparent relish almost up to the time of the fatal termination.

The principal complications occurring in the course of the disease are diarrhoea, broncho-pneumonia and hemorrhage. The former of the-e is I think one of the most constant complications and is probably due to the ingestion of gangrenous or septic matter with the food, and the exhaustion following it is a very frequent cause of death. In Case III, in which a post-mortem examination was made, the causation of the diarrhoea is ex-

plained by the condition of the mucous membrane of the large intestine.

Broncho-pneumonia is another complication of comparative frequency and is probably produced by the aspiration of gangrenous fluids and gases into the air passage.

Hemorrhage occurring at the time of the separation of the sloughs, may be a serious complication, and in Case I. the exhaustion following this accident was an important factor in the fatal issue.

In the treatment of this disease, it is most important that the patient be given a nutritious and early assimilated diet together with stimulants; and at the same time the administration of quinine and iron with the mineral acids is often followed by the best results. The administration of opium has been recommended in this affection by reason of the influence it seems to exert in controlling the spread of gangrenous diseases; but with its use in this disease I have had no personal experience. The local treatment which I have found most satisfactory is the removal of the gangrenous tissue as far as possible by scraping, and the thorough application of nitric acid to the affected parts. The application of the actual cautery to the diseased surfaces (and the most convenient form for its use is by means of Pacquelin's cautery,) has also been highly recommended and it has the advantage over the use of nitric acid, that its action is more readily controlled.

The mouth should be kept constantly washed with some form of disinfectant solution, and I have used with advantage a solution of chlorate of potassium with glycerine and tr. myrrh, or an infusion of sumac with chlorate of potassium.

In cases which terminate favorably, the sloughs separate and the ulcerated surfaces are covered with healthy granulations; the necrosed bone becomes loose, and is either thrown off or can be easily removed; and with the improvement in the local condition there is a corresponding change in the patient's constitutional state.

—“It is my painful duty, madam,” he said, “to inform you that lightning has just struck your husband.”

“Did it strike him more than once?” she asked anxiously.

“No, ma'am.”

“Thank Heaven it's no worse!” she said, with a sigh of relief; “If lightning only struck John once, he'll pull through.”—*Puck*.

CHOLERA IN SOUTH AMERICA.

LIEUT. A. B. WYCKOFF, U. S. N.,
U. S. Flagship "Lancaster."

A study of the development of cholera, during the past summer in the Argentine Republic, Uruguay and Chili, should convey some useful lessons to the people of the United States. Not being a physician, I cannot speak with any authority regarding the causes of its appearance in the various localities; nor as to the efficiency of the measures used in its treatment. I have found it exceedingly difficult to get correct information as to the dates of its first appearance, the number of cases, and number of deaths, in the different towns. But the approximate data, which I give, convey an adequate idea of the severity of the epidemic, and the remarkable rapidity with which the disease traveled.

Cholera was undoubtedly brought to the Rio de la Plata by the Italian emigrant steamer "Perseo." This vessel anchored off Buenos Ayres on October 12th, 1886; and rumors of the existence of cholera on board had been telegraphed from Montevideo two days previously. One of the leading daily papers of Buenos Ayres contains the following in its issue of October 13th, 1886: "The 'caso sospechoso' steamer Perseo is in the roads in quarantine. All the alarm about her is moonshine. The deaths on board were of babies a few months old, and of an old fellow of 70, who is, we hope, better off in the next world."

This ill-fated steamer was intended to carry about 1000 passengers, whereas 2017 had been packed on board on this trip. Unfortunately for all the populous towns and fair villages, afterwards devastated by the dread disease, the "Perseo" arrived at Buenos Ayres just at the time when the inaugural festivities of the new President of the Republic, Dr. Celman, were taking place. And a still greater misfortune than the crowded condition of her steerages was the presence in the cabin of the "Perseo," of a prominent Argentine politician, who had been to Italy upon some diplomatic mission. This gentleman could not conceive that 22 deaths from cholera in the steerage during the passage was any reason why he should be deprived of the pleasure of being present at the inaugural ceremonies. It seems as necessary for politicians to keep an eye to windward, with regard to future advantages, in the Argentine Republic, as in the United States. The gentleman's political friends pulled the

proper wires, and the great man was relieved from quarantine, and allowed to land and dance at the inaugural ball. Immediately, the other cabin passengers, with great reason, urged that they had been no more exposed to the cholera than the politician, and should, therefore, also be allowed to go on shore. Their request was no sooner granted than the passengers in the second cabin advanced the same arguments. The final result was, that at the end of three days, a large number of the passengers from the "Perseo" were wandering through the streets of Buenos Ayres. On October 15th, the paper previously quoted, remarked: "There is considerable uneasiness in the public mind about the 'Perseo's' passengers being allowed to land after three days' quarantine."

On October 20th, two sailors died on board a Government vessel anchored in the Riachuelo, and while it was quite certain that these were cases of cholera, the attempt was made to attribute their deaths to other causes. The Riachuelo is an anchorage, which has been made by dredging the mouth of the river of that name. The part of the city, extending along this water front, is termed the "Boca;" and is a low, swampy place, without drainage and with numerous pools of stagnant water. The filthy residents of the Boca are principally Italian and Spanish sailors' families, and the usual human birds of prey who live at the expense of ignorant sea-faring people. They are crowded together in miserable huts, without ventilation; and their drinking water is full of putrescent animal and vegetable matter. The water of the Riachuelo is, in fact, so bad that it kills all the fish that enter this river which, does not, however, prevent the poorer classes from using them as food.

A large number of the steerage passengers of the "Perseo" naturally drifted at once to the Boca; and there is little doubt but that suspicious cases began to appear there immediately afterwards. The facts were suppressed, however, until about November 3d, when several cases daily began to be reported. The attending physicians still insisted that it was not Asiatic cholera, but only "colera nostra" or English cholera.

On November 6th, twelve suspicious cases were reported at Rosario, a city of 50,000 inhabitants some 200 miles up the Parana river. As there are numerous steamers plying constantly between Buenos Ayres and Rosario, it is probable that many of the "Perseo's" passengers were carried to that place. On November 7th, ten deaths occurred at Rosario, and a number of fatal cases in the

Boca at Buenos Ayres. The city authorities now began to awake to a realizing sense of the danger; and a large force of men was employed to cleanse the Boca and other offensive districts. All of the vessels were ordered from the Riachuelo to the outer anchorage, some miles distant. When a case of cholera was reported, the house was at once isolated, and no one but the physicians either allowed to enter or depart. Disinfectants were lavishly used, and finally many of the huts in the Boca, with their contents, were burned. During the remainder of the month of November, there was a daily average of 7 or 8 deaths. The wealthier inhabitants fled in all directions, and, as a consequence, the epidemic was soon reported at distant points, and invariably on the direct line of travel.

By December 10th, twelve or fifteen cases daily were reported at Cordoba, a city of 40,000 inhabitants on the Central Argentine R. R., 246 miles from Rosario and 430 miles from Buenos Ayres. The same day it made its appearance at Mendoza, on the Andine R. R., some 650 miles west of Buenos Ayres. By December 13th, it had traveled southward along the Great Southern R. R., 450 miles to Bahia Blanca, and northward along the Great Northern R. R., 800 miles to Tucuman.

When the cholera was first reported at Buenos Ayres, the Republic of Uruguay shut off all intercourse with the Argentine, and established a military cordon along the frontier, while numerous boats were kept patrolling on the river. No persons, merchandise or even letters were permitted to enter. But notwithstanding the most vigilant precautions, by means of small boats on dark nights, some individuals from Buenos Ayres undoubtedly managed to reach Montevideo. On December 5th, the authorities of the city gathered up all the vagrants about the streets, and placed them in the poor-house at La Union, four miles distant. On December 8th, six cases of cholera were reported at this institution, and the disease gradually spread throughout the city in defiance of the most rigid precautionary measures. As Montevideo has an excellent situation, and is well paved and drained, with a healthful water supply brought from a distance of some thirty miles, the energetic government managed to curtail the ravages of the disease. In a population of over 100,000, there were not more than seven hundred deaths, and the disease disappeared by March 1st, 1887.

Thus we find, that in about one month after cholera was acknowledged to exist at

Buenos Ayres, and in less than two months after the arrival of the emigrant steamer "Perseo," the epidemic had spread along the existing lines of travel to the limits of the Argentine Republic, viz.: 450 miles to the southward; 800 miles to the northward; 650 to the westward, and had reached Montevideo, 100 miles to the eastward.

During the month of December, the cholera was raging in almost every town in the Argentine. The freaks of the epidemic were apparently very strange. A low-lying city of 400,000 inhabitants, like Buenos Ayres, with exceedingly unhealthy wards, where the population was crowded together in miserable hovels, and no sanitary laws were observed, should have been a congenial locality for the disease. But there had been only five hundred deaths from cholera in this city up to January 1st, 1887; while in Rosario, with one-eighth the number of inhabitants, over one thousand fatal cases had occurred. Tucuman, with its 30,000 people, has an admirable situation on a table land, near the Sierra Aconquija, in the northern part of the Republic. Yet within about two weeks after the first appearance of the disease there, over two hundred people died in a single day. This terrible result may be partly charged to inefficient measures of treatment, and to the ignorance and bigotry of the people. When the health authorities made an attempt to destroy the fruit in the place, they were attacked by a mob and four of them killed. The ignorant "gauchos" even believed that the physicians would poison any one taken sick with choleraic symptoms. It is related that one virago, from sheer bravado, in the presence of the doctors, broke open and ate a watermelon and drank copiously of the water against which they were being warned. In four hours she was a corpse.

At Mendoza even more frightful scenes were enacted. This city has about 25,000 inhabitants; is delightfully situated at the foot of the Andes, some twenty-five hundred feet above sea-level, and is reputed to have the healthiest and most enjoyable climate in the world. In 1861 the town was entirely destroyed by an earthquake, when 13,000 people perished. The new Mendoza is built quite near the site of its ill-fated predecessor. It is regularly planned, with wide well-paved streets, and numerous shade trees. The city is kept very clean, and the houses are substantial and well built, while even the peasantry reside in neat, vine-clad cottages. The people are comfortably clad, and healthful food is cheap and abundant. A canal drawn from the river Mendoza traverses the city

and irrigates the vineyards and gardens. The average death-rate in this model city has been only 15 per 1000. Yet, within a week after the appearance of the dread disease, the people were dying at the rate of fifty per day. Its existence was first reported December 13th, and on Christmas day there were over one hundred deaths. The inhabitants were panic stricken, and fled in all directions. It was estimated that more than one-half the houses were vacated. The dead were left unburied and the sick unattended, until, at last, the convicts in the prisons were given their liberty for assisting in throwing in and covering the bodies in a huge ditch constructed for the purpose. The dead were found everywhere scattered over the hills and plains, wherever the dread disease had attacked them. During the height of the epidemic, almost every case was fatal. This same result was noticed in many of the smaller towns, where the medical assistance was insufficient. Locomotives were finally sent to Mendoza, and all the water used was boiled. This seemed to have a good effect in checking the ravages of the disease, as was also found the case at Tucuman.

During the month of December the temperature at Buenos Ayres ranged above 90° Fahrenheit on many days.

When cholera was first reported at Buenos Ayers, the Government of Chili adopted a rigid non-intercourse policy against the Argentine and Uruguay. A military blockade was established at all the passes of the Andes, and steamers that had touched at Montevideo or Buenos Ayres were not even allowed to communicate with the shore upon arrival at Valparaiso.

The cholera was at its worst stage in Mendoza during the last week of 1886. This city is situated near the entrance of the two passes in the Andes generally used in the intercourse between the Argentine Republic and Chili. By the Uspalatta Pass it is two hundred and fifteen miles from Mendoza to Santa Rosa, the end of the railroad in Chili. It usually requires six days' travel on mule-back to accomplish this journey. By the more difficult Portillo pass it is less than two hundred miles from Mendoza to Maypu.

Christmas Day the epidemic culminated in Mendoza, and the following day there were four cases and one death at San Felipe, over two hundred and fifty miles distant in Chili; and December 27th, there were twelve cases and eight deaths. On these same days a heavy rain storm had passed over Mendoza and the Uspallata Pass, and spread over the province of Aconcagua, in which

San Felipe is situated. The cholera rapidly spread throughout this province, and on January 12th, seventy-seven deaths were reported.

At the first appearance of cholera in the province of Aconcagua, a close military cordon was formed around Santiago, the capital city of Chili, and all ingress was practically stopped. Santiago has about 175,000 inhabitants, and a better site for a city could hardly have been chosen. It is situated at a considerable elevation above the sea, in the centre of a plain surrounded by hills. The air is pure and dry, and a large mountain stream flows through the city. The streets are broad, well paved, and are kept very clean. The wealthier inhabitants of Chili have congregated there; and have magnificent houses and grounds and live regardless of expense. Notwithstanding all these conditions apparently unfavorable to it, the cholera appeared in the suburbs on January 21st and soon spread throughout the city. It also appeared almost simultaneously in the small villages of the surrounding province. On February 18th, there were one hundred and eleven deaths in Santiago, and by April 1st, there had been about twenty-five hundred victims to the disease. Valparaiso also attempted, by a cordon, to prevent the entrance of cholera on the land side. But although this and other precautions may have delayed its march, it no less surely appeared about the middle of February.

By March 1st, 1887, the cholera had apparently run its course in the Argentine and Uruguyan Republics, and at the beginning of April no more cases were reported. A few cases daily still continued to occur in April, at Santiago and Valparaiso, Chili; but the disease has practically suspended operations, until the hot weather of next December may cause it to break out again with renewed activity.

The useful lessons, from the cause of this dreadful epidemic in South America, are readily gathered. Because of the neglect of proper quarantine regulations at Buenos Ayres, these countries have lost thousands of their inhabitants, and all business was completely paralyzed for several months. The development of the Argentine Republic has been delayed at least one year, and great fear exists as to the future; for their experience of epidemics has led them to believe that the second season is worse than the first.

After Asiatic cholera has once obtained a foot-hold in any populous country, it seems quite impossible to prevent its spreading. If any Italian emigrant ship should introduce it into New York, it would speedily appear at

Chicago and St. Louis. The cholera germs can be carried in a thousand unsuspected ways, and it is even probable that the atmosphere may be the medium of conveyance for considerable distances.

It is quite evident, then, that the National Government should institute a strict quarantine, if not positive non-intercourse against those countries where the disease is epidemic; for all the seaboard cities of the United States cannot be trusted to observe the rigid precautions which are absolutely necessary. Let a single city neglect its duty, and the inhabitants of the entire country will surely be the sufferers. And even if the quarantine laws of the United States prove effectual as to the coasts, there remains the positive danger from Canada and Mexico.

The precautions observed in the Argentine, Uruguay and Chili, to check the ravages of the disease after it had appeared, were very much the same as have been used in other countries, viz.: special hospitals, rigid isolation of houses where there have been cases, profusion of disinfectants, destruction of all articles that have been in contact with patients, boiling of all water used for drinking, abstention from all fruits, especially watermelons, and careful inspection of all other food.

THE EYE OF THE ADULT IMBECILE.

BY CHARLES A. OLIVER, M. D.,

Ophthalmic Surgeon to St. Mary's Hospital and to the Maternity Hospital, Philadelphia.¹

The following observations and conclusions are based upon the examination of the eyes of twenty young adult male imbeciles seen at the State Hospital for the Insane at Norristown, Pa., and are given as a contribution to the subject of the significance of the local conditions so generally found in adolescent and young adult eyes which are the victims of asthenopia, and are undergoing changes in refraction.

During the examination the following precautions were observed:

First. Care was taken to exclude all but the proper class of subjects.

Second. Subjects chosen whose eyes were free from extraneous disease or inflammation.

Third. Young adults were used.

Fourth. Males were taken.

Fifth. Every subject was submitted to the same routine examination.

Observations.

Subjective.

First. Direct vision for form, as a rule, normal.

Second. Accommodative action: impossible to obtain any reliable result.

Third. Visual fields: nothing could be gotten

Fourth. Color perception probably normal.

Objective.

Fifth. Pupils generally relatively equal in size, but frequently opposed to each other in their long diameters.

Sixth. Irides equally, though sometimes sluggishly mobile to light-stimulus, convergence and accommodation.

Seventh. Extra-ocular motion intact in all directions; slight insufficiency of the interni found in one-half of the cases.

Eighth. Optic disc seemingly healthy; more so than would be expected for age.

Ninth. Physiological excavation frequent; usually small, shallow, oval in outline, and occupying a position slightly to the temporal side of the centre of the disc.

Tenth. Scleral ring as a rule visible all around disc, and slightly broader to the outer side.

Eleventh. Pigment massings beyond scleral ring generally limited to narrow concentric splotchings and double loops, with undisturbed areas beyond and between.

Twelfth. Entire absence of the so-called absorbed *conus*.

Thirteenth. Fibre-layer of the retina but very slightly increased in thickness.

Fourteenth. Very few lymph reflexes and opacities of vascular sheaths.

Fifteenth. Retinal vessels about normal in comparative size, and in a few instances carrying impoverished blood.

Sixteenth. No change in the choroid, except a somewhat granular condition, more pronounced in macular region; this sometimes being accompanied by a slight absorption of epithelium (especially amongst the most intelligent).

Seventeenth. Almost equal degrees of H., with slight amount of As. present in every case.

Eighteenth. Absence of any congenital external or internal gross local malformation.

Nineteenth. The less imbecile the subject, the more common were the ordinary conditions seen in the used eyes of the mentally healthy.

¹ Abstract of a paper read before the American Ophthalmological Society, July 21st, 1887.

It must be remembered that these observations do not hold absolutely good as written in every individual case, each subject presenting different degrees of the main features expressed in seemingly due proportion to amount of intelligence and consequent use of eyes for continued near-work. They merely show what should be expected in an average case, and thus serve to express the type.

Conclusions.

First. The present study tends to show that the adult eye of the imbecile is an organ which is capable of proper functional activity, and that the want of action is in the main due to what may be termed intellectual hebetude.

Second. By reason of mental incapacity which has supervened in such subjects before the eye has been brought into continued and constant action as an instrument of accurate and delicate use, the ordinary appearances seen in the used eyes of the mentally healthy are lessened in due proportion to the amount of work given to the organ.

Third. The want of these physical changes, presenting a picture almost identical to the one seen during infantile existence, may be considered as typical of an unused, healthy, adult, human eye.

Fourth. The healthy eye of the adult imbecile, therefore, serves to teach us that the various conditions known as insufficiency of the interni, dirty red-gray appearance of the optic-disc, irregularity of physiological excavation, non-visibility of the superior and inferior portion of the scleral ring, absorbing conuses in all of their varieties, increase in density and thickness of the retinal fibres, opacities of vascular lymph-sheaths, disturbed states of the choroid, and gross errors in astigmatism with changes in indices of refraction, which are so frequent in the used eye of the mentally healthy, must be considered as pathological changes, expressive of low inflammatory action, with stretching and distortion from increased intraocular and extraocular pressure; these being representative not only of general want of tone so often seen amongst those of sedentary life, but of constant and frequent abuse of a delicate organ.

1507 Locust Street.

—A colored man who had been bitten by a rattlesnake claimed to have been cured by whiskey and an application of raw chicken-flesh. It is hard to tell which had the power to effect a cure; but the colored race and the chicken draw pretty well together.—*Puck.*

HELONIAS IN UTERINE HEMORRHAGE.

BY A. NOEL SMITH, M. D., OF DOVER, N. H.

In the evening of the 26th of February of the present year, Mr. H. called at my office to consult me in regard to the condition of his wife, and gave me the following history:

Three weeks previous she had miscarried, between three and four months, this, having been her fourth pregnancy, but first miscarriage. The foetus alone was said to have come away at that time—nothing like a placenta, and very little hemorrhage. Indeed, the next evening she attended a concert, and for several days moved about quite a little, both walking and riding. Soon, however, hemorrhage came on, at times being quite profuse. And up to the date of the husband's coming to me there had been nothing which they were at all sure was placental in appearance. Without seeing the patient, I prescribed ext. ergot fld. gr. xx. t. i. d., and enjoined quiet.

March 1st, no better; made a visit; constant flow from uterus, but quantity not large; os very slightly dilated; no presentation of membranes; there being no rise in temperature, no chill, and no symptoms of septic poisoning, thought it not advisable to open up uterus.

Gave the following, continuing ergot:

R Acidi gallici..... $\overline{5}$ j
Syr. simp..... $\overline{f}$ $\overline{3}$ j
M. deinde adde
Aque cinnamom..... $\overline{f}$ $\overline{3}$ iv
Aque pure..... $\overline{f}$ $\overline{3}$ iij
M. S.—Tablespoonful every four hours.

Ordered, also, vaginal injections of hot water, nightly; after this, until April 11th, some little improvement, but still constant drain.

May 2d, patient discouraged, and nearly as bad as ever, yet not confined to bed. All former treatment was suspended, and she was given pil. quin. sulph. (gr. ij), one three times daily. As the result of this there was very slight improvement for four days, but not a day passed without considerable hemorrhage.

May 22d, prescribed Mist. Helonin Co. (Schlotterbeck), one teaspoonful four times daily. This mixture is composed of the resinoids, helonin, senecin and avenin. My patient had been taking this preparation four days, when I was summoned to the house to attend another member of the family; and I was both surprised and glad to be informed

that with the administration of the helonias there had been a marked improvement, until now, there was no flow whatever. Continued the same remedy daily, and, June 19th, the patient menstruated regularly for the first time since before impregnation. Flow continued five or six days, ceased, and at this writing there has been no recurrence of hemorrhage.

Now, although there was no *positive* evidence of placenta coming away in this case, yet I am inclined to the opinion that the uterus was emptied before I saw the patient, there remaining an intractable case of menorrhagia to deal with. The hemorrhage ceasing as it did does not seem to me a mere coincidence, as the agents usually depended upon to control it were faithfully tried, with little or no effect. Then the helonias mixture came to the rescue, the result being only what has from time to time been claimed for it.

SOCIETY REPORTS.

NINTH INTERNATIONAL MEDICAL CONGRESS, WASHINGTON, 1887.

TUESDAY, SEPTEMBER 6TH (*continued*).

Section on Anatomy.

Dr. L. H. Dunning read a paper at the morning session upon "The Anatomy and Surgical Importance of the Peri-renal Cellulo-adipose Tissue and Renal Capsule." He found this to lie in the fact that these tissues are subject to inflammation and morbid changes. He thought all loose portions of fat should be removed, and, in general, every tissue that is too vascular.

Dr. Oppenheimer, of Richmond, Va., read a paper upon "An Apparatus for the Treatment of Fractures of the Surgical and Anatomical Neck of the Humerus." This apparatus was a sort of iron cage which was to be fastened around the chest with plaster of Paris.

At the afternoon session, the address of the President, Dr. Wm. H. Pancoast, was delivered. He spoke of the great advances which had been made in microscopical anatomy, and then referred to the anatomy of the joints. He also mentioned some anomalies of muscles that he had observed, and declared his opinion that deep fasciæ were ligaments as well as protectives.

Dr. Albert B. Strong, of Chicago, Ill., then read a paper upon "Frozen Sections of the Male Pelvis, and the Anatomical Relationship of the Pelvic Organs with Especial Reference to Supra-public Cystotomy."

Following this paper was one by Dr. F. C. Schaefer, also from Chicago. His paper was upon "Anatomical Points Involved in the Complete Loss of Scalp, Including One Ear and the Greater Portion of the Eyelids." This paper was descriptive of a case in which a girl had been caught by the hair in a factory, and had her scalp torn off. Skin grafting gave him the best results in the way of cure, which he illustrated by photographs. Small grafts seemed better than large, and should be placed close together.

Section on Dental and Oral Surgery.

Dr. Wm. Carr, of New York city, gave a clinical demonstration of the treatment of fractures of the maxillæ with a modified interdental splint. He recommended that an impression in wax be taken, after bringing the parts into as close apposition as possible, and removing loose teeth and splinters of bone. From the wax model, an interdental splint should be made of hard rubber. A space is left in the splint in front of the incisors of the upper jaw through which to give nourishment. The mouth should be disinfected; for this purpose, the author prefers a three per cent. solution of peroxide of hydrogen, or a solution of bisulphate of soda, in the proportion of one drachm to the ounce. The splint, in ordinary cases, should be kept on from three to four weeks.

Dr. E. Brasseur, of Paris, France, then read a paper upon "The Use of Air in Dental Therapeutics," in which he recommended hot air as a germicide.

At the afternoon session, Dr. Junius E. Cravens, of Indianapolis, Ind., read a paper entitled, "The Management of Pulpless Teeth."

After stating that pulpless teeth were not dead, he entered his protest against the use of escharotics, and urged that the pulp-canal should be thoroughly cleaned, and then hermetically sealed with tin-foil.

The paper was discussed by Dr. Thos. Fillebrown, of Maine; Dr. A. W. Harlan, of Chicago, Ill., and Dr. W. C. Barrett, of Buffalo, N. Y., all of whom differed more or less emphatically from the author of the paper.

The next paper was by Dr. T. E. Weeks, of Minneapolis, Minn., upon "Matrices as

Adjuncts in Filling Teeth." He urged simplicity in construction, cheapness and adaptability as the points to be aimed at.

Section on Climatology and Demography.

The address of the President of the section was given in our last issue.

The second paper was by Dr. Charles Denison, of Denver, Colorado, upon "The Preferable Climate for Phthisis." The author recommended a climate found in the United States at an altitude of from fifteen hundred feet in the North in winter, to ten thousand feet in the South in summer. Contra-indications to such a climate are an excitable nervous temperament; valvular lesions, with rapid action of the heart; marked and extensive emphysema; pneumothorax and hydro-pneumothorax; active pneumonia or hæmoptysis; high bodily temperature; extensive involvement of lung-tissue, and similar conditions.

Dr. Jno. Wm. Moore, of Dublin, Ireland, read the next paper on "The Seasonal Prevalence of Pneumonia." The author argued for the belief that pneumonia is an infectious disease, basing his conviction upon its occasional epidemic prevalence, and upon the character of the symptoms, their mode of onset, etc.

Dr. Henry B. Baker, of Lansing, Mich., also read a paper, entitled "The Relations of Certain Meteorological Conditions to Acute Diseases of the Lungs and Air-passages." The author stated that cold air is always dry air, and that diseases of the air passages are caused by this cold dry air abstracting moisture from the tissues over which it passes.

Section on Therapeutics.

Dr. Hugh Hamilton, of Harrisburg, read a paper upon "The Chemical Philosophy of Remedy." He quoted Jaksch as saying that "remedy may be defined as the use of means to restore the body to healthy condition by prophylaxis"—repair of injury and the correction of nutrition. He argued for the employment of antiseptics in modified form in internal medication.

Dr. Ralph Stockman, of Edinburgh, stated that a ptomaine was obtainable from phthisical sputum which was capable, when injected into mammals, of producing progressive emaciation; but that opium and belladonna, administered after this alkaloid had been injected, had power to stay the disease, so that the animal recovered.

The next paper was by Dr. J. S. Sinclair Coghill, of Ventnor, Isle of Wight, England.

Its title was "Chlorate of Potash." The speaker claimed that this salt liberated its oxygen to the blood. He also claimed for it tonic and stimulating powers.

Dr. D. F. Phillips, of London, England, then read a paper upon "The Action of Certain Drugs on the Circulation and Secretion of the Kidney." As the result of his experiments, he concluded that the flow of urine was determined not so much by blood-pressure as by the rate of flow of the blood through the renal vessels.

The next paper by S. S. Wallian, of New York, on "The Neglect of Non-Medicinal Therapeutics," was a plea for the abandonment of drugs in favor of baths, massage, electricity and hygiene.

Section on Diseases of Children.

Dr. Moncarvo's paper on "Hereditary Syphilis and Rickets in Brazil," was read. The former furnished sixty per cent. of the cases of infantile disease. Rickets was present in forty-five per cent. of the cases that came under his observation. More than two-thirds of the rickety children show signs of syphilis. He therefore regards hereditary syphilis as an important factor in the production of syphilis.

The next paper was by Dr. Wm. Stephenson, of Aberdeen, Scotland, on the "Rate of Growth of Children." The maximum growth occurs in girls from the eleventh to the thirteenth year, and in boys from the fourteenth to the sixteenth year. He attributes the fact that puberty is a critical and trying time not to the development of the reproductive organs, but to the great activity of growth which then occurs.

Dr. Victor C. Vaughan read a paper on "The Use of Cow's Milk in the Artificial Feeding of Infants." The writer was opposed to the practice of giving milk during cholera infantum. In the discussion that followed the reading of this paper, all of the speakers were alive to the danger that might result from the use of milk, but most of them were accustomed to rely upon some preparation of the milk to render it innocuous.

At the afternoon session, the first paper read was by Dr. Wm. P. Northrup, of New York, upon "The Pathological Anatomy of Laryngeal Diphtheria as Related to Intubation."

In autopsies of children who had died after having worn the O'Dwyer tube from three to seven days, there was found only an abrasion of the superficial epithelium, until the occurrence of an epidemic of measles, in which many deaths occurred from complications. He found the cause of death had been mostly

extension of pseudo-membrane to the bronchi, and pneumonia.

Three papers followed upon Intubation of the Larynx. The first was by Dr. E. Bouchut, Paris, France; the second by Dr. Joseph O'Dwyer, of New York; the third by Dr. F. E. Waxham, of Chicago, Ill.

Dr. O'Dwyer concluded that intubation was only a simple operation in an easy case, and when done with dexterity and coolness. Intubation, even when perfected, can never be considered a satisfactory remedy, in view of the complications and nature of membranous croup.

Dr. Waxham was a strong advocate of intubation, but was not blind to its disadvantages; the operation is difficult of performance; the soft tissues may be wounded or the trachea perforated. It is more difficult to withdraw than to insert the tube. The author stated that the operation had been performed one thousand times in two years, and that two hundred and sixty-nine lives had been saved from certain death.

Dr. Jennings, in the discussion that followed, expressed his preference for tracheotomy.

Dr. Pitner questioned the correctness of saying, as Dr. Waxham did, that 249 recoveries meant 249 lives saved, as it is impossible always to tell whether a child will die or not.

Dr. Northrup declared that he had never experienced any difficulty in performing intubation. The only drawback to the operation lay in subsequent feeding of the patient.

In concluding the discussion, Dr. O'Dwyer expressed the opinion that no conclusion of value as to the relative merits of tracheotomy and intubation was possible with the present statistics.

Section in Military and Naval Surgery and Medicine.

The first paper read was by Dr. Robert Reyburn, of Washington, D. C., upon the question, "Are Wounds from Explosive Balls of such a Character as to Justify International Laws Against their Use?" The general conclusion of both the writer and those who spoke upon the question seemed to be that they were. Dr. H. H. Smith, of Philadelphia, mentioned the fact that President Lincoln had suggested that their use be discontinued in the war of the Rebellion.

Dr. Jeffrey A. Marston read an interesting paper upon "Age and Acclimatization of Soldiers in Reference to Service."

The best age for service, at least in India, was between twenty seven and thirty years. He stated that in India mortality was greatest from typhoid fever. It is most frequently fatal during the hot and cold seasons.

During the first year of a soldier's life he is likely to be attacked with a fatal form of pneumonia. The diseases, in their order of prevalence, are typhoid fever, hepatitis and heart disease.

The discussion which followed the reading of this paper fully endorsed its statements.

Several papers, in the absence of their authors, were read by title.

A very able paper was then read by Dr. Jno. Anderson, of London, on "Heat-Stroke in India."

The speaker referred to the labors of Dr. H. C. Wood, and then proceeded to divide his subject, in accordance with the severity of the disease, into ardent fever, heat apoplexy, and sunstroke. After describing the symptoms of each form, the author spoke emphatically against the use of alcohol, and gave his preference for a drink for soldiers to cold tea with lime juice. For medical treatment, the author highly recommends the hypodermic injection of a neutral salt of quinine. Perfect clearness of the solution is a point to be insisted upon. He had never seen tetanus result from these punctures. The reduction of temperature was difficult to explain. Possibly it arose from the action of the drug upon the cardiac ganglia.

Section in Laryngology.

The first paper was read by Dr. J. P. Klingensmith, of Blairsville, Pa., on "Hay Asthma."

The speaker was inclined to make local irritation, hypertrophies, deflected septum, etc., the starting point, and pollen, etc., exciting causes.

At the afternoon session, Dr. N. Rankin read a paper on "Some Remarks upon the History of Rhinology."

Section in Psychological Medicine.

The opening paper was on "Miliary Aneurisms," by Dr. E. C. Spitzka, of New York. The speaker reported a case in point, and also one of deformity of the brain.

The next paper was upon "Remissions and Intermissions in Insanity," by Dr. Daniel Clark, of Toronto. This paper provoked considerable discussion, for the most part adverse to the author's views.

Dr. Bower, of Bedford, presented the next paper, upon "Occupation for the Insane in Asylums for the Private Class in England." All sorts of general house, garden and farm work were done by the patients. The most suitable work has been copying of legal documents.

At the afternoon session the first paper was read by Dr. Theo. W. Fisher, of Boston, Mass., on "Monomania and Modern Equivalents."

Two papers were then read upon "Classification of Insanity," and one upon "The True Nature and Definition of Insanity." The latter by Dr. Hughes.

Section in Surgery.

Dr. John Homans read the first paper. It was entitled "Three Hundred and Eighty-four Laparotomies for Various Diseases." Among other good results he reported the cure of a case of tubercular peritonitis.

A paper on the question "When is Colotomy justifiable," was read by Dr. I. M. Matthews, of Louisville, Ky. The writer did not consider the operation justifiable when there was cancer three inches from the anus, nor in stricture not in reach of the finger, nor in aneurism, nor in cases of specific origin.

Section in Gynecology.

Thos. More-Madden, M. D., F. R. C. S. Ed., of Dublin, Ireland, presented the first paper, on "The Causes and Treatment of Barrenness." He presented a tabular statement of the causes of barrenness in five hundred and twenty-eight cases of sterility. The most frequent cause was found to be stenosis of the cervical canal. Of those due to this cause he reports the best results in three hundred and eighty cases. He advised cutting and simultaneous forcible expansion of the affected parts, followed by dilatation during the period of cicatrization. He then described the instruments he used for this purpose.

Dr. A. Reeves Jackson then read a paper upon "The Modern Treatment of Uterine Cancer."

The next paper was by Prof. Graily Hewitt, of London, England, upon "The Relations between the Changes in the Tissues and Changes in the Shape of the Uterus." In young women who have been inadequately nourished, there sometimes occurs about puberty a non-inflammatory softening of the uterus. This produces an abnormal flexibility, which in turn permits flexion. When subsequent hardening occurs the flexion is persistent.

At the afternoon session Dr. W. H. Wathen read a paper entitled "Rapid Dilatation of the Cervix Uteri." The writer presented instruments which he considered an improvement upon Goodell's modification of Ellinger's. He is in the habit of using this instrument in his office and dilating the cervix without general or local anæsthetic, to the extent of half an inch, and allows his patient to walk or ride home a few minutes afterwards.

Section in Dermatology and Syphilography.

The papers presented in this section were "Studies in Hirsuties," by G. H. Rohé, of Baltimore, Md.; "A New Method of Treating Diseases of the Skin Locally," by Dr. Valentine Knaggs, of London, England; "A New Method of Treating the Vegetable Parasitic Diseases of the Skin," by Dr. J. H. Reynolds, of Chicago, Ill. Dr. Knaggs's paper was a plea for the substitution of emulsions for ointments in the treatment of skin diseases. The former make films and are adhesive and protective. The following is a good base:

R	Paraffin molle.....	3 j
	Pulv. gum. acac.....	gr. clx
	Acid. borici.....	gr. xvi
	Aquæ.....	ad. f 3 j.

Stir until emulsified.

Bismuth, zinc and sulphur may be added to this when desired. All lint, etc., should be dispensed with.

Dr. Reynolds's paper gave a very interesting account of the author's method of applying parasiticide lotions by means of a sponge electrode wet in bichloride solution and applied to a diseased area, as in favus or ringworm of the scalp. A one per cent. solution of bichloride of mercury was used. Only three cases had been treated, but the result was encouraging.

Section in General Medicine.

Dr. Josef Koercsi, Director of Commercial Statistics of Budapest, Hungary, read a paper on "The Preventive Power of Vaccination." The paper is a critical study of statistics of vaccination. After very careful analysis, the author finds that the *mortality* of small-pox as distinguished from the *lethality* (by the latter term meaning the liability of those already sick to die) was greater in the non-vaccinated than in the vaccinated by *five hundred per cent.*, and this was due exclusively to the lack of vaccination. No influence of vaccination upon syphilis or tuberculosis was found. In a population like that of the United States, vaccina-

tion would annually save 120,000 lives, while the number of children dying of cutaneous diseases as the result of vaccination, etc., might make 300.

Dr. Whitmarsh, of London, read papers on "Vaccination and Pasteur's Treatment." The first was a plea for vaccination, coupled with an assertion of its dangers, and a statement that sufficient caution was not exercised by the Government of England in procuring proper virus. The second paper was a criticism upon Pasteur's method. He suggested trying Pasteur's method upon convicts, as was done with small-pox fifty years ago, allowing them the choice between their sentence and becoming the subject of experimentation.

Dr. Leale remarked that he had never seen or had reported to him a single case of hydrophobia, though he annually saw many thousand children, hundreds of whom had been at different times bitten by dogs.

Section in Obstetrics.

The first paper was by Dr. J. C. Cameron, of Montreal, Canada, upon "The Influence of Leukæmia on Pregnancy."

The author's case showed an hereditary tendency in the disease. The disease was apt to begin in the latter part of pregnancy. Successive pregnancies occurred during the progress of the disease. An interesting fact was the determination that red blood corpuscles were lost in the placenta, being in the normal quantity in the placental artery of the child, but diminished in the placental vein.

Professor A. Charpentier read the next paper, upon "Experimental Uræmia." By injecting urea into the blood of gravid animals, he found that death of the fetus occurred before death of the mother.

Dr. W. T. Lusk read a paper upon "The Prognosis of the Cæsarean Section." He thought that the brilliant results obtained abroad were due to the fact that they recognized better the proper time for doing the operation. The author was strongly in favor of Cæsarian section as opposed to craniotomy, even in pelves with a conjugate of three inches.

Dr. M. Säger, of Leipsic, Germany, followed with a paper, which was read in abstract, upon "The Cæsarean Operation." His operation was to be preferred to Porro's when the child was living, and could not be delivered by any other operation; or, when the child was dead, and could not be delivered by craniotomy or embryotomy, or only with extreme danger to the mother.

He attributes the mortality obtained in America to delay.

Dr. W. H. Wathen, of Louisville, Ky., read the next paper, upon "Abdominal Section for Removal of the Fœtus." He favored section as opposed to craniotomy.

Section in Otology.

The first paper was read by Dr. T. E. Murrell, of Little Rock, Ark., on "The Peculiarities in Structure and Diseases of the Ear of the Negro." He referred to true negroes, not mixed races. He finds that negroes are less affected by ear troubles than the white races, and that there are marked anatomical peculiarities belonging to their ears. The subject gave rise to quite a diversity of opinion in the discussion.

The next paper was read by Dr. Jno. F. Fulton, of St. Paul, Minn., upon "Primary Inflammatory Disease of the Mastoid Antrum." The disease is extremely difficult of diagnosis, but pain of a stinging, throbbing, tearing character, is apt to be constant. The diagnosis is rendered almost certain if a swelling occurs behind the ear *late* in the attack.

Other interesting papers presented and read were, "Indications for Artificial Opening of the Mastoid Process, and Best Methods for Closing the Same," by Dr. G. E. Frothingham, of Ann Arbor, Mich.; "Inherited Syphilis as a Factor in Suppurative Inflammation of the Middle Ear," by Dr. Robert Tilley, of Chicago; "Cerebro-Spinal Fever as a Cause of Deafness," by C. M. Hobby, of Iowa City.

Section in Physiology.

Dr. W. D. Halliburton, B. Sc., of London, England, read the opening paper, upon "Comparison of the Coagulation of the Blood with Rigor Mortis," in which he pointed out the resemblances between the formation of fibrin and the production of myosin. There were, however, important differences.

The second paper was read by Dr. T. W. Poole, of Lindsay, Ontario, whose subject was "The Necessity for a Modification of Certain Physiological Doctrines Regarding the Inter-Relations of Nerve and Muscle." The author held that spasm or contraction of involuntary muscles occurred not when their motor nerves were stimulated, but when they were cut, paralyzed or dead.

Section in Ophthalmology.

At the Afternoon Session, Dr. A. Mooren, of Düsseldorf, Germany, read a highly interesting and instructive paper upon "The

Simplest Method of Cataract Extraction," based upon an experience of 5,019 extractions since he began practice in 1855. He used boric acid as an antiseptic wash, and cocaine as a local anæsthetic. The cut is made with a Graefe knife downwards, the eyeball being fixed with simple forceps. Abandon friction if the patient is restless, and deliver the lens by gently stroking the eyeball. Subsequent treatment consists of a light dressing fastened with adhesive plaster.

Dr. N. Manolescu, of Bucharest, followed with a paper on "Cataract Extraction without, as Compared with Extraction with, Iridectomy," in which he expressed the opinion that the combined operation was more trustworthy.

In the discussion that followed a good deal was said with regard to the propriety of the simple or combined operation. The general opinion seemed to be that no rule in regard to the matter could be laid down.

Surgical Section.

At the afternoon session, abdominal surgery was first under discussion. Subsequently, Dr. Donald Maclean, of Detroit, Mich., read a paper on "Three Cases of Surgical Disease of the Kidney with an account of Operations performed for their relief, the Complications which arose, and the Results." He reports these cases with two recoveries and one death, the latter a baby 22 months old.

A paper by Sir Thomas Longmore, on "The Advisability of Providing Soldiers in Service in the Field, with some Form of Preliminary Dressing for Wounds," was read in abstract by Dr. Marston.

The author stated that a preliminary dressing for wounds was supplied now to the German soldiers, and had been in use in the British army since the Crimean war. He recommended a dressing of his own device as compact and complete.

A paper on the same subject by Esmarch was read by Dr. Stern, of Philadelphia.

Dr. Neudörfer's paper on "The Present Standpoint of Antisepsis and the Best Mode of its Application in War," was read by title.

Next on the list came a paper by Dr. B. A. Watson, of Jersey City, on "Primary Treatment of Gunshot Wounds." The writer advised the removal of all foreign matter from the wound, and then the occlusion of the wounds of entrance and exit with aseptic bandages.

The following papers were also read :

"The Importance of the Government Securing and Preserving Vital Statistics in the Army and Navy for the Benefit of Subsequent Applicants for Pensions," by Eli A. Wood, Pittsburg, Pa.; and the "Importance of International Regulations for the Medical Treatment of Prisoners of War," by D. S. Lamb, Washington, D. C.

Section on Laryngology.

Dr. Lennox Browne, of London, read the first paper upon "Recent Views as to the Pathology and Treatment of Tuberculosis of the Larynx."

In the early stages of the disease high attitudes by the sea or in a piny region are of the greatest importance. Inhalations of turpentine (vaporized), oil of eucalyptus and menthol are useful.

At the Afternoon Session, a paper for special discussion was read upon "Recurrent Hemorrhages of the Upper Air-Passages," by Dr. Wm. Porter, of St. Louis, Mo.

The next paper was one by Dr. W. E. Casselberry, of Chicago, on "Treatment of Laryngeal Papillomata." If the tumor is small, forceps are best. For large tumors, curette followed by cautery is used.

Dr. E. L. Shurley, Detroit, Mich., gave an abstract of his paper on "The Diagnostic Differentiation of Recent Tuberculous, Specific and Rheumatic Laryngeal Diseases."

The next paper was one upon "Chronic Rheumatic Laryngitis," by Dr. E. F. Ingals, Chicago, Ill. Treatment is by astringent and cleansing sprays, and internal use of alkalies or aromatic oils.

The last paper was read by Dr. A. B. Thrasher, of Cincinnati, Ohio, upon "Resorcin in the Treatment of Nasal Catarrh." He claimed for resorcin the same results as for cocaine, but without loss of the normal functions.

—A citizen of Gainesville, Ga., whose pet cow suddenly showed symptoms of going dry, consulted a cow doctor, who decided that she had the "hollow tail," and split the tail, inserted a quantity of salt and turpentine and bound it up. Going out the next day to see how the cow was getting along the owner caught a half-grown pig, which he had kept in the same lot, busily engaged in sucking the cow, and this accounted for the falling off of milk. He at once took the bandage off the unfortunate cow's tail.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Initial Symptoms of Tabes Dorsalis.

On account of the extraordinarily great importance that is accorded to the diagnosis of tabes dorsalis in its earliest possible state, Karger (Inaug. dissert. Berlin, 1887) has set himself the task of studying with particular diligence the initial symptoms of the disease. For this purpose he made use of the rich material of Mendel's polyclinic, and investigated 117 cases which he observed there, of which number he communicates 70 of the most characteristic in a table at the conclusion of his thesis.

The following are the author's results in detail:

1. The diagnosis of tabes offers but few and uncertain persistent points; although a very frequent etiological connection exists between tabes and syphilis. The author could establish with certainty the previous existence of syphilis in 53 per cent. of the cases.

2. *Disturbances of sensibility* are characteristic of the incipient stage. These are lancinating pains, next paresthesias of all kinds, such as the feeling of numbness, especially in the lower extremities, and the girdle-sensation; further, slowness of perceiving sensations and Romberg's symptom, which is of especial significance and can be pretty constantly demonstrated. This, however, the author marks as an anomaly of sensibility, not as a symptom of ataxia.

3. *Disturbances of vision.* Diminution of the sharpness of vision, concentric contraction of the field of vision, amblyopia, amaurosis, depending upon atrophy of the optic nerve (35 per cent. of the cases); further, slight transient but returning paralysis of the ocular muscles, which, according to the muscles concerned—oculo motor, abducens, trochlear (rarely)—lead to different anomalous positions of the eye. Very characteristic is the reflex rigidity of the pupil in 66 per cent. of the cases, conditioned in part by paralysis of the sphincter and in part by

4. *Reflex disturbances.* The author comes to the remarkable result that the patellar reflex, which has been noted as absent pretty nearly without exception, was preserved eight times in his one hundred and seventeen cases and therefore preserved oftener than other statistics show. Of other reflex disturbances there are to be noted: Diminution of the

bladder reflex—chronic disease of the bladder without palpable local disease should awaken suspicion of tabes—diminution of the sexual reflex (impotence), while the abnormal increase of these visceral reflexes belong to the rarities. Other rare symptoms are gastric and cephalic crises, tabetic diseases of joints.

The author comes to the conclusion that complaints of a vague kind, such as nervous pains, troubles on the part of the visual apparatus or of the bladder, in no way justify the physician in making the diagnosis of tabes; but that they must continually challenge him to an accurate investigation of other tabetic symptoms, inasmuch as the characteristic objective symptoms, such as loss of the patellar reflex, Romberg's symptom, reflex rigidity of the pupil, cause no subjective troubles. In conclusion, the author cherishes the proper belief that in an early diagnosis, the chances for rational medical treatment and its successful result, are much more favorable.—*Allgemeine med. Central-Zeitung*, August 3, 1887.

Affections of the Heart in Tabes Dorsalis.

Among the manifold visceral complications which not rarely attend typical tabes dorsalis, and which seize upon nearly all parts of the viscera with peculiar nervous attacks (crises), Leyden of Berlin thinks those that effect the heart are ordinarily the least studied and described. Nevertheless the heart and its nerves remain by no means unaffected.

In spite of the relatively frequent association of valvular affections with tabes dorsalis, according to the author it is not quite possible to assume an intimate connection between the two, and to regard the first as an atrophic shrinking process affecting the valve. Both diseases are of themselves much too frequent to permit such a conclusion. Of greater interest according to the author, are the heart affections hitherto only rarely observed, which Leyden has already mentioned in his article upon tabes dorsalis in Eulenberg's *Real Encyclopaedia*, and in addition to which he has since had opportunity to make some further observations.

These attacks are characterized by oppression in breathing, and pain, and a feeling of anxiety that arise and disappear suddenly. They bear an indisputable resemblance to angina pectoris; they can therefore be referred to a neuralgic participation of

the vagus nerve. As in general all paroxysms arising in tabes affect sensitive and sympathetic nerves, so also these attacks of the heart-nerves have a different intensity and duration. These attacks in question are extraordinarily violent and can even be accompanied with such danger as to threaten life.

Basing his conclusions upon reported observations (for which see the original), the author holds that in the course of tabes dorsalis the heart is affected by attacks which are analogous to the gastric, laryngeal, and bronchial crises. They arise with painful paroxysms of changing violence. The complex of symptoms evidently corresponds with angina pectoris. The sufferers go about with pain in the neighborhood of the heart which not rarely radiates into the left arm. With this is joined a feeling of oppression in the breathing, at times a high degree of anxiety, suffocation, a feeling of annihilation, as well as vertigo, faintness, and often irregularity of the pulse during the attack.

From its connection with tabes dorsalis, it is to be concluded, according to the author, that we have to do with neuralgic attacks within the sphere of the heart-nerves, and therefore with nervous angina pectoris, which with Romberg, can be called neuralgia of the heart. Although the symptoms are not very violent they can connect themselves with threatening failure of the heart. Leyden thinks it cannot be easily explained how this arises, inasmuch as sufficient findings of autopsies are not yet in existence. In a case of Vulpian's (*Revue de Méd.*, 1885, page 60) there were no striking post mortem phenomena recognizable in the heart. But that the vagus nerve can be attacked by the degenerative process, is proved particularly by the investigations of Oppenheim, who found this nerve markedly atrophied in a case attended by violent gastric crises. But according to the author, it could be suspected that such a profound degeneration of nerve fibres must call forth not only gastric crises but also cardiac attacks, especially since Oppenheim mentions that gastric crises are attended by severe pain in the præcordium and pains radiating into the left arm. In Vulpian's case, the attacks connected themselves with angina pectoris just as gastric crises do. Also other symptoms that are concerned with the cardiac nerves in gastric crises are observed, even the sensation of præcordial pain, and acceleration and irregularity of the pulse. In the author's cases, cardiac attacks are proved to occur independently of gastric crises.—LEYDEN. *All gemeine med. Central-Zeitung*, July 30, 1887.

The Curability of Tabes Dorsalis.

Babinski, chief of one of Charcot's wards, has made a communication to the *Société de Biologie*, which apparently shows recovery from tabes. Most neurologists, among whom we may mention Leyden, Rosenthal and Hammond, seem to be very sceptical in regard to the possibility of recovery, or even improvement, in this disease. On the other hand, Strümpell and others admit, at least, that pauses may occur in its development. Brown-Séquard shares this opinion, and goes still further, for he admits the possibility of a cure. Babinski rests his opinion on three observations, one of them with an autopsy.

The first case was that of a male of 39, who came under Charcot's care in 1875. Charcot made out typical tabes, and sent him to a bath (Lamalon). The patient took the cure for ten successive years, with an evident improvement after each season. In 1885, the patient had as remaining symptoms only very mild and infrequent attacks of pain, and has continued to the present time in this condition. In the second case the patient, a physician, began at the age of 35 to notice shooting pains in the legs, which increased in severity, and made it necessary for him to give up practice. In 1871, three years after the first symptoms appeared, he consulted Duchenne and Charcot. Both pronounced the disease tabes. The condition became worse until 1881, from which time an improvement made itself manifest, and in May, 1887, he had as remaining symptoms only infrequent radiating pains, absence of tendon reflex and a small hyperæsthetic spot.

The third patient, in 1852, at the age of 38, was affected by diplopia, lasting several weeks. Then weakness appeared, and the patient suddenly went blind six months later. At the same time lancinating pains appeared. In 1869 the patient, a female, was admitted to the Salpêtrière. Atrophy of the optic nerves, severe gastric crises and pains in the upper and lower limbs were made out, but no incoordination of the gait. In 1876, the presence of Westphal's phenomenon was recognized. In 1878 the lancinating pains and gastric crises had disappeared, but the blindness persisted. In 1886 the patient died of pneumonia.

Examination of the nervous system showed that in the lumbar region the posterior columns were sclerosed, especially the parts lying nearest the meninges. The medullary fibres were much less numerous than normal. The pia mater was thickened in the neighborhood of the posterior columns. In the dorsal

region sclerosis affected the columns of Burdach and Goll. In the cervical cord sclerosis predominated in the column of Goll, but spread to some extent in the adjoining tissue. In the posterior columns the number of medullary fibres was much reduced, and in the optic nerves they had almost disappeared, there being little left besides connective tissue and blood vessels. The autopsy, therefore, proves the diagnosis of Charcot, who had repeatedly demonstrated the case as one of recovery from tabes ("extinguished tabes").—*Deutsche med. Wochenschr.*, No. 28, 1887.

Ointment for Impetigo.

Liebreich recommends the following:

R	Acid. salicyl.....	gr. xv
	Pulv. zinci oxidl.....	gr. clxxx
	Pulv. amyli.....	gr. clxxx
	Lanolin.....	3 vj

M. For local use.

L'Union Médicale du Canada, July, 1887.

Typhus Bacilli in the Blood.

The results of investigations of the blood for typhus bacilli have been contradictory, but Ruetimeyer approaches the question with the employment of all necessary caution. The blood was taken from the spots of the eruption. Of six typhus cases, one in the first week and five in the second, sixteen original cultures were made from thirteen different spots by about fifty-five punctures, and were put into test tubes; fifteen of the original cultures remained sterile and only in one culture from two punctures there developed itself in the course of some days, a small grayish spot, which the microscope showed to consist of bacilli, showing the character of typhus bacilli. The results are of general interest, but for diagnostic purposes can only apply to a few cases.—*Deutsche Medizinisch-Zeitung*, August 8, 1887.

The Bark of Condurango in Diseases of the Stomach.

Condurango has been considered for some time as endowed with remarkable properties in cancer of the stomach. A work by Dr. Riess, in the *Berlin. Klin. Woch.*, tends to relieve this remedy from the discredit into which it had fallen.

Supported by a great number of observations, the author declares that both the painful symptoms in diseases in which cancer of the stomach had been positively diagnosed, and even confirmed later by autopsy, have been removed by the use of condurango, and

that other affections of the stomach with a train of symptoms proper to cancer have been sensibly relieved, indeed even frequently cured. By the daily employment of 150 grs. of condurango continued for some months the appetite is seen very shortly to be improved, nausea and vomiting diminished or even cured, pain notably relieved or gone altogether, the strength and weight of the patient increased.

In all the cases the duration of life has been lengthened and in some the improvement has been so marked that the patients have been able to leave the hospital, considered as cured.

The changes which have been produced under the influence of the remedy upon the tumors in the stomach which have been accessible to palpation, have been especially remarkable. In a total of sixty-four cases, a sensible diminution of the tumor could be demonstrated seventeen times; in eight other cases these disappeared completely or nearly so, and in the other cases the tumor ceased to increase in the same proportions as formerly.

The use of the bark of condurango seems worthy of commendation in these cases. The author prescribes the decoction—150 grs.—f3 vj, to which five drachms of syrup are added.—*Revue Médicale*, June 1887.

Book Reviews.

Bar's Antiseptic Methods in Obstetrics. Translated by Henry D. Fry, M.D. Published by P. Blakiston, Son & Co., Philadelphia. Price, \$1.75.

Dr. Paul Bar is accoucheur to and was formerly interne in the Maternity Hospital, Paris.

While antiseptic midwifery has been much written about in the last few years, it is probable that the greater portion of general practitioners do not yet realize its importance. The primary object of the physician is to save and prolong life. Manifestly, any method of practice that will tend to insure life to the life giving mother is a great blessing to the nation.

The author devotes the first few chapters to a discussion of the germ theory in its relations to the puerperium, and to the most effective agents in combatting sepsis. The rest of the book is taken up with a discussion of the proper procedures in different obstetric operations. The chapter devoted to antisepsis in catheterization seems particularly good, though the whole book is readable throughout, and is full of useful information.

THE
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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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ACCIDENTS IN PRESCRIBING.

In another part of this number of THE REPORTER we mention the case of a physician who has been, and perhaps is yet suffering distress and anxiety from the suspicion that he has made a mistake in prescribing which led to the death of his patient.

As the story is told, he gave a grain of morphine to a young man, with directions how it should be taken. The patient took the whole at a dose, and died. The doctor, who is now the sole survivor of the interview, says he charged the patient to put the powder in twelve spoonfuls of water and to take one spoonful of the mixture at intervals until he felt drowsy.

So far as this case is concerned we do not for a moment doubt the statement made by the physician. It is incredible that any medical man should give a comparative stranger a whole grain of morphine at a dose; and the method of repeated moderate doses is in such general use that the physician's account of the directions is the only one which seems probable.

None the less—it may be because of facts which we have not learned—the doctor we refer to is believed by some in his community to have made a mistake in directing how the morphia was to be taken, and the death of the patient is charged to him.

This unfortunate circumstance illustrates one of the perils to which medical men are exposed. Engaged in one of the most arduous occupations to which men can be devoted, with risks to their health, risks to their families, and risks to their property, they are continually subject to grave risks to their reputation. Suspicion and accusation of mistake and even of wrong doing is no uncommon portion of their lot. Doubtless physicians do make mistakes. Doubtless sometimes a weary man, worn with the laborious duties of his profession and exhausted with loss of sleep, perhaps anxious about the care of his family, does order one drug when he intends another, or a large quantity when he means a small one. But how rarely does this happen. The wonder is that it does not happen oftener, and that, if it happens, it should be regarded with so little charity.

There are, however, mistakes made through carelessness, and when this occurs to a physician he is no more to be excused for the consequences of his act than is any other careless man.

A third class of mistakes is due to misunderstanding. These mistakes are not hard to prevent, and ought not to occur. A few prudential measures, if practiced habitually, would probably secure this result. We will call attention to three simple rules which may prove useful if habitually followed:

1. Always inform a patient when it would be dangerous to take the entire quantity of a prescription at a dose.
2. Have the word

"POISON!" marked on the label of every prescription which would be dangerous if the whole were taken at a dose. 3. When drugs which may be dangerous are given or ordered, *write* directions instead of giving them verbally.

We recommend these precautions to our readers, and would be glad to give publicity to any others which their ingenuity may suggest.

THE UTILITY OF INTESTINAL ANTISEPSIS.

Dr. D. N. Kinsman has published an interesting paper in the *Journal of the American Medical Association* in which, on scientific grounds, he urges the utility of antiseptics in various intestinal complaints. Summing up the results of the researches of Bouchard and Damaschino, he attaches great importance in the pathology of intestinal affections to the phenomena of fermentation and putrefaction of which the intestinal canal is the seat, and of which the principal agents are certain micro-organisms. Products such as indol, skatol, phenol, divers ptomaines, are the result of the action of bacteria. The meconium of new born babes does not contain them, nor are they met in the normal discharges of nurslings. The urine of the newly born, and of infants nursed exclusively at the breast contains no indican; but as soon as the babe is fed on a mixed diet, then the numerous bacilli appear in their stools, and indol and indican in their urine. These bacilli, which are the cause of putrefaction, engender poisons which are normally destroyed, or stored up in the liver, excreted by the kidneys, and even by the intestines. When from any cause the functions of the liver are interrupted, the bile no longer being poured into the intestine and exerting its antiseptic action, these toxic products of bacillary elaboration (ptomaines) augment in the alimentary canal and poison the blood. The action of mercurials, which heretofore has not been well understood, is now made plainer in the light of these facts; they evidently play an antiseptic rôle, in arresting morbid fermentations and destroying bacteria. They also neutralize the ptomaines, and thus prevent self-poisoning, and by their

cholagogue effect on the liver they indirectly have the same result. In answer to the question: "How may one determine the necessity for intestinal antiseptics?" the writer remarks, that one indication is the presence of indican in the urine.

Dr. Kinsman in pursuance of his inquiries in this direction has made a series of experiments on the discharges of patients affected with cholera nostras and cholera infantum. He has invariably found in these stools enormous masses of bacilli, and the examination of the urine revealed the presence of indican. The green discharges of infantile catarrh of the intestines also contain bacteria in abundance, and here Dr. Kinsman's observations agree with those of Professor Hayem, who however claims to have isolated the specific bacterium which causes the green discharges.

It is worthy of note that the success which attends the antiseptic treatment of these intestinal affections—and the markedly bactericide agents such as creosote, resorcin salicylate of soda, corrosive sublimate seem to be more and more coming to the front in the therapeutics of intestinal ailments—confirms the views which have above been stated.

—A Health Department wagon, carrying a barrel filled with a solution of bromine, was driven along the excavations, and the chemical was sprinkled upon the upturned earth from large sprinkling cans. Mr. Bayles, President of the Board of Health, was present at 9 o'clock yesterday morning when the operation was in progress, and expressed himself as much pleased with the result. The odor of the mixture is rather pleasant, and it at once neutralized the bad smell from the dirt. At Twenty-seventh Street and Broadway, where some particularly foul earth lay exposed, a double dose of the disinfectant was applied, with the result that the offensiveness was wholly removed. The smell from the dirt is simply that of the gas which has escaped from the pipes, and which the pavement held imprisoned in the ground. Although several people complained of headache from inhaling it all day, it is not considered as very unhealthy. Several applications of the chemical were made during the day, and everybody was gratified at the marked change for the better.—*New York Sun*, August 18th.

NOTES AND COMMENTS.

Pachydermia Laryngis.

[The deep interest which has been aroused in the disease affecting the throat of the Crown Prince of Germany, must be our excuse for giving to the readers of the *REPORTER* a more extended description of the affection than that contained in the last issue.]

In opening his paper (read before the Berlin Medical Society) Professor Virchow remarked that it would ill become him to omit mention of the fact that his discourse was occasioned by the serious illness of the Crown Prince, which had so largely engaged public attention during the past few months. After alluding to his early studies of the anatomy of laryngeal growths, he described the boundaries of the pavement epithelium of the pharynx, as it extended upon the laryngeal structures; referring especially to the broad strip of pavement epithelium which passed over the region between the two arytenoid cartilages, and is thence continuous without interruption upon the vocal cords to their anterior extremities. He remarked that these sections of the larynx covered with pavement epithelium, when compared with portions of the digestive tract, showed a type approaching the cutaneous cells; that their characteristics were more or less cutaneous or dermoid. This was especially shown in the continuity of the flat epithelium of the skin, as it extended through the mouth into the respiratory and digestive tract.

The processes which form the objects of interest in this epithelial tissue partake largely of the character of chronic inflammation, in the course of which two morbid processes are especially noticeable, viz., *a.* localized swelling, generally limited to a single point; *b.* diffuse swelling. Both are excessive epithelial proliferation; in the first the cells do not change their type, but greatly increase as dermoid cells; in the second a diffuse proliferation of the superficial connective tissue, rather than of the epithelium, takes place. Both processes Virchow names pachydermia; the limited or localized form he terms "wart" pachydermia, or pachydermia verrucosa.

As a characteristic appearance on examination he finds at the posterior extremity of the vocal cord, where the processus vocalis of the arytenoid cartilage passes beneath the mucous membrane, at its emergence, a flat, oval swelling, which extends generally ob-

liquely from behind and above downward and forward beneath the border of the vocal cord. These bodies are symmetrical, and are not the scars of former ulcers, but epithelial layers closely adherent to the subjacent cartilage, and probably undergoing an erosive-like process. In addition to this there is a diffuse process which extends over the entire surface of the vocal cords, and consists of a superficial layer of grayish, thick material, which is made up of epithelial cells. Microscopic examination reveals a papillary structure covered with epithelia. A further extension of the disease is found in the inter-arytenoid spaces; this occurs, however, infrequently. In this condition an important feature is the occurrence of masses of hardened fissured tissue called rhagades, resembling the hardened portions of cutaneous callus. By the movements of the parts these masses wound the surrounding tissues, producing the appearances of cancrioid ulcers. He does not believe that an actual change into cancrioid occurs.

The most salient point of warty growths upon ordinary examination, is found at the middle and anterior portion of the vocal cords, and in the anterior angle where the vocal cords meet.

The best described form of pachydermia is that in which the papillary element is least well marked, the growth consisting of epithelia only. Such growths are generally called papilloma, a name which Virchow considers an absurdity; he shows how it is equally applicable to various tumors, and wishes that it was rejected from the literature as meaningless.

The essential characteristic of papillary proliferation in the larynx he considers to be the proliferation and hardening of the epithelial elements. Epithelioma is a much more appropriate name for the growth, which should be subdivided into hyperplastic and heteroplastic.

The diagnosis is difficult, and it can only be determined by anatomical examination whether the growth is heteroplastic or cancerous, or only superficial epithelial proliferation. The latter consists of a growth of the epidermal epithelium, amidst which the papilla grows. Such symmetrical growths are often found in connection with nests of epithelial cells. According to Virchow, the verrucosities of the larynx are of epithelial nature, and were formerly called condylomata, but this name is now reserved for another form of tumor. Another gross error in the classification of these growths has been in calling them fibromata; when sections are

properly made it will be found that in no instance does the connective tissue proliferate into the epithelium, but the growth is an epithelial proliferation. It is not difficult, by proper section, to study carefully the development of these tissues from nuclei, and from such observations the conclusion is reached that the disease pertains to the epithelium as such. Polyps may possess some of the characteristics of these growths, but not their combined peculiarities.

Virchow sums up his description as follows: In a certain portion of the larynx, caused by irritation similar to that which exists on the external skin, two kinds of proliferation may occur which resemble chronic inflammation; one produces a warty growth, and one a diffuse, even swelling, which attacks the entire superficies. These resemble markedly the warts and diffuse swellings produced by irritation of various sorts upon the integument, causing a local increase of tissue. (In illustration of the differential diagnosis of these growths, specimens of lupus and papillary cancer were exhibited.)

Virchow's criterion of distinction between the papillary wart and the papillary cancer is the absence or presence of epithelial elements in the connective tissue. He considers all growths benign in which the normal demarcation remains at the base of the epithelial layer. Every trace of epithelium in the connective tissue he considers suspicious. When he finds beneath the boundary line of epithelium spaces filled with epithelial masses, then he recognizes the distinctive characteristic which stamps the formation as cancerous.

Betol—A New Anti-rheumatic Remedy.

The substitutes for salicylic acid and its salts, which are continually increasing in number, appear to have received an important addition in the introduction of a salicylic ether of naphthol, which has been recommended by Sahli, who, our readers will remember, likewise introduced salol into the therapeutics of rheumatic affections. To this substance Sahli gives the name of betol, and like salol, which divides into salicylic acid and phenol, it splits up in the organism into salicylic acid and naphthol.

Betol appears to possess the advantage over salol in freedom from odor and taste. It contains, however, ten per cent. less salicylic acid than salol, and has likewise the disadvantage of possessing a much higher melting-point (203°F. , instead of 109°F.),

a point which is of importance, since the readiness with which such compound ethers split up into their component parts is dependent upon the lowness of their melting-point.

The conditions under which this remedy may be applied do not yet seem to be clearly established, since Sahli states that while he has in numerous cases of articular rheumatism, neuralgia, etc., employed betol with most successful results, in other cases its use has been followed by no improvement. In the latter instances, examination of the urine has shown, by the absence or faintness of the salicylic acid reaction, that the preparation did not become decomposed, as it must do to produce any therapeutic effects. Betol is readily soluble in fluid fats, and Sahli recommends the administration of this substance in solution in oils, with the hope of facilitating its decomposition, since it is known that the melting-point, and therefore the point of decomposition, is lowered by the presence of certain organic bodies.

Kobert, in the preceding number of the same journal, has likewise published a paper on this subject, in which he, almost without qualification, gives the preference to betol over salol, especially in its freedom from disagreeable after effects. Sahli regards this position as, however, not yet proved. He has given betol in amounts varying from 15 to 180 grains in the twenty-four hours, the latter in a six year-old child. In some instances he has found the most marked effects from the smaller dose, while in other cases the larger amounts have appeared entirely inert. He therefore thinks that in our present imperfect knowledge regarding this substance, betol cannot yet take the precedence over salol on account of its smaller percentage of salicylic acid and its more difficult decomposition; so, also, the substitution of the inactive naphthol for phenol is to be regarded as a disadvantage, since the action of salol is not to be attributed solely to the salicylic acid but also to the phenol, which especially appears to be of value in the treatment of neuralgia. Nevertheless, on account of the freedom from disagreeable odor and taste, betol appears to be well worth further study to establish the conditions in which it is of value and to determine the correct method of its administration.

Kobert, who describes this preparation under the name of naphthalol, found it very useful, and at least as valuable as other medicaments, in various forms of catarrh of the bladder, especially in gonorrhœal cystitis,

with alkaline decomposition of the urine. The urine soon became clear and acid, the formed elements in it were diminished in number, and the pains of the patients became easy.—*The Therapeutic Gaz.*, Aug. 15, 1887.

Glioma of the Retina, Convulsions, Extirpation of the Eye, Death.

Dr. Wood gives the following account of this case in the *North Carolina Med. Jour.*, August, 1887.

Mistakes in diagnosis, if thoroughly recognized and investigated, are capable of yielding valuable lessons to the practitioner. I have overcome my hesitation in making this case public, because I believe its narration may serve to teach the important lesson in diagnosis which I learned by it:

O. S., a boy not quite 3½ years of age, was brought to me for an eye trouble. The cursory examination I was permitted to make of the little patient, who had become peevish by frequent attempts to see his eye, revealed what I took to be glaucoma. The upper lid was prominent and slightly red, having the appearance of ptosis, but still under control of the patient. The globe was hard, but not stony hard, as described in absolute glaucoma. The interior chamber had the reflex of a glaucomatous eye. There was a great amount of constitutional disturbance and the patient was anæmic, and his appetite exceedingly capricious.

The history of the case as obtained from the mother was that when the child was eighteen months old, while at play, it was seized with a sudden pain in its eye, and came running to her saying he had "got some snuff in his eye." She examined it, but did not discover any snuff. The pain passed off in a short time, or at least he was easily pacified. It was not long after this occurrence that a relative visiting the house remarked upon the peculiar appearance of the child's left eye. As he said he "could look deep down into the eye — there was a small clear spot in it." This was about August, 1883, two years after the first symptoms were noticed.

The father of the child was not willing to have an examination made at the first visit, and he returned to his home leaving the impression on my mind that I had absolute glaucoma to deal with, and that nothing better could be promised than an iridectomy of the remaining eye.

On Tuesday, 5th February, 1884, seven months after he was first seen by me, the patient was brought again to me, a dis-

tance of ten miles. Shortly after his arrival he was taken with convulsions of a most violent character, as described by the friends present. I saw him two hours later, and, learning the condition of the patient from the messenger, I secured the assistance of my friend Dr. W. J. H. Bellamey, who kindly visited him with me. We found him in a state of coma. His lips were cyanotic and covered with frothy saliva; his complexion was cadaveric; his pulse was small and very rapid; his breathing labored. Temperature in the mouth was found to be 99° F. The left upper lid was perceptibly prominent; there was a hemorrhagic stain of the lower edge of the sclerotic; death seemed imminent. A hasty examination led us to the conclusion that the life of the child was threatened by the pressure of the globe, and extirpation was decided upon.

Chloroform anaesthesia was attempted, but the breathing was so irregular that it was found impossible and unnecessary. Artificial respiration had to be kept up during the operation. There was the usual amount of hemorrhage, which was encouraged. After the extirpation was completed the breathing improved and so continued until it became normal in a few hours. The justice of the operation on therapeutic grounds was thus demonstrated.

A few months after, the orbit refilled, and the growth was removed, the cavity being well filled with chloride of zinc paste, and treated for several days. The fatal ending was thus delayed only a few months, the parents of the child declining any further efforts to destroy the growth.

The history of this case covers a period of about three years.

Vaginal Hysterectomy.

The *N. Y. Med. J.* (July 30, 1887), publishes the following correspondence, which explains itself:

In an article on "Vaginal Hysterectomy." by Dr. A. P. Dudley, published in your journal for July 9th and 16th, credit is given me for three operations of complete removal of the cancerous uterus *per vaginam*, with one recovery. I desire to add to this number two cases in which I operated on February 2d and 23d, 1887, with recovery; also a third, in which I operated on the 19th inst., which has thus far progressed so favorably that I have no reason to doubt that the patient will recover. I am induced to ask you to publish this note partly because I wish to

place my improved results on record (six cases with four recoveries), and partly because I feel compelled to differ with Dr. Dudley in his recommendation of the lateral posture with Sims's speculum as the best for the operation. My last three operations were performed with the patient in the dorsal posture, the uterus being removed *in situ*, according to the methods of Fritsch and Leopold, with modifications to suit the case, perineal and lateral retractors being used only at the beginning of the operation, and occasionally later on. The duration of the operations did not exceed an hour and a half, and the recoveries were uninterrupted. I am convinced that increased familiarity with the technical details of this operation will enable us to achieve as good results, so far as immediate recovery is concerned, as are reported by Fritsch (60 cases with 7 deaths) and Leopold (48 cases with 3 deaths). Had I then been as familiar with the details of the operation as I am now, and had I performed it then in the dorsal posture, I am confident that I should not have lost my second and third patients, who died of shock from concealed hemorrhage, the Sims's speculum having hidden the bleeding points.

PAUL F. MUNDE.

In a paper read by Dr. A. Palmer Dudley at the third meeting of the Alumni Association of the Woman's Hospital, and published in your Journal for July 9th and 16th, entitled "Vaginal Hysterectomy in America," there is one statement that is misleading. In speaking of the extirpation of the uterus by abdominal section, Dr. Dudley says: "As early as July 25th, 1853, Dr. Walter Burnham, of Lowell, Mass., operated by this method, and was followed in August of the same year by Dr. Gilman Kimball, of the same city." This naturally conveys the idea that Burnham was the first successful operator and entitled to the credit of the same. This is contrary to fact. To Dr. Gilman Kimball belongs, and has been given, the credit of having been the first to operate with success after a correct and clearly determined diagnosis had been made. The case occurred in Vernon, Conn., and the operation was performed on September 1st, 1853, for the removal of a uterine fibroid. It was in every way a success, the patient being fully restored to health. A full history of the case was published in the "Boston Medical and Surgical Journal" in May, 1855. The case reported by Burnham and one reported by another operator in a neighboring city were cases of *mistaken diagnoses*. An operation

was undertaken in each case for the removal of an ovarian tumor, but resulted in the removal of a uterine fibroid, and in one case the operator did not know he had removed a fibroid until he was told so by a pathologist to whom it had been sent for examination. The accounts of the cases were published and widely distributed, but for some mysterious reason the error in diagnosis was not mentioned.

I will mention a few of the leading men who give the full credit of the operation to him to whom it belongs. Koeberlé, of Strassburg, in a pamphlet on "Extirpation of the Uterus," describes the case of Dr. Kimball as the first successful one on record. Bantock, of London, in an exhaustive article in the *British Medical Journal*, after reviewing the whole subject, unhesitatingly gives the credit of having been the first to operate successfully in this line of surgery to Dr. Gilman Kimball, of Lowell. Baron von Langenbeck, of Berlin, speaks of this case as having no precedent in surgical literature. Keith, of Edinburgh, also ascribes to him the full credit for priority in the operation. In a paper by Dr. T. G. Thomas, of New York, published in the *American Journal of Medical Sciences*, in 1876, reviewing the progress made in gynecology in this century in America, in speaking of the procedure, the author says: "In 1853 the first operation was performed in this country for this purpose by Kimball, of Lowell, the tumor weighing six pounds, and the patient recovering. Kimball has, thus far, performed ten operations, with four recoveries and six deaths." It is thus seen that the most eminent authorities, both at home and abroad, place the credit where it rightfully belongs, and it does not seem as if any one who knows the true history of the operation will presume to question the correctness of what is now acknowledged by the highest authorities on the subject.

IRA J. PROUTY.

Legal Responsibility for the Use of Forceps.

The following case tried before Mr. Justice Cave, at Guilford, England, July 21st, 1887 (*British Medical Journal*, August 13, 1887), is of striking interest in this connection since it explains an important medico-legal question and shows the difficulties which must attend this character of medical litigation.

In the case in question action was brought to recover \$2500 damages for alleged negligence, unskillfulness, and misconduct of the defendants in their treatment of the plaintiff's wife in and about her confinement.

The plaintiff, one Gibson, alleged that he engaged the defendant, Jeffries, to attend his wife in her confinement and that Jeffries negligently directed the defendant, Hills, to attend her; that Hills did not exercise a reasonable degree of skill or care and was guilty of gross neglect and unskillfulness in conducting the delivery, whereby the plaintiff's wife was seriously hurt, wounded and mutilated.

Hills alleged that the labor was difficult and that after waiting a reasonable time, and finding the pains ineffectual and the head jammed in the pelvis, he, having obtained the husband's sanction, proceeded to deliver by the forceps. He did so, considering her condition was one requiring such assistance to effect delivery. The perineal rupture was unavoidable and was not caused by any neglect on his part. To repair the wound he had inserted three or four catgut sutures and had given proper directions to the nurse to keep the patient quiet afterwards. On the fourth day after delivery Hills handed the case over to one Chapman, another assistant of Mr. Jeffries. Chapman gave evidence to the effect that he assumed charge on the fourth day; that he found the perineum deeply lacerated and the wound in a very bad state. He considered the forceps had been used too early in the case and too continuously, without giving the parts time to recover themselves, and that during the delivery the perineum ought to have been supported by the hand.

Mr. Jeffries witnessed that he had frequently engaged Hills before as his *locum tenens*, and that he had always given satisfaction.

Dr. Graily Hewitt stated that the plaintiff's wife had consulted him about the injury to her perineum four months subsequent to the birth of her child. He found the perineum had been torn, the injury extending into the rectum. Dr. Hewitt refused to operate upon the case when he learned that an action for damages had been commenced by the patient and her husband. Dr. Hewitt expressed the opinion that as to the forceps being used at the proper time, no opinion could be given unless after examination of the condition at the time; it was for the practitioner to judge of that. His further testimony was corroborated as to the correctness and skill of Mr. Hills' management of the case. The learned judge in summing up the case observed that medical practitioners were expected to bring to bear a reasonable degree of skill and care, otherwise they became liable.

The evidence showed that Chapman had quarreled with the defendant, Jeffries, and

his testimony was impeached. Three medical men, witnesses for the defence, alleged that it was impossible for them to say, unless present at the time of labor, whether instruments were properly used or not; and that to form a judgment on this point the state of the patient must be known and considered. The judge virtually instructed the jury to bring in a verdict for the defendants, which was accordingly rendered as follows: "For the defendants, but we think there was not sufficient medical supervision over the nurse in the after treatment."

It was shown by the evidence that Mr. Hills had failed to inspect the perineal wound and had left its attention to a nurse. As he resigned the case on the fourth day into Chapman's hands one may question whether the subsequent neglect was not as much attributable to Chapman as to Hills.

The case is instructive from several standpoints. *First.* The plaintiff denied Mr. Jeffries' right to employ a substitute in the management of the case, especially one less skilled than himself. *Second.* Whether the careless use of the forceps is not just ground for legal action. We think it is. *Third.* Mr. Hills was somewhat remiss in duty in not carefully closing the perineal tear.

Is it not incumbent upon the obstetrician to promptly discover the extent of this lesion, to confess the same and to attempt its repair by primary union? We think so. It was shown that the plaintiff had greatly suffered in health and in loss of money in consequence of this perineal wound. She was permitted to bear the results of a lesion which might have been corrected if not prevented by skillful treatment. According to the evidence the jury could not do justly otherwise than find for the defendants, but it seems to us at this distance from the case that the plaintiff had good ground for instituting a suit for damages.—*Maryland Med. Jour.*, Sept. 3d, 1887.

—How to cut glass with a pair of scissors is not new, but may be of interest to our readers. According to the "Pottery Gazette," glass may be cut under water with great ease, to almost any shape, by observing the following directions: The glass must be kept quite level in the water while the scissors are applied; and, to avoid risk, it is better to perform the cutting by taking off small pieces at the corners and along the edges, and to reduce the shape gradually to that required. The softer glasses cut the best, and the scissors need not be very sharp.—*The Western Druggist*, August, 1887.

CORRESPONDENCE.

Dentistry for the Country Practitioner.

EDS. MED. AND SURG. REPORTER :

Dear Sirs : In reply to the question which you have asked, how great a knowledge of dentistry a country practitioner should have, I cheerfully write the following, which seems to me to cover the most essential points :

The doctor, in either the city or country, should know when to lance a child's gums. This knowledge is by no means as easily mastered as is generally supposed.

In the first place, the time at which the teeth normally appear should be perfectly known. Then, when a child begins to drink and cries without any obvious cause, or has its bowels or stomach obstinately deranged in such a way as to defy treatment, the practitioner should lance thoroughly over the position of the expected tooth. The moment the enamel emerges from its bony bed and begins to press the gum upward, the stretched tissues should be severed at once in order to relieve the tension. The gum will grow together, but should be cut again as soon as the child shows any tendency to relapse into the condition marked by the symptoms previously stated. If this be done frequently, the gums will not become inflamed, and the operation will be attended with almost no pain. The mother of the child, who is with it constantly, with a little education will be able to tell when the time for lancing has come much better than the doctor. And what is more, she will be one of the firmest advocates of lancing it if it is done in the first instance at the proper time, as she will see her child transformed, in a few minutes, from a crying, feverish, restless baby to a quiet, restful infant. When the gum is bulging it is rather late for the operation, but the lancet should nevertheless be used at once. The cusps of the molar teeth can often be felt low down on the side of the gum shortly after they have protruded from the alveolar process, although the eye is able to detect nothing. The gum over the molars and canines should be lanced with a double cut diagonal to the line of the gums. The gums should receive a single incision directly over the incisors, which cut should in all cases extend directly to the tooth substance.

The practitioner should also know how to cure tooth-ache. To do this, he must know that tooth-aches are divided into two great classes.

First, those caused by irritation of the nerve of the tooth proper, and *second*, those caused by hyperstimulation of the nerves in the structures adjacent to the root. The first class can be cured in the course of half a minute by the use of the proper medicaments in ninety-nine cases out of a hundred. Oil of cloves, carbolic acid, tincture of aconite, creosote, chloral, camphor, cocaine and a number of other remedies have been used—sometimes one has failed, sometimes another; all are more or less inefficient.

About two years ago Dr. Randolph brought the drug called Lewinin, a petroleum ether extract of Klada Kava, to the notice of the dental profession. A ten per cent. solution of this, made with chloroform, acts in a manner similar to cocaine, but much more rapidly. At that time Dr. R. was kind enough to present some of it to me, and since then I have never failed to cure a tooth-ache of the first named class immediately by its use. If Lewinin is unobtainable, and it is quite expensive and difficult to get, cocaine would better be tried. The irritant which causes the tooth-ache of the second class in almost every case is gas generated in the pulp-chamber, which is forced into the structures around the tooth through the apical foramen. If a hole be bored into the pulp chamber with a fine spear-pointed drill, the gas escapes as soon as it is formed and, the irritant being removed, the pain subsides in a few hours. Syringing out the pulp chamber and painting the gum over the roots with strong iodine will hasten recovery. Of course one must be sure that it is a tooth-ache of the second class before applying this remedy. The diagnosis is easy to make. If a jet of ice-cold or very hot water be injected into the cavity and no immediate pain be caused, or, if the tooth is lifted above its neighbor, and hurts when bitten upon, do not hesitate to open the chamber at once; the pulp is dead and gas is being formed. If the water application just mentioned causes throbbing, use the medicaments. If the tooth-ache is still refractory, the desirability of extracting it is to be discussed.

This brings me to the third requirement, namely, that the doctor should know how to extract teeth. To do this in a satisfactory way he must have a knowledge of their anatomy and that of the adjacent structures, and a good set of forceps. The method of extracting teeth is not very difficult to learn, and may be summarized in the following way: If the blades of the forceps are not pushed well up there is danger of fracturing

the tooth. The upper incisors, upper and lower canines are removed by a twisting and vibratory movement. The lower incisors and all the bicusps, with the sixth and twelfth-year molars, are to be detached by a simple outward and inward movement. The forceps should be forced far up on the roots of the tooth, which should be thoroughly loosened before its removal is attempted. The upper sixth and twelfth-year molars should receive the outward movement first, in order that the palatine root may be loosened at once. The upper wisdom teeth are the easiest teeth to extract, and are extracted by one outward and backward movement. The extraction of the lower wisdom tooth is most difficult. It is usually removed by an outward and backward twist.

But after all, these directions, which are like the alphabet to every dentist, are very crude. It is necessary to feel the tooth and take it out in the direction where the least resistance is offered. Yours respectfully,

JOSEPH HEAD, M. D., D. D. S.

Medicine in Iowa.

EDS. MED. AND SURG. REPORTER :

Here in Iowa it is remarkably healthy just now, and these sweltering hot days find me getting lazy. In a recent number of the *REPORTER* is recorded a case of heart disease in the treatment of which I can see nothing remarkable except a display of good sense. I wish to report a case not because there is anything new in treatment, but to keep the case fresh in my mind as one that can be very promptly relieved by a proper medication, not by any new methods, but upon principles old and time honored:

Mr. W., aged 63, an Irishman of temperate habits and no family history of note, always a hard worker, for forty years a railroad employe, of late years a section foreman, about a year ago noticed that he was more weary than usual after his day's work, and later that his breath was getting shorter upon any unusual exertion. About a month ago I was sent for where he was at work, about ten miles from my office. I found him sitting up, breathing short, countenance anxious, face dusky, pulse 120, heart impulse weak. He had been unable to lie down at night for several nights. A doctor had seen him and said he had asthma, and prescribed for him, but with no relief; he had no fever, tongue furred and appetite poor; bowels constipated. A physical examination showed effusion in pericardium and in left pleura; no

oedema of feet and ankles as yet. He wished to be brought to the town in which I lived, where he could have better care and proper treatment, and I only prescribed some palliatives until he could get there. The next day I found beginning oedema of legs, all other symptoms intensified. I began treatment as follows: R. Calomel, grs. x; sodæ bicarb., grs. v; and in four hours to have a pill of elaterium, $\frac{1}{2}$ gr. every six hours until free and thorough purgation, and in the course of twelve hours the action of the bowels was decidedly brisk. Then the following: R. Inf. digitalis, $\mathfrak{z}$ viii; pot. acetat, $\mathfrak{z}$ s. M.—A tablespoonful every six hours. The elaterium was repeated every other day, and the digitalis mixture continued. On the third night after treatment was begun he could lie down and sleep all night, and has done so ever since. His appetite returned, and he gained strength steadily, and now there is no sign of oedema nor effusion in any of the serous cavities; his heart is acting strongly and steadily, and he takes no medicine except some laxatives. In cases of dropsy from heart disease, I have seen the most wonderful results with treatment on this line. In such cases we see the triumph of scientific medication. The tools are sharp and keen; if we know how to wield them the results will be very gratifying to both patient and physician.

St. Ansgar, Ia. A. D. BUNDY, M. D.

EDS. MED. AND SURG. REPORTER :

Dear Sir:—In a report in the *Public Ledger*, from your journal, you say that when a druggist fills a prescription, "just look over and lay down a quarter."

Now when you say "the chances are that the drugs in the prescription don't cost over a dime," you overlook the item of labor. The labor must be skilled under penalty of the law, and is worth remuneration. The rule adopted where I am employed is to charge for labor and use of apparatus at a rate of 50 cents an hour, and to add it to the value of the drugs.

H. F. BACKHUSTON.

Phila., Sept. 2, 1887.

[We are surprised that our amiable correspondent should have found anything but pleasantry in the item referred to.—EDS. REPORTER.]

Dr. Borchheim, a physician with an extensive practice in Atlanta, Georgia, committed suicide September 11, 1887. The cocaine habit is said to have been the cause.

NEWS AND MISCELLANY.

The Gait of a Criminal.

A curious study has been made by Dr. Peracchia of the differences between criminals and law-abiding citizens as exhibited by their walk (*La Riforma Medica*, No. 147, 1887). The author first made a number of observations to determine the conditions of normal progression, and found that in good people the right pace is longer than the left, the lateral separation of the right foot from the median line is less than that of the left, and the angle of deviation of the axis of the foot from a straight line is greater on the right side than on the left.

Comparing these results with those obtained from the study of forty criminals, he found that in the latter the pace was shorter than the normal, a fact which did not seem to coincide with the greater robustness or "toughness" of these individuals. The left pace was longer than the right, the lateral deviation of the right foot was greater than that of the left, and the angle formed by the axis of the foot with the straight line was greater on the left side than on the right. It would thus seem that, in general, the gait of a criminal betrays a marked preponderance of power of the left foot over the right—a true sinistrality. This also agrees with the discovery of Marro that criminals are often left-handed. The moral is, of course, to beware of a left-handed individual, for there is a possibility that he may not be of good moral character.

But this is not all. Dr. Peracchia has not only shown us how we may distinguish criminals in general, but has laid the beginnings of the differential diagnosis between various sorts of evil-doers. The following are the distinguishing characteristics which his observations have enabled him to formulate:

1. *Thieves*.—In those who are predisposed to appropriate the property of others there is a pronounced widening of the base of support, together with a very long step.

2. *Assassins*.—In those who have murder in their hearts the base of support is not as wide as it is in thieves, since the angle formed by the axis of the foot with the median straight line is less obtuse; but the sinistrality betrayed by their foot prints is very marked.

3. *Ravishers*.—Those whose tendencies are in the direction of rape may possibly be detected by a skilled diagnostician by the fact that they take short steps and have no sinistrality to speak of.

These discoveries are of a very interesting character, and if the criminal could be induced to walk before the honest man, instead of following him as he usually does, they might also be put to a practical use, for then good citizens could diagnose the rogue by his tracks, and might thus be enabled to escape robbery, assassination, or rape, as the case might be.—*Med. Record*, Sept. 3d, 1887.

Composition for Removing Ink.

A newly patented composition for the removal and erasure of writing inks or writing fluids from paper, cloth, and all other substances with which writing fluids or inks may come in contact, without injury to the paper or other substance, consists of the following ingredients, viz.: Four quarts of water, four ounces of citric acid, twelve to sixteen ounces of strong solution of borax, three-quarters of a pound of chloride of lime.

In preparing the composition, two quarts of water, which has been previously boiled and cooled, are taken. Four ounces of citric acid are added, and after the acid has been dissolved, six to eight ounces of a strong strained solution of borax are added, after which the whole may be put in a bottle or suitable receptacle. Two quarts of water, which has been previously boiled and cooled, are taken, adding thereto three-quarters of a pound of chloride of lime. The whole is well shaken and left to stand from four to six days, after which it is strained, and from six to eight ounces of a strong solution of borax are added, and the whole is placed in a separate bottle.

When it is desired to remove ink from paper, cloth, or other absorbent substance, the composition in bottle No. 1 is applied so as to thoroughly saturate the place occupied by ink, a blotter being used to absorb all waste moisture. The composition in the second bottle is then applied. By the combined use of the two fluids thus described, writing inks or other fluids will be immediately dissolved and removed from the paper, so that the latter may be again written on.—*Pacif. M. Rec.*, Aug., 1887.

The Crawford County Medical Society.

The trouble in The Crawford County Medical Society, which has existed for the last six years, and which resulted in the expulsion of Dr. John C. Cotton by the Society, has recently been decided in the Court of Equity of Crawford county. The decree of the court reverses the decision of the Medical Courts of the State, and restores Dr.

Cotton to his membership. The court holds that voluntary associations must be governed by their own laws, which in this case had been violated, in that the Society ignored the action of its own judicial body, which had exonerated the doctor, and proceeded to try the case itself, with a different result.

Cocculus Indicus.

According to Dr. Atkinson (*Virginia Med. Month.*, August, 1887), *cocculus indicus* is much used to increase the intoxicating power of beer, and the quantity of this adulterant imported into England is really enormous. Commonly, it is understood to be imported from the coast of Malabar for use among the tanners and dyers; but there is a so-called "extract" sold in casks, under the name of "bittern," which is said to be composed of this same *cocculus indicus*, with extract of quassia to add to the bitterness of the beer, with liquorice to impart color, and sulphate of iron to give an additional froth to the fluid. It is said that the copperas is especially useful in the manufacture of porter, or stout, as giving the peculiar flavor to porter and to half-and-half, when drunk from the pewter pot so common in ale houses throughout England.

Died in a Dentist's Chair.

A case of death in the dentist's chair occurred at Harrisburg, August 29. The victim was George E. Hoffman, book-keeper for the Foundry and Machine Works, aged 38 years. Mr. Hoffman went to Dr. M. M. Ritchie to have a tooth pulled, and previous to the operation there was administered to him a mixture of chloroform and ether. The operation was about over when Dr. Ritchie noticed that Hoffman's face had grown pallid and his limbs rigid. He placed him on the floor and tried all the remedies at hand, but without avail. Assistance was summoned, but after an hour's work Hoffman breathed his last. Dr. Ritchie thinks he died of brain trouble. A post-mortem examination will be held.

Deceased was a son of the late ex-Sheriff Hoffman and was at one time prominent in the politics of Northumberland county. He served for several years as a clerk in the State Treasury under Robert W. Mackey.

Death from an Overdose of Morphine.

Bristol has been in great excitement for four days over the manner of the death of William Morrow, a respectable young carpet weaver, 23 years of age. Half the town is up in arms, blaming the physician who attended the young man for his death, while the other half are as vigorous in their defense of the doctor.

There is not the slightest doubt but that the young man died from taking a one-grain powder of morphia. He had gone to the physician to get something to make him sleep. It was an overdose, but he was given verbal instructions as to its use. Coroner Silbert held an inquest, which was attended by hundreds. The jury's verdict was: "The jury find that William Morrow came to his death by an overdose of morphia, taken in mistake through a misunderstanding of the physician's directions."

Liability of Physicians.

In a recent case, involving a charge of malpractice, tried in the Supreme Court of Massachusetts, the presiding Judge in charging the jury used the following language: "Whenever men are called upon to act with dangerous agencies, the law holds them to some degree of criminal responsibility. If they are grossly careless or reckless and presumptuous, they are guilty. The same general principle applies to medical treatment. The prosecution must show not merely the absence of ordinary care, but gross carelessness, amounting to recklessness. A man is not to be convicted of manslaughter merely because of his ignorance. His ignorance is only important, as bearing upon the question, whether his conduct in the care and treatment of the patient was marked by foolhardy presumption or gross and reckless carelessness. The defendant is to be tried by no other or higher standard of skill or learning, than that which he necessarily assumed in treating her; that is, that he was able to do so without gross recklessness or foolhardy presumption in undertaking it. It is not necessary to show an evil intent; if by gross and reckless negligence he caused the death, he is guilty of culpable homicide." Accordingly it has been held that a dentist or surgeon using an anæsthetic is not bound to look for any but the probable and natural effects of the drug, and is not liable for results arising from the peculiar temperament or condition of the patient, of which he had no knowledge, although if

this were discoverable upon such an examination of the patient as reasonable skill and diligence require, the dentist or surgeon would be responsible for negligently failing to inform himself.

The fundamental idea on the subject is, where honesty, average intelligence, skill and learning are possessed and are applied to the treatment of the case, with ordinary diligence and caution, the physician is not liable for any mischance that may befall his patient. It is only where he has been culpable that he is liable in damages.

A physician treating a patient in good faith, to the best of his ability, is not criminally responsible for the patient's death, although caused by medicine administered by him; but a person ignorant of the uses and properties of a poisonous drug is criminally liable for the negligent use thereof.—

Hall's Journal of Health.

A Surgeon's Life.

[From the Autobiography of the late Dr. Gross.]

I have always held that it is impossible for any man to be a great surgeon if he is destitute, even in an inconsiderable degree, of the finer feelings of our nature. I have often lain awake for hours the night before an important operation, and suffered great mental distress for days after it was over, until I was certain that my patient was out of danger. I do not think it is possible for a criminal to feel much worse the night before his execution than a surgeon when he knows that upon his skill and attention must depend the fate of a valuable citizen, husband, father, mother, or child. Surgery under such circumstances is a terrible taskmaster, feeding like a vulture upon a man's vitals. It is surprising that any surgeon in large practice should ever attain to a respectable old age, so great are the wear and tear of mind and body.

The world has seen many a sad picture. I will draw one of the surgeon. It is mid-day; the sun is bright and beautiful; all nature is redolent of joy; men and women crowd the street, arrayed in their best, and all, apparently, is peace and happiness within and without. In a large house, almost overhanging this street so full of life and gaiety, lies upon a couch an emaciated figure, once one of the sweetest and loveliest of her sex, a confiding and affectionate wife and the adored mother of numerous children, the subject of a frightful disease of one of her limbs, or it may be of her jaw, if not of a still more important part of her body. In an adjoining room is the surgeon, with his

assistants, spreading out his instruments and getting things in readiness for the impending operation. He assigns to each his appropriate place. One administers chloroform; another takes charge of the limb; one screws down the tourniquet upon the principal artery, and another holds himself in readiness to follow the knife with his sponge. The flaps are soon formed, the bone severed, the vessels tied, and the huge wound approximated. The woman is pale and ghastly, the pulse hardly perceptible, the skin wet with clammy perspiration, the voice husky, the sight indistinct. Some one whispers into the ear of the busy surgeon: "The patient, I fear, is dying." Restoratives are administered, the pulse gradually rises, and after a few hours of hard work and terrible anxiety reaction occurs. The poor woman was only faint from the joint influence of the anæsthetic, shock, and loss of blood. An assistant, a kind of sentinel, is placed as a guard over her, with instructions to watch her with the closest care, and to send word the moment the slightest change for the worse is seen.

The surgeon goes about his business, visits other patients on the way, and at length, long after the usual hour, he sits down, worried and exhausted, to his cold and comfortless meal, with a mouth almost as dry and a voice as husky as his patient's. He eats mechanically, exchanges hardly a word with any member of his family, and sullenly retires to his study to prescribe for his patients—never, during all this time, forgetting the poor mutilated object he left a few hours ago. He is about to lie down to get a moment's repose after the severe toil of the day, when suddenly he hears a loud ring of the bell, and a servant, breathless with excitement, begs his immediate presence at the sick chamber with the exclamation, "They think Mrs. — is dying." He hurries to the scene with rapid pace and anxious feeling. The stump is of a crimson color and the patient lies in a profound swoon. An artery has suddenly given way, the exhaustion is extreme, cordials and stimulants are at once brought into requisition, the dressings are removed and the resusant vessel is secured.

The vital current ebbs and flows, reaction is still more tardy than before, and it is not until a late hour of the night that the surgeon, literally worn out in mind and body, retires to his home in search of repose. Does he sleep? He tries, but he cannot close his eyes. His mind is with his patient; he hears every footstep upon the pavement under his window, and is in momentary expectation of the ringing of the night-bell.

He is disturbed by the wildest fancies, he sees the most terrific objects, and, as he rises early in the morning to hasten to his patient's chamber, he feels that he has been cheated of the rest of which he stood so much in need. Is this picture overdrawn? I have sat for it a thousand times, and there is not an educated, conscientious surgeon that will not certify to its accuracy.—*Washington Star.*

A Court Physician Beheaded.

The Ameer of Afghanistan suffered not long ago from a boil on his neck and sought relief at the hands of his court physician. The latter ordered some sort of a salve to bring the boil to a head. Unfortunately the application caused the august patient considerable pain, and after a night of torture he sent for his physician and had him decapitated. Evidently the physician to the Ameer does not hold a sinecure.—*Med. Record*, Sept. 3, 1887.

Sagacity of a Chemist.

A case has recently been reported in Paris in which a chemist acted with consummate judgment, so much so that it may be hoped that the course of action he adopted upon the occasion will be followed as a precedent by his *confrères* in trade, and be borne in mind and imitated when circumstances seem to require it. A flower girl, smarting under the infliction of being deserted by her lover, who had avowed his intention to marry another woman, made a point of attending the marriage ostensibly for the purpose of disposing of her floral wares. In the midst, however, of the rejoicing after the ceremony she suddenly confronted the newly married pair, and quickly withdrawing a bottle from her basket violently threw its contents into the face of each. A terrible scene ensued, and the worst results were anticipated by the assembled guests, the belief being that the young couple would be blinded for life. Instead, however, of this woeful termination to an auspicious gathering, nothing more dreadful happened than what a pocket handkerchief was amply sufficient to relieve. The fluid, owing to the sagacity of the chemist, was only tinted water. The flower girl, in asking for sulphuric acid, betrayed a demeanor which suggested to the shopman the probable use for which the powerful agent was required, and hence a direful tragedy was frustrated; the faces of two persons still remain unseared, and a woman's revenge, for once, has been unsatisfied.—*Med. Press and Circ.*, Aug. 17th, 1887.

A Splenic Discord.

A ductless gland is the spleen
In left hypochondrium seen,
Oblong and small in size,
Dark bluish-red to the eyes,
But what is its function, I ween?

Parenchymatous body they claim;
Pathologists talk in this strain;
'Tis full of trabeculae.
Reposits the blood, "ye see,"
This anthropological drain.

"Hepar sinistrum," old Galen cries,
"Diverticulum sanguinis," Gray replies.
It's a check on phlogosis
And controls hæmotosis
By the law of osmosis,
Which nature denies.

Quæ manu potissimum curat—amen!!
Was suggested by Celsus, adopted by Senn.
Davaine found microbes enjoying the spleen;
By Laveran, malarial bacilli are seen.
If we treat by resection this organ—what then??

But malaria, like some venomous snake,
Vents *her* spleen on this function by shiver and shake.
Malpighian cells, in her humble opinion,
Can't absorb the miasma that's in her dominion,
Unless Rex Quininus takes old Ague Cake.

And so by exclusion, we'll end all confusion,
This gland *surely* aids the digestion.
If a duct could be seen
In some good little spleen,
How soon this would settle the question.

TINNITUS POETICUS ET PRÆTEREA NIHIL.
West. Med. Rep., Aug, 1887.

The Obstetrical Advantages of Otter Tail County, Minnesota.

Otter Tail, one of the frontier counties of Minnesota, bids fair to rival the Rotunda Hospital or the Allgemeine Krankenhaus of Vienna as a resort for aspirants for obstetrical advantages and greatness. Dr. T. G. Hutton, of Fergus Falls, writes us that there are now in that county living quadruplets one week old, living triplets eight months old, living twins born of a sixteen-year old mother, and a child twelve months old whose mother is now only fourteen and one-half years old. It may be added, for the benefit of those who may hesitate between Vienna and Otter Tail County, that the latter place is just as accessible as Vienna, and the cost of living is less. The only reasonable objection to the frontier county is that the vernacular is English; nevertheless, it contains, we believe, a large number of Germans.—*Journ. Am. M. Assoc.*, Sept. 3, 1887.

Diphtheria in a Little Town — Thirteen Deaths in Five Days at Lockport, with 200 Inhabitants.

A large number of people are suffering with black diphtheria at Lockport, a small town of 200 inhabitants on the Pennsylvania Railroad about sixty miles east of Pittsburg. Thirteen deaths have occurred within the past five days.

Recently an old viaduct which formed part of the State canal was destroyed by dynamite at that point, leaving stagnant pools of water, which it is believed, have caused the epidemic. The victims are said to be seized with black vomit, and usually die in two or three days.

ITEMS.

A PHILADELPHIA ADVERTISEMENT.

JOHN BROADBENT & SON,
BAKERS AND CONFECTIONERS,
Chestnut Street.

Only the finest Chrome Yellow used in our buns.

The Arsenic we put in our Pies is warrant-free from the slightest adulteration.

Our Home-made Bread is carefully baked, and the strychnine which enters into its composition is of the best quality.

All of our Ice Cream is flavored with A 1 Croton Oil. *Give us a call.—Puck.*

OBITUARY.

DR. CHARLES WILLING.

Dr. Charles Willing, a well-known Philadelphian, and the great-grandson of Charles Willing, one of the early Mayors of the city, died on Wednesday evening, August 31, at Tockington, his summer residence, near Jenkintown. His death is said to have been due to nervous prostration. He was born in this city on October 26th, 1805. When a young man he entered the sophomore class of Harvard College, from which he graduated in 1825, graduating later on from the medical department of the University of Pennsylvania. Subsequently he continued his medical studies in Paris, but in after years he relinquished active practice.

Dr. Willing spent a portion of his early life abroad. In 1840 he was married to the daughter of Hon. Joseph L. Tillinghast, of Rhode Island. He took an active interest in many charities, and was connected with

a number of institutions, including Christ Church Hospital, the Philadelphia Saving Fund Society, the Philadelphia Library, and the Pennsylvania Institution for the Deaf and Dumb. He also held several important trusts, and was sole trustee for the estate of William Bingham. Dr. Willing's grandfather was Thomas Willing, the first President of the Bank of North America, and his father was Thomas Mayne Willing, of the firm of Willing and Francis. From his father, it is said, he inherited the old Willing mansion. The wife of the deceased survives him.

There have been no changes in the Medical Corps of the Navy for the week ending Sept. 10, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from September 4, 1887, to September 10, 1887:

Major C. C. Byrne, Surgeon, detailed as a member of the Army Retiring Board in Washington City, *vice* Captain Washington Matthews, Assistant Surgeon, relieved. Par. 2, S. O., 208, A. G. O., Sept. 7, 1887.

Major R. M. O'Reilly, Surgeon, U. S. Army, ordered to proceed to Fort Niagara, New York, on public business, and upon completion thereof to return to his proper station, Washington, D. C. Par. 10, S. O., 205, A. G. O., Sept. 3, 1887.

Capt. H. O. Perley, Assistant Surgeon, ordered to accompany battalion of the 23d Infantry from Fort Wayne, Mich., to Chicago, to participate in the International Military Encampment to be held in that city in October next. Par. 1, S. O., 191, Hdqrs. Div. of the Atlantic, Sept. 8, 1887.

1st Lieutenant W. B. Banister, Assistant Surgeon, granted leave of absence for one month, with permission to apply for extension of one month, to take effect upon arrival at Fort Lowell, of Assistant Surgeon J. B. Girard. Par. 4, S. O., 91, Hdqrs. Dep't of Arizona, Aug. 29, 1887.

1st Lieutenant Wm. N. Suter, Assistant Surgeon, ordered to accompany battery "E," 3d Artillery, from Washington B'ks., D. C., to Philadelphia, on the 14th inst., to participate in the Military Parade during the celebration of the Centennial of the adoption of the Constitution, Sept. 15, 16 and 17, 1887. Par. 3, S. O., 191, Hdqrs. Div. of the Atlantic, Sept. 8, 1887.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the two weeks ending Sept. 10, 1887:

H. W. Sawtelle, Surgeon, granted leave of absence for fifteen days, August 31, 1887.

D. A. Carmichael, Passed Assistant Surgeon, granted leave of absence for thirty days, September 5, 1887.

J. B. Fattic, Assistant Surgeon, ordered to Cairo, Illinois, for temporary duty, September 6, 1887.

THE MEDICAL AND SURGICAL REPORTER

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE PRESENT POSITION OF ANTI-SEPTIC PRACTICE.

BY D. BENJAMIN, M. D.,

Surgeon to Cooper Hospital, Camden, N. J., etc.

The advance and improvement in the practice of Medicine and Surgery for the past decade has not only equalled that of previous periods, but, as might have been expected, equals that of any other departments of Art and Science. Of all the improvements that have taken place during this time Antiseptic Practice is decidedly the most important. It marks, really, an epoch in the progress of our profession.

For this great boon let us never forget that we are indebted principally to M. Pasteur, who finally succeeded in establishing, after thirty years of tireless labor and marvelous scientific experimentation, his Germ Theory. One who reads in the original, or even in the translations of the conflicts which this man sustained, almost single handed, for more than thirty years, against the dogmas of the day, and against the fascinating "Ignus Fatuus" of Liebig, must be deeply impressed with the fact that Pasteur is one of the scientific giants of the 19th century.

By the assistance of the workers in the field of biology and pathology the germ theory has become an established fact, and is no longer to be placed in the domain of theory.

One of the first surgeons who was sufficiently advanced in Science to grasp the full

import of the subject, and apply it in his practice, was the progressive Lister, of Edinburgh, who fortunately persevered in spite of the jeers of his brethren, until success was won. It is much easier to sneer than to study.

Antiseptic practice is based upon the demonstration that putrefaction and decay are due to the presence and action of *living germs, or micro-organisms*, and upon the belief that many, if not all, of the contagious or infectious diseases are also due to the same cause. It consists in the use of such means as are calculated to destroy or exclude these germs as an element in disease and injury. The habit and methods of distribution of germs becomes at once one of the most important considerations, and should receive special study. While it may be admitted that many species of germs are constantly everywhere present in the air, it must be equally true that disease germs are not generally present in the air, but are very prone to confine themselves to limited localities; in other words, disease germs do not fly through the air so readily and extensively as is generally supposed. The more I have studied the subject the more apparent has become the fact that disease germs are for the most part carried by fomites, and as carriers of disease, liquids and solids are incomparably more to be feared than air. Why? Because rain and snow have considerable effect in precipitating them to the earth, and dry air desiccates them so rapidly beyond the point of vitality or propagation, as to be one of our best disinfectants. Germs do not seem to multiply when suspended in the air alone, but only when in contact with moist solids and liquids.

Air is not a good carrier of disease germs; they will not even pass from room to room in a house, if all the correct and proper antiseptic precautions are taken, as I have frequently proved by treating a case of contagious disease in a house where many young people resided without the disease attacking another person in the house. Notes of cases which I have prove that even the germs of small-pox will rarely cross a street, and even if they do it is probably through clinging to pieces of rag, paper, muslin, or insects, saturated with the discharges, and while light enough to be blown about by the wind, will, for a while, protect and foster the germs until they find lodgement in the system of some susceptible person.

While it may be admitted that some germs seem indigenous to certain countries—for instance, cholera and yellow fever, these diseases do not spread out through the air to other countries; they remain, if no sanitary efforts are made, in that locality for ages, and only follow the routes of commerce when they spread; in other words, are carried by solid fomites, or by streams of water; *e. g.*, typhoid fever. The habitat and method of spreading of the various contagions has, for many years, been to me an interesting study. I hope some of our pathologists will soon give us a special work on the subject.

Now, ordinarily, the air is free from the specific germs of disease, except in close proximity to a patient suffering from a contagious disease, or a "centre of infection;" and if the patient becomes affected sanitary science is becoming so accurate that the source can often be traced, and an uncomfortable responsibility, before unknown to the profession, is being thrust upon it. The visitors, the attendants, the physician, and his instruments, fall at once under suspicion; and I have already seen it asserted in prominent journals that a physician will be held responsible now at law in case of a complication of a septic character occurring in his patient where a proper regard had not been shown on his part for correct sanitation. Thus the responsibility is increased by the progress of knowledge and science.

The recent growth of the antiseptic practice is as rapid as the results are gratifying. Eleven years ago, when I was a student in the University of Pennsylvania, the germ theory was not taught in our colleges as a probably correct thing, or as essential to an understanding of the etiology or treatment of disease. It was ignored, if not positively opposed, by those who were then Professors of the Theory and Practice

of Medicine, even by the learned Dr. Alfred Stillé; and I vividly recall the feeling of trepidation that seized me when I came before him for final examination, and saw in his hand my thesis entitled "Contagia," in which I had supported the germ theory, to the best of my ability. To my surprise, when I attempted to apologize, he showed me written on the essay, in his own handwriting, "Clear, logical and convincing; honorable mention," and gave his permission for its publication, but the then editor of *The Medical Times* refused to publish it on the ground that the "germ theory was not tenable."

In 1876, Professor D. Hayes Agnew had shown us at one of his clinics the elaborate method of Lister, and made some trials of it which were hardly considered entirely satisfactory, but were very encouraging.

Dr. Goodell, in speaking of the germ as a cause of disease, said, "We will not worry about the cause so long as we have the treatment." Dr. R. J. Levis soon after this time read a sarcastic poem before the Camden County Medical Society, about "one Lister, who carbolized wounds to a blister." All these professors now either teach the theory or endorse the antiseptic practice that has sprung from it.

At that time (ten or twelve years ago) there were, to my knowledge, only two men in the profession in New Jersey who seemed to understand and advocate the germ theory, namely, Dr. J. M. Ridge and Dr. Franklin Gauntt. Even so learned an authority as Dr. E. M. Hunt deprecated the theory, and declared before the State Sanitary Association, so late as the session of 1884, that the word "germ" was an unfortunate one, and should not be used as expressing the cause of disease, which was an unproved theory. He now declares before the same Society that communicable diseases may arise from hybrids, and he that would sterilize the system against the culture of this destructive plant-life (See Report of State Board of Health, 1886, page 231).

The methods by which a case may become infected are numerous and difficult to trace, and the profession has a great deal to learn on this subject. To illustrate this truth let me relate a few instances that have come under my own observation: Two or three years ago, in making a secondary amputation, one of the physicians picked up a sponge out of a pool of the gangrenous discharge, and mopped out the stump as I was about to close it again. Not long ago I met a physician in consultation in a most malignant

case of phlegmonous erysipelas. After he had squeezed from the numerous sinuses a great deal of thick pus he followed me to the door of the sick room, and with his hand unwashed and well smeared, took hold of my overcoat and rubbed his fingers down my bosom with decided pressure. I had the coat on at the time and I was afraid to wear it any more.

Again, a year or two ago, in consultation at the bedside of a child suffering with grave scarlet fever, one of the physicians, after throwing back the quilt, sat down in the bed and leaned on his elbow in it. He was rapidly making visits that day, and said there was a great deal of scarlet fever in his practice!

Again, not long ago, a physician consulting with me in a case of malignant scarlet fever, in a small room, with little ventilation, after being in the sick room about twenty minutes, put his hat on, filled as it was with the infected air, and started to make another call in the neighborhood, when I called his attention to the fact that he would let that hat full of infected air out into the next house he visited. He seemed surprised, and said he had never heard of such an idea, but he realized the possibilities.

Lately, again, I noticed a physician holding back the flaps in an amputation, although his finger nails were black with dirt.

Again, I was present and heard an old nurse say to a physician, who had her pour a long continuous stream of water over his hands as he washed them with carbolic acid soap, before examining a labor case, that she had always before seen doctors wash their hands in a basin, and after taking them out of the water thus contaminated, wipe them on a towel, and immediately make the examination. If the attention of teachers of our medical schools is properly directed to these things, the student will be taught to think of them. It should not be forgotten that in hospitals, and more especially in private houses, those who handle and work with the sick, with suppurating wounds or loathsome diseases, generally handle the chairs and furniture and door knobs, and especially the hand-railing in the stairways. The physician's finger is no longer positively aseptic after touching these things until it is resterilized.

I have now treated in private practice over three hundred cases of labor without a death, and only in one case was there marked septicæmia. I have also a record of eighty cases of compound fracture, with but one case of blood poisoning, and this case recovered. These favorable results I think are due

largely to a constant regard for the principles of antiseptic practice.

Dirt is not necessarily infectious; it cannot be, unless it happens, which is not often the case, to contain the specific virus of a disease; and this explains why so many thousands of wounds made by dirty machinery, on dirty people, and treated by surgeons or people who know nothing of antiseptic practice, have got well without septicæmia.

Before the introduction of the antiseptic practice, 60 per cent. of the deaths in cases of compound fractures were due to blood poisoning, and the rate of mortality from blood poisoning is now said by Dr. Denis to be reduced from 60 per cent. to a figure which is represented by a cipher.

Here is a result worthy of the admiration of all mankind; a realization that startles even the most hopeful of the profession, and causes one's pulse to bound with pleasure. What attainment in all the annals of medicine has excelled this? Sixty per cent. of the death rate wiped away by the solid advance of science in a single but great department of surgery. Is this not glory enough for one decade? Let us mark the epoch and erect a monument which generations yet unborn shall look upon with grateful pride.

All the leading hospitals of the world have adopted the antiseptic practice, and a most complete and excellent system for its thorough application has been adopted by the Prussian Government for its army and navy, the application of which is obligatory.¹

The adoption of the system is now absolutely necessary in private practice by any physician, who assumes the responsibility of a case, and this is the present position of antiseptic practice.

The following is a list of articles for an outfit for private practice recommended by Dr. G. H. Kirwan:

With reference to the cost of dressings, antiseptic dressings are in reality cheaper than ordinary wound dressings. The list here given contains all articles necessary for carrying out the principles and obtaining the extraordinary results claimed for antiseptics in wound treatment, and can be obtained at a cost of five dollars.

1. Bottle of compressed tablets of bichloride of mercury, each containing 7.3 grains, so that one dissolved in a pint of water will make the standard one to one thousand solu-

¹ See *Surgeon's Pocket Book*, Surgeon-Major J. H. Porter, 1887.

tion.² These tablets are readily soluble, and are much more reliable as well as more convenient than carrying a solution.

2. A soft rubber bag fountain syringe, capacity one gallon, with six or eight feet of hose attached with adjustable tubes.

3. Violin strings, to be obtained from any music dealer, four different sizes being all that are needed. They are saturated in oil of juniper for twenty-four hours, which removes the animal oil; then kept in a bottle of stronger alcohol, and saturated in the standard solution of bichloride when required for use, and are used for ligatures, sutures and capillary drainage. When needed for the ligation of large vessels they are made stronger and less readily absorbed, by treatment with chromic acid.

4. Cheese-cloth, sold cheaply by all dry goods dealers, saturated in the standard solution, and used for compresses and bandages.

5. Absorbent cotton, saturated in the standard solution and dried. There are many good makes.

6. An ounce or more of iodoform in an ordinary pepper box, for dusting, or as I use and prefer, one of the cheap insect-powder guns, sold in all drug stores.

Armed with the six articles I have just named, and which can all be carried in small compass in the ordinary bag, I am prepared to state from experience that for all ordinary uses in private practice the antiseptic principle can be successfully carried out, the entire practice, after all, being surgical cleanliness. Carbolic acid solutions are never absolutely required. Cutting instruments cannot, it is true, be immersed in the bichloride solution, but they can be effectually sterilized by immersion in boiling water, and the same is true of the needles used. I have omitted mention of the "protective" used by many, and though I have never observed irritation from its use, I do not use it, but it can be secured for a trifle, if desired. Capillary drainage is sufficient for nearly all wounds dressed antiseptically, and where tube drainage is desirable the tubes are easily sterilized.

—“To what do you attribute the curative properties of your springs?” asked a visitor at a health resort. “Well,” answered the proprietor thoughtfully, “I guess the advertising I’ve done has had something to do with it.”

² A one to three thousand is better; one to one thousand is too strong.

URETHRAL FISTULA; RELIEVED BY EXTERNAL PERINEAL URE- THROTOMY.

J. W. HUFFMAN, ROANOKE, ILL.

In the REPORTER, August 6, 1887, is an article on an injury of the perineum and urethra, the character and features of which are somewhat like a case which occurred in my practice four years ago.

On September 5, 1883, I was called to see Wm. G., aged 13 years, who had been thrown from a horse the evening before, and had been struck on the perineum by the hoof of the animal. The parts in and around the perineal region were considerably bruised, and presented a blackened appearance, but with the exception of a slight cut on the scrotum, the skin was unbroken. The boy was unable, and he had been so from the time of injury, to pass his water, but a catheter was introduced without much difficulty, and a quart of bloody urine drawn off, after which he was enabled to empty his bladder at will.

On the 8th of September, four days after the reception of the injury, I was called to see him again, and found, about an inch from the margin of the anus, a fistulous opening in the median line of the perineum, through which he then voided his urine. After the bladder had been emptied at the time of my first visit, the boy had experienced no further trouble in that line until the evening of the 7th, when he found that a *portion* of the urine “trickled down his legs,” and did not pass out through his penis. He thought it came from his anus, and his description was, that at first only a few drops passed through this unnatural channel, but at each succeeding urination the quantity passing through the fistula was increased, while the amount coming through the penis was correspondingly diminished until noon of the 8th, when all the urine passed through the perineal opening.

I endeavored to pass a catheter but failed, and notwithstanding the fact that various shapes and sizes of instruments were used they could be passed only up to a certain point which was near to the lower portion of the spongy part of the urethra. On the 15th, with the assistance of Dr. A. H. Kinnear, of Metamora, Ill., now of Henry, Ill., the boy was chloroformed and an attempt made again to pass a catheter into the bladder; but we failed as before, and were convinced that the urethra was permanently closed at the point above designated, and that an operation

would have to be performed to overcome the difficulty. To this the parents objected, hoping that time, that great doctor, would set matters right; but after waiting until Oct. 8th, one month after the date of the injury, they concluded that an operation was the only means of relief. Accordingly, at that date Dr. Kinnear and I performed the operation of external perineal urethrotomy. A staff was first passed into the urethra as far as the stricture and an incision made in the median line of the perineum as deep as the end of the staff, the external cut being an inch and a half long. Examination then showed that for more than an inch the urethra was completely closed, resembling a hard tense cord in feeling. An opening was made into the urethra at the external end of the stricture and the staff was withdrawn and a silver catheter passed in its stead, the catheter passing out of the urethra through the opening just mentioned, and around or external to the stricture. Some little difficulty was experienced in finding the inner opening into the urethra, through which the water escaped from the bladder, and which seemed to be about an inch and a half from the other end of the stricture, and directly under the arch of the pubic-bone, in the membranous portion. However, after some manipulation, the catheter entered the bladder and was allowed to remain four days, when it was withdrawn and a soft rubber catheter introduced instead, which was left there until the parts were nearly healed. No attempt was made to divide or lay open the stricture, the catheter passing entirely outside the urethra for more than an inch.

The external wound healed kindly, and perfect success followed the operation.

A singular feature in the case was the ability to pass urine for 72 hours before there was any discharge through the fistulous opening, while at the same time there was no infiltration of urine in any of the adjacent structures. *An interesting question relates to the growth of the new urethra around the catheter, that instrument being, as already stated, completely external to the urethra for more than an inch of its length.*

—At the meeting of the British Medical Association at Dublin, Dr. Thomas Bridgewater, of Harrow, was elected president of the council for the next three years. An invitation to visit Glasgow next year was accepted; and Professor W. T. Gairdner was appointed president-elect.—*Am. Ed.*

LIGATION OF THE THIRD PART OF THE RIGHT SUBCLAVIAN ARTERY EXTERNAL TO THE SCALENI MUSCLES, FOR ANEURISM: DEATH ON THE SEVENTEENTH DAY FROM ABSCESS OF THE SAC AND SEPTICÆMIA.

BY H. H. CLARK, M. D.,

Surgeon to St. Francis Hospital, etc., etc., Pittsburgh, Penna.

John Charlton, an Englishman, aged 65 years, laborer, was admitted to the surgical ward of St. Francis Hospital on May 29th, 1887, suffering from aneurism of the third part of the right subclavian artery. He was a man of small size, slender and of dark complexion; had never had syphilis, and lived a fairly temperate life.

About three years ago he called at my office to consult me in reference to a constant aching pain which he complained of, and which he located in the region of the right clavicle, extending down the entire arm. The pain was considerably aggravated upon any undue exertion, such as rapid walking, etc. I prescribed quinia and belladonna, thinking probably that he had an attack of neuralgia, and told him to come back in a week if he was not relieved. He returned at the appointed time, saying that "the medicine had done no good." I requested him to strip off his coat and shirt, and proceeded to make a more careful examination. I now discovered a well-defined globular tumor just above and near the centre of the clavicle about the size of a walnut. By firmly pressing upon it, a distinct thrill could easily be detected, removing all doubt as to the true character of the disease, viz., aneurism.

Having informed my patient of the dangerous nature of his malady, I advised him to take to bed for six weeks and undergo Tuffnell's treatment, which is so well known to the profession that a description is unnecessary. He would not consent to the treatment, however, and I lost sight of him for over two years.

In November, 1886, he again made his appearance at my office, earnestly entreating me to do something to relieve his suffering, which had now become unbearable. The tumor had increased considerably since I last saw it, so that it was now about the size of a hen's egg, while the clavicle was also raised higher than its fellow. Being a poor man I advised him to enter the Western Pennsylvania Hospital, where he would receive medical and surgical treat-

ment free. He took my advice and entered said hospital, placing himself under the care of an eminent surgeon of that institution. He remained in the hospital fifty-two days, undergoing Dr. Tufnell's treatment, but without any benefit. Ligation of the artery was next proposed, but he would not consent to an operation, and left the hospital.

Four months having elapsed, he sent for me one day in great haste, and requested that I perform the operation at once, as he could bear the pain no longer. I consented and gave him a permit of admission to St. Francis Hospital.

Accordingly on June 2d, 1887, the patient was etherized and brought into the operating room before many eminent physicians, and placed in the usual position recommended for the operation. I commenced by drawing the skin down over the clavicle and making an incision about four inches long over the upper surface of that bone, dividing the integument, superficial fascia and platysma muscle. Continuing the dissection by means of the fingers and a director through the adipose and connective tissue, the outer edge of the scalenus anticus muscle was brought into view. After a little further dissection (in which Dr. Joseph Dixon assisted), which was rendered tedious and difficult by the displacement of the clavicle and alteration of the surrounding parts, we succeeded in finding the artery deeply situated in the neck. We then, before tying it, tested the effect of pressing the vessel against the first rib, and finding that all movement had ceased in the aneurism and radial pulse, we insinuated a plain aneurism needle previously threaded with ordinary silk under the artery; then withdrawing the needles tied the silk to the end of a chromatized catgut ligature, drawing it through under the artery, which we securely tied. The catgut was obtained at a music store and is called "Cello violin string D." The wound was closed with silk sutures and two pieces of the same catgut introduced into each end of the wound to secure drainage. An antiseptic dressing was applied and the whole secured with a bandage. The shoulder and arm were wrapped in cotton and hot bottles applied to secure warmth and prevent mortification.

2d day.—I visited the patient with Dr. Stewart, the house surgeon, and found him free from pain for the first time in two years; the pulse was 96, temperature 100°. Ordered 2 grs. of quinine three times a day, and morphia if necessary. The arm continued warm and pulseless.

4th day.—Pulse 104; temperature 101 $\frac{3}{4}$ °. Removed drainage tubes and directed the daily washing of the wound with bichloride water, and iodoform applied externally.

8th day.—Removed all sutures, and found a slough of both edges of the wound about the size of a quarter dollar. Pulse 104; temperature 102°; patient weaker; continued quinine in larger doses (4 grs.), and added stimulants with a nutritious diet.

12th day.—Found the patient growing weaker and drowsy; wound suppurating freely; pulse 108; temperature 102°.

13th day.—Pulse 108; temperature 102°. Diarrhoea now set in and two bed sores were discovered over the sacrum.

15th day.—Pulse 112; temperature 102 $\frac{1}{4}$ °; diarrhoea still continued; patient delirious and bed sores spreading.

16th day.—Pulse 140; temperature, 104°; patient sinking.

17th day.—Patient died at 4 o'clock, A. M.

Post mortem examination made five hours after death in the presence of friends, and Dr. Stewart, house surgeon.

Upon removing the clavicle, the sack, together with the surrounding parts, was found full of pus; the sack was probably ruptured whilst making the post mortem examination. The ligature was found encircling the artery effectually, but not changed in the least; this I noted particularly, for I had expected to find the ligature partially absorbed. The artery was brittle and readily torn asunder, which I attributed to its atheromatous condition.

Death was caused by septicæmia, superinduced by abscess of the sac.

VOMITING OF PREGNANCY.

BY J. E. FREE, M. D., BENEZETTE, PA.

Sometimes the most troublesome, obstinate, and least dangerous condition, which the physician is called upon to treat, is the gastric derangement peculiar to pregnancy. It was once my custom to run the gamut of remedies for sick stomach in a particularly difficult case, and if relief was not obtained, to treat the patient upon the expectant plan; the most masterly inactivity usually triumphs in the end; and although the patient may have been at the limit of her good nature, when labor is accomplished suffering is forgotten.

There are a number of specifics for the vomiting of pregnancy, but they have all

failed me in turn. When attention is directed to the intestinal function as well as to that of the stomach, the results of treatment improve. It is rational to suppose that so powerful a factor in a woman's life as conception should influence the whole, instead of only a part, of the alimentary canal.

Frequently constipation is the warning nature gives of a disturbance of the abdominal equilibrium. It was not always habitual, as at present, to regard the condition of the bowels; indeed it is possible to recall cases where prescriptions have been given, and nothing been known as to their action. When questioned upon this subject, a woman suffering from the exasperating sickness of child-bearing does not always supply reliable data upon which to base treatment.

Where there is any uncertainty in this particular, I usually prescribe calomel and ipecac, with perhaps gamboge enough to thoroughly evacuate the intestines, and if it be necessary, an enema is given daily to sustain the effect.

The following prescription has done good service after the bowels have been attended to:

R Sodii bicarb..... ʒ ij
 Acid. hydrocyanic, dil..... ʒ xxxij
 Syrup of lactopeptine..... q. s. f ʒ iv
 M. S.—f ʒ half hour before meals.

Orange juice is also a favorite remedy. In the winter of 1886 a patient who could tolerate nothing in the shape of food or medicine suddenly developed a taste for oranges. The appetite followed the taking of a teaspoonful of oil of rue. Instead of causing an abortion, and thus relieving the woman's suffering, it set up a sharp gastro-enteritis, which eventuated as stated. The effect of the fresh juice taken *ad libitum* was that of a laxative, and a most distressing case, which had taxed the skill and ingenuity of two physicians, was relieved as if by magic.

Recently a case of a different description has been under observation. The patient was thirty years old; she had the finest set of teeth I have ever seen in any person of her age, in spite of the fact that four years previously she was the victim of acute pytalism, which made them loose.

For six months the patient had gastric irritability. At the end of this period there was an amelioration of this symptom, and by what seemed to be a metastasis, a sore mouth developed, which gradually assumed the character of a phagedenic ulcer. Her medical attendant at this time used local treatment entirely.

When she came under my care she was eight months gone in pregnancy. Her mouth was as filthy and stinking a thing as it is possible to imagine. The entire roof was involved, and pus was constantly dribbling from the lips. If she happened to turn on her back at night, the secretion from this surface would get into the stomach and cause violent attacks of retching and vomiting when she waked up. Her complexion was decidedly bilious, and she had not had a movement of the bowels for a week.

She was at once placed upon calomel and ipecac, although the history of former salivation made me hesitate for some time before giving it to her. Over the external surface of the nose there was an erysipelatous swelling which remained stationary, while the mouth healed up very kindly. While waiting to see what the sore on the nose was going to do, confinement occurred, and in spite of the prophecy of several wiseacres in the neighborhood, the child was a healthy male, weighing seven pounds, and did not have cancer of the mouth, or anything else abnormal.

It was my opinion that *tr. ferri chloridi* would cause the patch of erysipelas on the nose to disappear, but having been accused once of nearly killing a woman by the administration of iron and ergot in the second week of the puerperal state, I hesitated about giving it, just as with the mercurial. Finally, however, I banished my fears and gave the following:

R Potass. nitrat.....
 Potass. chlorat... āā ʒ j¹
 Antimonii et potass. tart..... gr j
 Tr. ferri chlor..... f ʒ iv
 M. S.—f ʒ every four hours.

The improvement in the patient's condition was most satisfactory. And instead of a tedious getting up, the woman went about the house after the tenth day, and while before she was a quasi-invalid for several months she is now enjoying most perfect health.

If the improvement in this woman's condition had been postponed for a short time after taking the medicines prescribed, there would have been strong grounds for the supposition that it was nature which had accomplished the cure; but under the circumstances the treatment comes in for its share of the praise.

¹ This dose of chlorate of potash seems large.—
 [EDS. REP.]

SOCIETY REPORTS.

NINTH INTERNATIONAL MEDICAL CONGRESS.—WASHINGTON, 1887.

WEDNESDAY, SEPTEMBER 7.—GENERAL SESSION.

The address before the general meeting was delivered by Dr. Mariano Semmola, of Naples, Italy. Dr. Davis resigned the chair to Dr. Durante, the official representative of Italy at the Congress. The subject of Dr. Semmola's paper was

Bacteriology in its Therapeutic Relations.

After a few introductory remarks, the speaker affirmed that the primary object of medicine was to cure disease. The true test of medical progress is the answer to the question, Are many or few saved from death? Typical health and happiness are expressed in the old adage "*mens sana in corpore sano*." But true medical progress is necessarily slow, and many false paths and many winding mazes have been followed from Hippocrates to the present time. Close and careful observation, combined with the experimental method of research, are the true ways of advancing medical knowledge. The aim of medicine is the aim of all branches of knowledge, precision. The experimental method is made up of three parts—observation, hypothesis, proof. Hasty hypotheses only retard progress. Scientific medicine concerns itself not with the causes of existence, but with its conditions, phenomena, manifestations. The physician should not aim to command nature, but to obediently follow her. The great scientists, Franklin, Stephenson, Daguerre, Edison, in becoming servants of nature, have learned how to use her powers.

Taking up the subject of Bacteriology, the Professor said that the first light was thrown upon it by Cagniard Latour in 1825. The investigations of Colin and Davaine in 1851, and by Pasteur in 1861, were productive of real progress. Rüdinger also demonstrated the limitations of growth of moulds. But withal, the bacteriology of the present day does not show the true experimental method of research. Many of the diseases in which bacteria are found are not caused by bacteria. If a phthisical patient were freed from bacilli, he would still die of phthisis. And while the discoveries of Lister have enabled us to shut out poisonous materials that would otherwise enter the body, we still cannot

use Lister's success as an argument for the employment of parasitocides. Nor can we proceed from the destruction of germs out of the body to argue that the internal administration of antiseptics would meet with success. Moreover, a later school of experimenters, to which belong Nencki, Husemann, Gussenbauer, Kobert, Brieger, Georgi and others, have refuted the reasonings of the purely bacteriological experimenters. The sum of the whole thing is to preserve our health, and save our strength, and as a result, disease will be least apt to affect us.

After referring to the falsity of the modern practice of giving drugs to destroy germs within the body, the Professor closed with an exhortation to adopt correct principles of close observation, and to follow science in a true, catholic spirit.

Section in Therapeutics.

Dr. John E. Brackett, of Washington, D. C., read a paper on "Rhamnus Purshianus," which consisted of a botanical and chemical description of *Cascara Sagrada*. He gave the fluid extract twice daily in doses of five to fifteen drops, and thought it was curative in chronic constipation.

In the discussion which followed, Dr. Murrell differed from Dr. Brackett, while Dr. Phillips coincided with the author as regards the therapeutic value of the drug.

Dr. Ralph Stockman, of Edinburgh, read the next paper, upon "The Pharmacology of Some Bodies Derived from Morphine." The paper was a record of chemical experiments, still uncompleted, conducted by the author and Dr. D. B. Dott.

Dr. A. L. A. Toboldt, of Philadelphia, read a paper on "Carlsbad Mineral Waters."

He was followed by Dr. Geo. S. Hull, of Chambersburg, Pa., who read a paper on "The So-called Antiseptic Action of Calomel when Given in Large Doses." The author detailed successful results obtained from the use of calomel in large doses in epidemic dysentery.

Section in Anatomy.

The first paper was read by Dr. Jos. N. Dixon, upon "Anatomical Considerations in Regard to the Amputation and Disarticulation at the Ankle Joint by a New Method."

This consisted in making an incision in front of the line laid down by Syme, around the sole of the foot from malleolus to malleolus, and also an incision a little above the plane of the articular face of the tibia. The advantages claimed are a long plantar flap, shortening of the superior section, division of the malleoli obliquely, and preservation

of the bursa between the tendo Achillis and the head of the os calcis.

Of fifty-two cases operated on in this way there had been three deaths, one or two of which had had other injuries. The average stay in hospital was twenty-one days. The age of the patients varied between four and sixty-five years.

At the Afternoon Session, Dr. H. C. Boenning, of Philadelphia, read a paper on "Destruction of the Offal of the Dissecting Room," in which he recommended as the most serviceable method the use of the Gregory furnace.

Section in Ophthalmology.

The first paper presented was by Dr. C. F. Hotz, of Chicago, Ill., on "Restoring the Normal Position of the Free Tarsal Border in Trichiasis."

Dr. B. Pitts, of St. Joseph, Mo., followed with a paper on "The Best Method of Operating for Entropion," in which he spoke of the advantages of electrolysis.

The next paper was by E. Landolt, of Paris, France. The subject of the paper was "Operation for Strabismus." Before operating, find out what the refraction and accommodation are. Obtain everything possible by non-surgical measures first. It is better to do too much in the way of cutting than too little. If divergence persist, the cut muscle can be advanced as late as the tenth or twelfth day.

At the Afternoon Session, Dr. Geo. F. Stevens read the first paper, on "Some Important Problems Respecting Insufficiency of the Ocular Muscles." The purpose of the paper was to suggest certain problems, rather than to explain their apparent contradictions.

Dr. J. F. Fulton, of St. Paul, Minn., followed with a paper on "Advantages of Early Operation in Strabismus."

Subsequently, papers were read by Dr. C. H. Abadie, of Paris, France, on "Faulty Eye movements, and the Means of Remedying Them;" by Dr. E. O. Shakespeare, of Philadelphia, on "The Strength of the Superior Recti Muscles as a Cause of Asthenopia;" and by A. G. Heyl, of Philadelphia, on "Abnormalities of the Visual Axis."

Section in Dermatology.

The first paper presented was by Dr. A. Ravogli, of Cincinnati, on "Lupus Erythematosus," in which the author stated that there was a true atrophy of the skin affecting all the layers, and that the cause of this was occlusion of the blood vessels and obliteration

of them by pressure. He had found round bodies in the enormously enlarged epidermic scales, which he regarded as micrococci. These micrococci he considered causative.

Dr. Unna disputed the correctness of regarding these bodies as micrococci, though the presence of such parasites would no doubt be demonstrated some day.

The next paper was read by Dr. Ohmann Dumesnil, of St. Louis, Mo., on "Erythematous Lupus of the Hands," of which the author reported 45 cases. His treatment was lactic acid in the form of a paste.

"Contribution to the Knowledge of Impetigo Herpetiformis" was the title of a paper by Dr. Josef Zeisler, of Chicago, Ill.

Section in General Medicine.

The three papers presented before this section, were: "The Study of the Natural History of Disease," by J. A. Ouchterlony, M. D., of Louisville, Ky.; "Inebriety and its Treatment," by Dr. T. D. Crothers, Hartford, Ct.; and "Typhoid Fever," by Dr. Cisna, of Pennsylvania.

Section in Climatology.

The first paper presented was by Dr. A. Tucker Wise, of Engadine, upon "The Climate of the Swiss Alps, with Pulmonary Cases Treated at an Altitude of Six Thousand Feet." His paper reported twenty-three cases that had been improved by a residence of from one to sixteen months. This the author attributed to the pure dry air.

Dr. J. D. MacDonald, Inspector General of the Royal Navy, read the next paper on "Ground Air in its Hygienic Relations."

He was followed by Dr. P. H. Boyce, of Toronto, Canada, Secretary of the Provincial Board of Health. In his paper, which was entitled "House Atmospheres, or Artificial Climates," the author recommended good hygienic dwellings with plenty of sunlight.

Section in Dental and Oral Surgery.

The opening paper was presented by Dr. Pradère, of Lyons, France, upon "Phthisis Cured by the Continuous Application of Medicine to the Palate."

Dr. James Truman, of Philadelphia, moved that the paper be not accepted by the section, but be referred, without discussion, to Section I. in General Medicine. The motion was carried against the ruling of the chair that the paper should be accepted inasmuch as the Executive Committee had seen fit to admit it.

A number of highly successful clinics were then given; following these, a paper was

read by Dr. Metnitz, of Vienna, Austria, on "Osteomyelitis," in which the author reported two very interesting cases.

Dr. Jenison, of Minneapolis, then read a paper on "Art in Dentistry," in which the author advocated the restoration in gold of all teeth that had been destroyed by caries.

At the afternoon session, the following papers were read: "The Origin of the Dental Fibril, Illustrated by Aid of the Stereopticon," by R. R. Andrews, of Cambridge, Mass.; "Protective Dentine, Illustrated by Stereopticon," by Dr. Fletcher, of Cincinnati, Ohio; and "Photo-micrographs of all the Structures of the Tooth," by Dr. J. Howard Mummery, London, England.

Section in Gynecology.

Dr. Ernest W. Cushing, of Boston, Mass., read the first paper on "Cancerous Degeneration of the Hyperplastic Glands of the Cervix Uteri." The author felt obliged to differ from the statements of Ruge and Veit. He regarded even a series of adjacent glands whose lumina were filled with epithelium as adenomas. It does not become carcinoma until epithelial infiltration occurs in the connective tissue between the glands. Nevertheless the growth should be removed.

Dr. F. H. Martin, of Chicago, Ill., followed with a paper on "A Method of Treatment of Fibroid Tumors of the Uterus by Stronger Currents of Electricity based upon Exact Dosage." The writer praised the practice of Apostoli, of Paris. Dr. Martin has an original method of calculating dosage, experiments being cited which showed that a certain local effect may be expected at an active electrode of given surface from a definite strength of current passing for a certain length of time.

Dr. Thomas More Madden, of Dublin, read a paper on "Some Points in the Pathology and Treatment of Lacerations of the Cervix Uteri." The author desired to direct attention to lacerations of the cervix as the cause of one of the most troublesome forms of post-partum hemorrhage; and to the occasional occurrence of septicæmia as the direct result of lacerations of the cervix uteri.

Dr. Leonard Meyer, of Copenhagen, Denmark, then read a paper entitled "Contributions to the Pathology of Inflammation of the Lining Membrane of the Uterus."

Dr. Alfred C. Garrett followed with a paper on "Tumors of the Breast Treated by Electrolysis." His statistics show that out of 186 tumors treated since 1864, 157 disappeared and have not returned.

Dr. W. H. Weeks, of Portland, Me., read a paper on "Myoma in Pregnancy," in which he had been induced against his better judgment to bring on premature labor. His own wish had been to await labor, and if it were impossible for the child to be born, to at once perform Cæsarean section by Sanger's method.

Dr. Alexander Dunlap, of Springfield, Ohio, followed with a paper on the "Early History of Ovariectomy in America."

The next paper was read by Professor A. Cordes, of Geneva, Switzerland, on "Medical Topical Treatment of Uterine Cancer."

This was succeeded by a paper on "A New Theory and Treatment of Displacements of the Uterus by Electricity," by Dr. A. Laphorn Smith, of Montreal; and one on "Some New Applications of the Induced or Faradic Current to Gynecology," by Apostoli, of Paris.

Section in Diseases of Children.

The first paper was presented by Dr. Cyrus Edson, on "The Milk Supply of Cities." The speaker urged that herds of cattle should be inspected at intervals in order to secure the destruction of animals suffering from tuberculosis.

Following this came a paper by Dr. Paul Redard, of Paris, on "The Treatment of Erectile Tumors by Electrolysis," for which treatment he claimed successful results in his own dispensary practice.

Dr. De Valcourt, of Paris, followed with a paper on "Sea-bathing as a Treatment of Tuberculosis."

At the Afternoon Session, Dr. Isaac N. Love, of St. Louis, Mo., read a paper on "Infantile Marasmus." He regarded a certain class of cases as not due to tuberculosis nor to syphilis or intestinal catarrh, but to inactivity of the glandular system, due in part to bad hygiene and in part to indiscretions in diet. The most important part of treatment is to arouse the secretions, for which purpose calomel in doses of $\frac{1}{10}$ grain is best. The mother's milk is the best food. In extreme cases, nutritive baths coupled with massage are recommended.

Dr. Wm. H. Day, of London, followed with a paper on "Some Observations on Headaches in Children and Their Relation to Mental Training." These headaches are due to mental overwork, and are not infrequently accompanied by refractive troubles of the eye.

The next paper was by Dr. Wm. D. Booker, of Baltimore, on "A Study of Some

of the Bacteria Found in the Dejecta of Infants Affected with Summer Diarrhoea." The author had found twelve different kinds of bacteria, eleven of which were bacilli. Their effects upon animals, as determined by post-mortem examination, were detailed.

Section on Military and Naval Surgery and Medicine.

Prof. Frederic Hyde, of Syracuse, N. Y., read the first paper, on "The Proper Treatment of Penetrating Wounds of the Joints."

The author recommended antiseptic treatment, but, in case suppuration occurs, free opening of the joint. Immobility must be secured by a plaster of Paris dressing.

A paper upon the same subject was read by Dr. Geo. L. Porter, of Bridgeport, Ct., which had especial reference to injuries of the knee joint.

At the Afternoon Session, the first paper presented was by Dr. W. S. Tremaine, U. S. A., upon the question, "Is Laparotomy for Gun-shot Wounds of the Intestines Feasible in Military Practice, and its Technique?" Also one upon "The Treatment of Penetrating Wounds of the Abdomen."

A paper upon "The Proper Treatment of Penetrating Wounds of the Abdomen" was read, in the absence of the author, Dr. S. T. Armstrong, U. S. A., by Dr. Smith, of the army.

The final paper presented was by Dr. Henry James, of Waterbury, Vt., upon "Non-fatal Penetrating Gun-shot Wounds of the Abdomen Treated Without Laparotomy." The author thought, as the result of his own experience in twenty-seven cases, that laparotomy was sometime performed when it was not necessary.

Section in Laryngology.

Dr. H. H. Curtis had the first paper, upon "Surgery of the Nasal Septum and Turbinate Bones."

This was followed by a paper on "Primary Erysipelas of the Larynx," sent by Dr. Massei, of Naples, Italy. It was generally agreed in the discussion that such disease exists, and some held that it is not so very uncommon.

Another paper, on "Twenty Years of Laryngological Work in the City of Mexico," was sent by Dr. F. Semeleder, of Mexico.

The final paper was presented by Dr. F. B. Eaton, of Portland, Me., on "The Present Status of the Galvano-cautery in the Treatment of the Diseases of the Upper

Air-passages, Illustrated by Instruments and the Description of Cases." This author also being absent, the paper was read and the instruments were exhibited. The author recommended his instruments in preference to all others.

Section in Obstetrics.

Prof. Alexander Simpson, of Edinburgh, in opening the discussion in Cæsarean Section, said that he did not yet think we could set aside craniotomy for Cæsarean section. The latter, when performed, should be done by Säger's method. When the uterus is diseased, he would employ Porro's method.

Professor August Martin, of Berlin, Germany, thought the Säger operation a safe one, but also thought that it is now performed when version could be done.

At the Afternoon Session, a paper was read by Dr. J. A. Doléris, of Paris, France, on "Treatment and Surgical Restoration of the Cervix During Pregnancy." The author had operated with successful results in several cases. He advised the operation where there was danger of abortion without it.

Dr. Joseph Kücher, of New York City, followed with a paper on "The Relation of the Atmosphere to Puerperal Fever," which was an urgent plea for pure air in the lying-in chamber.

Dr. Thos. More Madden, of Dublin, presented a paper on "The Prevention and Treatment of Puerperal Septicæmia."

The following papers were also read: "A Study of Certain Questions in Connection with Puerperal Fever, with Particular Reference to the Use of the Intra-uterine Douche and Curette," by Dr. Ch. W. Earle, of Chicago, Ill.; "The Prevention of Puerperal Fever," by Dr. R. Lowrey Sibbet, of Carlisle, Pa.

Section in Surgery.

As the paper of Dr. Maclean, read the preceding day, was fully discussed at this meeting, we will present an abstract of it here, so that the paper and discussion may be read together. The title of his paper was "Three Cases of Laparo-Nephrotomy."

Case I.—Mrs. A., aged 25 years, presented herself with what had been diagnosed as an ovarian tumor. There was a cystic abdominal tumor about the size of the uterus at the seventh or eighth month of pregnancy. There was no history of renal trouble and no evidence that the tumor was connected with the kidney. The patient insisted that it had begun to grow from below. The operation was done with the expectation of removing

an ovarian tumor. The left ovary was found enlarged to the size of a goose-egg, and was removed. The large tumor was found to arise from the kidney, and it also was removed. The patient did well for a time, though suppuration, with the formation of an intestinal fistula, occurred; nevertheless she finally made a perfect recovery.

Case II.—Mrs. T., aged 40 years, presented herself with a tumor of the left side of the abdomen, which had been discovered six years previously. The enlargement had gradually increased. The tumor when first seen was too high for the ovary and too low for the spleen. The urine was normal. A diagnosis of tumor of the left kidney was made. It was decided to adopt the trans-peritoneal method of operating. A large cyst of the kidney was found. During removal it ruptured with the escape of a material like soft soap. The posterior layer of the peritoneum was brought together with sutures. The case did well until the eleventh day, when the temperature went up until it reached 104°. Examination showed fluctuation in the lumbar region. An opening was made, with the escape of a large quantity of pus. Symptoms of collapse followed this operation, but these were overcome, and the patient made a gradual recovery.

Case III.—A female infant, 22 months old. The family history was good. There was a tumor in the right hypochondriac region. This was moveable and free from tenderness and pain. Tumor of the kidney was diagnosed and removal recommended. The incision was made just external to the rectus muscle. No difficulty was experienced, and the operation was completed in seven minutes. The posterior layer of the peritoneum was closed with cat-gut sutures. For several days the case progressed favorably, but the temperature remained high. On the fifth day a careful examination was made to determine the cause of the elevated temperature. During the examination the child coughed and the abdominal incision gave way, allowing the intestines to escape. These were replaced, and a search failed to show the source of the trouble. The wound was reunited, but the temperature continued high, and the child died on the ninth day. At the autopsy the posterior layer of peritoneum was found united and in the space occupied by the tumor a small collection of pus was found surrounding the ligature on the pedicle of the tumor.

The speaker said that while the lumbar operation might be the safer there were cases in which the trans-peritoneal operation was

preferable. These cases point to the necessity of securing efficient drainage, even though antiseptic precautions are adopted.

The discussion upon Dr. Maclean's paper was opened by Dr. Herff, of San Antonio, Texas, who said:

"I quite agree with Dr. Maclean that in suitable cases laparo-nephrotomy is the proper operation. Some years ago I had a patient, a young woman who was newly married, and when about two months pregnant she discovered a tumor on the right side, nearly as large as a child's head. She had no pain, and except that she had this tumor, she was in good health. The tumor, however, annoyed her very much, and she insisted on an operation being done. I therefore opened the abdomen in the median line and removed the tumor. The remarkable thing about the case was that the tumor which I had thought an ovarian one, proved to be the kidney and supra-renal capsule. From the lower end of the tumor, the lower part of the kidney was hanging, while the upper part consisted of the supra-renal capsule enormously enlarged, sections of which presented under the microscope the appearance of the long cells of myoma. The patient made a good recovery, and two years after the performance of the operation she was in perfect health. This, while a case of removal of the kidney, was also a removal of the supra-renal capsule, which made the case more remarkable to me, because I have never read of its removal for disease.

Dr. Dawson said: With reference to these cases I wish only to thank Dr. Maclean for his kindness in bringing them before the section. It is very interesting to look back a few years and see the advance in suagery that has taken place.

Dr. Hughes said: I have had precisely the same number of cases of kidney disease as Dr. Maclean, and I perfectly agree with him in everything save one, and that is the seat of operation. He seems to prefer the abdominal incision, while in all cases where it is practicable, I would give the preference to the side, between the ribs and crest of the ilium. My first case I operated on by means of the abdominal incision, the only way that I could do, as the tumor was so large a one that it could not have been brought through the opening between the ribs and the crest of the ilium. The second case was only a tumor about the size of the fist, and I operated in the space between the ribs and anterior crest of the ilium. I also operated on the third case by incising the lumbar region,

and from these last cases I got the best results, and also avoided opening the peritoneum.

Dr. Edmund Owen, of London, remarked: There are at least three factors which must influence the choice of the operation in each case: first, if there were doubts as to the exact nature of the tumor the anterior operation would be chosen, and second, if the tumor were very large, the anterior incision must be chosen. Lastly, there was the line of practice of the individual surgeon; the gynecological operator would naturally prefer the trans-peritoneal incision, even for a small tumor, because that is to a certain extent his own province, while the general surgeon would choose the space between the last rib and the crest of the ilium, because for some reason, rather undefined, he does not care to touch the peritoneum if he can avoid it. In a case of diseased kidney, which I removed successfully, I made the incision through the linea semilunaris.

Dr. Harden remarked: I had a case somewhat similar to one which has been related here. In my case I made the anterior section; but did not remove the tumor, on account of an enormous flow of blood, which would have become so alarming if we had attempted to separate the tumor from its connection, that I feared the patient would die; so all further operation was stopped. The tumor was shown after the death of the patient to be a kind of fibro-cystic tumor of the kidney.

Dr. Lange, of New York, said: In a large number of cases of tumor of the kidney where there exists fluctuation, we have to do with pyonephrosis of usually very large size. I have operated several times for the removal of the kidney, and performed both the anterior and posterior operations. In the small tumors and in some of the larger ones, I prefer to make a small lumbar incision, empty the contents of the tumor out as far as possible, and then wait until the remainder of the tumor lessens in size, which it will be very apt to do, so that it can be extracted through even a very small hole or incision. Sometimes in renal calculi I have performed laparotomy, or rather the operation in the lumbar region, and then, after making this incision, on placing these patients in bed lying on their stomachs on a pillow the kidney would float up when the wound was made, and could then be easily removed and the calculus extracted.

Dr. Maclean, in closing the discussion, said: There were very good reasons in each of the cases why I should choose the anterior

operation; they were all too large for the lumbar incision.

Tumor of the Head, Probably Intra-cranial.

A patient with a tumor of the head was presented to the section, and was referred to a committee for examination. The committee consisted of Drs. Moore, Dawson and Brosseau. This committee reported that there was a large tumor of the head, five inches in diameter, occupying the temporo-parietal region, occurring in a man 35 years of age, and of twenty months duration. There was some headache; some blindness, greater on the right side; and deafness on the left side. The tumor was raised one inch above the surface. The committee believed that the growth was intra-cranial, causing expansion and partial absorption of the bones, while operation would hardly be successful. Still, as the case must progress to a fatal termination, it would be proper to remove a portion of the skull, and if the growth was outside of the dura matter, there would be a reasonable prospect of success.

Dr. M. H. Richardson, of Boston, next read a paper entitled "Gastrotomy for Foreign Bodies in the Œsophagus," in which he said that this operation was intended only for the removal of foreign bodies in the Œsophagus, which had passed so far down as to be lodged near the cardiac orifice of the stomach. In regard to the length of the incision, it was not fixed; it might be only a very short one, or it might be made large enough to put the hand inside the stomach so as to reach up into the Œsophagus, if that should be necessary, in order to extract the foreign body. The incision through the skin should be made over the cardiac end of the stomach, or might be made in the median line, but the incision through the walls of the stomach must be made at the cardiac end of the stomach. All the caution necessary in making this was to get the incision made without wounding the convexity of the lesser curvature of the stomach. In order to avoid this the better way was to put the lesser curvature on the stretch. After the opening into the stomach was made, instruments might be introduced for the dislodgement of the foreign body, or if they were insufficient the fingers and hand might be passed in, which would enable one to relieve the Œsophagus of its burden. As to the scope of the operation, while it was chiefly applicable to the removal of foreign bodies, it might be useful in other ways, as its capabilities were considerable, as had been demonstrated by his experiments

on the cadaver. He concluded that if the foreign body was lodged within six inches of the lower edge of the cricoid cartilage, it was best removed by an operation from the side or above, but if situated more than six inches from the cricoid cartilage, gastrotomy was the best thing to be done. He then exhibited a patient from whom he had removed a plate of false teeth by means of gastrotomy.

Dr. F. S. Denis, of New York City, then read a paper, the title of which was "Report of an Amputation at the Hip Joint for the Removal of a Sarcoma," in which he said that it was only by collecting the cases which occur from time to time and comparing them that we are able to advance our knowledge. This case was that of a young man, aged 17 years, who had no bad family history, and who had always been in good health until about five months prior to his admission to the hospital. At the time of his admission his weight was eighty-five pounds. Five months prior to his admission he had first noticed a dull pain in the thigh, and shortly afterwards he discovered a swelling in the thigh. He had had no fall or blow. About two months after the first appearance of the pain, the tumor was aspirated, and about two ounces of bloody fluid drawn off. The swelling was fusiform in shape, the skin purple, with large veins running over its surface, while the glands of the thigh and groin were much enlarged. The diagnosis was sarcoma of the femur, and amputation at the hip joint was suggested as the only means of saving life. This amputation was done, and the wound dressed antiseptically. The wound was entirely healed by the sixth or eighth day after the operation. After the patient left the hospital the wound re-opened a little, and discharged pus mixed with blood; this was found to be due to sloughing of the ligamentum teres, upon the removal of which the wound healed kindly, and the young man is now well.

Dr. Jasper J. Garmany then read a paper on "The Surgical Treatment of Epilepsy by Trephining," in which he related the case of a girl, about eighteen years of age, who had been struck on the head with a brick which fell from a house-top, causing fracture of the skull. The skull was trephined, and the splinters of bone removed, but some time after the wound had healed she began to have attacks of epilepsy, for which ordinary treatment was unavailing, so the doctor finally operated on her, with an entirely successful result. As a result of his re-

searches on the subject, the author had found that lesions in the frontal and parietal regions are followed usually by the same symptoms, and that over fifty per cent. of the lesions in these regions are followed by epilepsy, which, later on, is complicated by insanity. Trephining at the site of the lesion and removal of the cicatrix is usually followed by complete relief.

At the Afternoon Session, the first paper presented was on "Fistula in Ano of the Horse-Shoe Variety," by Samuel Benson, M. D., of London, England. The object of the paper, as stated by the author, were: first, to point out that an important cause of the failure of the operative treatment of anal fissure is the presence of a co-existent horse-shoe fistula, left unrecognized and untreated; second, to define what is meant by a horse-shoe fistula and to comment upon the different kinds of horse-shoe or semi-circular fistula met with in practice.

Fissure is such a common complaint that doubtless cases have come under the notice of all present. This malady if taken early is very amenable to medicinal treatment, but in many cases, especially in females, the disease is allowed to progress for some length of time before it is brought to the notice of the surgeon, when some operative treatment then becomes necessary. There is a form of fistula, horse-shoe or semi-circular in shape, viz.: the blind internal horse-shoe fistula, which, though far more common than the complete horse-shoe fistula, is not referred to in any books that I have consulted. Some writers mention the blind internal fistula, which commences in an abscess, but the fistula referred to by the speaker does not commence in an abscess; it is merely a subcutaneous ulceration extending between and separating the mucous from the muscular coat of the bowel, just inside the anus, and usually arising in a fissure that has been of some months duration. A fissure that has been neglected or treated alternately by caustics and emollient ointments soon drifts on to the formation of a painful rectal ulcer, its base of an ashy gray appearance and the edges of the sore well marked.

While forcibly dilating the sphincter, it is quite possible that the mucous membrane may sometimes be torn from the sphincter muscle, especially around the parts near the anal ulcer and a sinus made traumatically; therefore when the patient is under an anæsthetic, an examination with a blunt-pointed probe should be made at the base and sides of the fissure before the sphincter ani is

interfered with. A blind internal fistula can then sometimes be demonstrated.

Horse-shoe fistulæ, as at present understood, are complete fistulæ, the external opening being situated on the opposite side of the bowel from the internal opening. This form of fistula is rare, having been found five times in 750 cases of rectal disease.

From these cases we gather that fistula in ano of the horse-shoe shape may be complete or incomplete. They may be complicated with prolapsus of the bowel. The most usual complication is anal ulcer. Sometimes polypus is also found. The average age of the patient is 35 years, males and females being attacked indiscriminately. The average number of days in bed is 14. If a correct diagnosis is made, the treatment consists of laying open the sinus and paring the edges with scissors, dividing or paralyzing the sphincter muscle and packing the sinus systematically with cotton-wool to prevent the edges sticking together, and thus getting the wound to heal from the bottom.

A paper by Arthur Norton, F. R. C. S. London, England, was then read by the Secretary in the absence of the author. It was entitled "Remarks on Rodent Ulcer of the Rectum." In it the author declares that there is an ulcer of the rectum, persistent, unyielding to treatment, advancing to complete stricture of the rectum, and usually appearing in a person after the age of 30 years. The ulcer begins immediately within the anus, but after a time extends and completely surrounds the rectum; it is accompanied by pain, which is not usually severe, and as the ulcer extends up the rectum, contraction takes place, with all the signs of stricture. Treatment by dilatation sometimes relieves for a time. From the clinical features of the disease, and the microscopical characters, the author was of the opinion that the disease was identical with rodent ulcer, and suggested that further investigation into its pathology be made.

The discussion which followed related to the treatment of fistulas in general, and was participated in by Dr. Foster, of Beirut, Syria; Dr. Quimby, of Jersey City, and Dr. Grant (Bey), of Egypt, who all related cases and agreed as to the proper method of treatment.

Dr. Grant (Bey) then read a paper entitled "Report of Some Cases of Liver Abscesses and Their Treatment," in which he expressed as the result of his experience, the opinion that in all cases of liver abscess we should first aspirate the abscess, and, if that was not followed by cure, then lay

the abscess open by a free incision, and in extreme cases excise a portion of the ribs (one or more) over the site of the abscess, so that free access might be had for clearing out the abscess cavity thoroughly with antiseptics.

In the discussion which followed, Dr. Winslow, of Baltimore, Dr. Pascal, of Mexico, and Dr. Moore took part, and while all agreed as to the principle of treatment, each had his own particular way of arriving at the result.

Dr. Lewis H. Sayre then followed with a paper on "The Treatment of Psoas Abscess by Posterior Lumbar Incision," in which he strongly insisted on early and free posterior and anterior incision in these abscesses, to be followed by thorough drainage.

Dr. Edmund Owen, of London, opened the discussion which followed, and spoke long and earnestly, strongly deprecating "ostrich surgery" in these cases, and advising early opening of the abscess, with free drainage.

Dr. Sprengle, of Dresden, thought that in many cases there would be absorption of the pus if we waited for it, and if we opened the abscess it was best to do it with an aspirator or fine trocar.

Dr. Lange, of New York, spoke of the constitutional treatment along with the surgical, and thought that he would not open these abscesses if he could avoid it until after the acute stage had passed.

Dr. Chavasse, of Birmingham, England, thought it best to open these abscesses as soon as possible and give the sufferers a chance.

A paper on "The Removal of Sequestra by Solution in Acid," by Edmund Andrews, M. D., of Chicago, was then read. In this paper the author gave his experiments in detail, and related a number of cases in which sequestra had been removed by the use of acids, without operation. He recommends that hydrochloric acid be used of a strength a little weaker than the official dilute acid.

Section in Psychological Medicine.

Professor Mendel, of Berlin, read the opening paper on "The Origin of the Upper Facial Nerve."

Dr. E. A. Homan, of Helsingfors, Finland, then read a paper on "The Histological Alterations Following Amputations in the Peripheral Nerves, the Spinal Ganglia, and the Marrow." His conclusion was that the posterior nerve-roots had sensory function, inasmuch as the cell-group of the posterior

column atrophies when only the posterior roots were eliminated.

Dr. Otto presented a paper on "Nucleus-staining by Analine Dyes."

Dr. J. Langdon Down, of London, England, read a paper on "Cases Illustrating the Association of the Prow-shaped Cranium with Neurotic Disease."

At the afternoon session, the time was occupied with a discussion of "Syphilis in its Relations to Insanity," and subsequently the section took up the subject of "Insanity Due

to Acute Syphilis;" "Syphilis Producing Epilepsy, with or without Insanity;" "Progressive Weak-mindedness," and "The General Pathology of Cases of Insanity with Syphilis."

These subjects were discussed at considerable length by Dr. Savage, of London, and also by Drs. Spitzka, Hughes, Channing, Hurd, Godding, Fergusson, and Gundry.

The section closed after Dr. Ingram, of Washington, D. C., read his paper on "Gun-shot-wound of the Spinal Cord."

EDITORIAL DEPARTMENT.

PERISCOPE.

A Form of Infectious Broncho-Pneumonia of Intestinal Origin.

At certain times, especially during the hot summer months and in November, Sevestre says attacks of pneumonia frequently occur in children 1 or 2 years of age, which are marked by a very typical course, and by a disposition to spread epidemically or endemically. The disease begins as a diarrhoea without fever; the stools are pretty numerous—six to ten a day—contain much undigested food and are particularly foul. After two to five or six days, cough appears and simultaneously fever, the temperature ranging generally between 102°–104° F. Physical signs show a bronchitis or broncho pneumonia. In mild cases the fever subsides after two or three days and convalescence begins. More frequently the course is a severe one, and a fatal issue very common. Death occurs with typhoid symptoms or in collapse. Before death, pemphigus-like eruptions often appear upon the skin. At autopsies are found signs of an intense enteritis in the large or small intestine, or in both together. In the diseased parts the solitary glands and especially Peyer's patches, are markedly swollen, but never proceed to the formation of true ulcers. Contrary to the condition in typhoid fever, the changes in the follicles are tolerably well developed throughout the whole small intestine.

The broncho-pneumonic foci are very small, almost always have their seat near the surface of the lungs, and their periphery is surrounded by a network of enlarged lymphatic vessels. The bronchial glands are always swollen. The spleen is not changed, but the liver is frequently in a condition of a tty degeneration.

Investigation shows that for the most part the attacks have begun in dietary indiscretions, and the author thinks that the entire symptoms of the disease owe their origin to an infection arising from the intestine, and that the affection of the lung in particular is explained by extension of the poison from the intestine to the lung by way of the lymph vessels. The most effective medication is the employment of disinfectants by the mouth, and for this purpose calomel in doses of 1½–3 grs. a day is of especial service. *Centralblatt f. d. med. Wissensch.*, Aug. 13th, 1887.

Two Cases of Traumatic Hernia of the Diaphragm.

In one case a deep wound was inflicted with a pair of shears in the sixth left intercostal space in the mammary line, which wound had occasioned a diaphragmatic hernia. At the autopsy a coil of intestine was found in the left pleural cavity, which extended up to the second rib, while the lung was pressed upwards and backwards. At every breath of the patient a gurgling sound was heard, which was so loud that it was plainly audible outside of the room. In a second case in which the hernia had been produced by means of a stab in the same place, the same loud murmur was to be heard. —*Deutsche Medizinisch-Zeitung*, August 22d, 1887.

Salicylate of Soda in Gonorrhœal Orchitis.

In a Paris thesis, salicylate of soda is extolled as nearly a specific in gonorrhœal orchitis. At the end of some hours there will already be a diminution of the pain, which disappears completely a short time afterwards.

But it is in the acute cases of epididymitis accompanied by inflammation of the tunica vaginalis that the treatment is especi-

ally efficacious. It is without effect if the prominent symptom is inflammation of the cord.

Besides, in the cases treated by the salicylate, the resolution of the swelling is more rapid and can be attained in from eight to ten days, and after a day or two the patient can get up. The remedy is recommended for its simplicity and harmlessness.—*Revue Médicale*, June, 1887.

Therapeutics of Hyosine.

Concerning the use and value of hyosine, Erb (*Therap. Monatshefte*) reports that he has found the three salts of (H. hydroidicum, hydrobromicum, hydrochloricum) of about equal value, and that he has given them in doses of $\frac{1}{75}$ — $\frac{1}{200}$ gr. Among its useful qualities, he shows that the remedy acts as an energetic check on the salivary secretion, and can be used with advantage as a temporary cure in salivation; that in many cases it is an effective hypnotic; that it is an especially useful drug in paralysis agitans, inasmuch as when given in small doses ($\frac{1}{75}$ — $\frac{1}{125}$ gr.), it usually allows the patients the free use of their limbs for several hours, and in many stops the tremor for the time being. In spasms of single muscles, or groups of muscles, the remedy is of value. Caution must be exercised in giving the drug, as many patients possess a marked intolerance for it, and show poisonous effects even from small doses.

Liniment for Renal Colic.

R	Chloroformi.....	parts 15.
	Ol. hyoscyam.....	" 15.
	Tr. op. camph.....	" 5.
	Ol. chamomili.....	" 150.

M. Sig.—To be rubbed upon the belly.

RELIQUET. *Deutsche Medizinal-Zeitung*, July 21, 1887.

The Gastric Juice in Acute Poisoning by Phosphorus.

A dog which had been fed for a long time exclusively upon meat was poisoned with phosphorus, and when the toxic symptoms were strongly developed, pepper suspended in water was introduced into the stomach; and then after the dog was allowed to bleed to death, the contents of his stomach were investigated. In the latter were found a volatile acid .09, lactic acid 2.07, and hydrochloric acid 2.12 parts per thousand, although the glands of the stomach were in an advanced stage of fatty degeneration. Another dog, which on the sixth day after

the poisoning, yielded suddenly to the poison, and showed marked icterus and severe degeneration of the stomach, liver, etc., had in the stomach a strongly reacting volatile acid, .03 per thousand, 1.12 hydrochloric acid and possibly some other vegetable acid. In both cases the contents of the stomach contained peptone and in an infusion of the mucous membrane, the fibrin continued pretty well marked. There is therefore also in lethal phosphorus poisoning, neither the stoppage of the production of hydrochloric acid nor of active pepsin. Upon stimulation, the mucous membrane of the stomach so severely injured by the phosphorus, responds by the secretion of a considerable amount of hydrochloric acid.—*Centralblatt f. d. med. Wissensch.*, No. 30, 1887.

Congenital Myomas.

Kolisko describes several small nodules in the heart of a boy two months old who died suddenly. Microscopic tests showed that they were tumors consisting transversely striated muscular fibres of a peculiar cavernous arrangement. In the literature the author found five parallel cases recognized as rhabdomyomas, though only three of these were actually parallel cases, while he sought to demonstrate that both the others were false rhabdomyomas. Proceeding from Cohnheim's theory of tumors, he busied himself with the investigation of the heart of embryos and found in a human embryo about four weeks old, a formation similar to that in his cavernous myoma of the heart. Thereupon the author concluded that the structure of rhabdomyoma corresponds with that of the heart muscle in the earliest stages of development, and that these tumors therefore, have a congenital origin.—*Centralblatt f. d. med. Wissensch.*, July 30, 1887.

The Relative Proportion of Sugar in Venous Carotid and Portal Blood of Animals.

Seegen's researches upon the production of sugar in the liver having been criticized by Dr. Abeles in a preliminary communication to the Society of Physicians of Vienna, Seegen repeated his experiments, using Stricker's method, with the assistance of Drs. Gaertner and Ikalowicz. The first seven experiments were made upon animals narcotized with chloroform, the last five upon non-narcotized animals. The author gives a tabular view of his experiments, and then gives the following as the first part of his results: 1. Without exception the venous blood of the liver contains more sugar than carotid or

portal blood. The average of seven experiments shows for carotid or portal blood .139 per cent. sugar, and for venous blood, .196 per cent. The difference in favor of venous blood is about 40 per cent. It is entirely proper that this difference should be less than that obtained by other methods. According to the first method the excess of sugar in venous blood was on the average 83 per cent., and according to the second method the excess of sugar in venous blood is 68 per cent. over the amount of sugar of the portal blood.—*Centralblatt f. d. med. Wissensch.*, July 30, 1887.

Treatment of Delayed Union in Fractures.

Dr. Helferich pointed out to the Congress of German surgeons the following procedure, designed to promote the formation of new bone.

It consists in applying a tube of caoutchouc circularly around the limb, beneath the seat of the lesion; the tube is moderately tight and is kept there for an hour at first, then gradually longer and longer.

The venous hyperæmia thus produced, occasions an ossifying periostitis, and increases the osseous regeneration. Besides the cases of pseudo-arthritis and those in which the formation of callous is simply delayed after fracture, the method is applicable to the treatment of osteomyelitis and of necrosis, when the osseous regeneration is insufficient, and in fractures called spontaneous.

The author thinks that it ought to be tried likewise for the purpose of increasing the length of the bone after luxations or fractures that have healed with shortening. It is useful in infantile paralyses that involve shortening of the limb, but it is contra-indicated in tuberculous or benign affections of the bone and when there are extensive granulating wounds.

The constriction not being very great there is no reason to fear the development of varicose veins; besides the hyperæmia can be limited to certain regions by exercising compression upon the rest of the limb by means of bandages.—*Revue Médicale*, June, 1887.

Philadelphia: P. Blakiston, Son and Co., 1887. Price, \$1.50.

This book contains an interesting account of the history of Massage, some of which is rather apocryphal. This is followed by an account of the various movements included in this method of treatment and the way in which they are carried out. This account is far from elaborate, and one may realize how little the author would expect it to be considered complete when we say that it covers only twenty-three pages, and that the author declares that the art of massage cannot be acquired in less than two years.

Dr. Murrell is a strong believer in the value of massage, and describes in an enthusiastic and agreeable manner the way it should be carried out, the persons by whom it should be practiced, its mode of action, and the conditions to which it is applicable.

As a whole, this book is both interesting and instructive, and a careful perusal of it would correct some widespread errors as to what massage really is.

Surgical Emergencies, Together with the Emergencies Attendant on Parturition, and the Treatment of Poisoning. By William Paul Swain, F. R. C. S., Surgeon to the South Devon and East Cornwall Hospital (England), etc. Fourth edition. 8 vo. xvi., pp. 229. Philadelphia: P. Blakiston, Son & Co., 1887. Price, \$1.50.

In examining this new edition of an old acquaintance, we find the previous excellent suggestions modified to a certain extent so as to bring them up to the level of the improvements which experience has suggested since the appearance of the first edition.

We observe that some of these improvements have been appropriated without that acknowledgment which their originators would probably be pleased to have—for example, Sayre's adhesive plaster dressing for fracture of the clavicle.

We doubt if Mr. Victor Horsley would altogether approve of the suggestions for the treatment of the wound in cases of trephining; and Professor Krönlein would probably wish to add something to the recommendation for the treatment of hemorrhage of the meningeal artery.

Notwithstanding these minor criticisms, we have no hesitation in recommending this book as likely to be useful in emergencies, and especially to practitioners who have not a large library.

BOOK REVIEWS.

Massage as a Mode of Treatment. By William Murrell, M. D., F. R. C. P. Lecturer on Pharmacy and Therapeutics, at the Westminster Hospital (London), etc. Third edition. 8 vo. pp. vi., 143. Phil-

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N. A. RANDOLPH, M. D.,
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GONORRHOEA IN WOMEN.

Authorities on venereal diseases are still at variance as regards the question whether gonorrhœa is a specific disease or not. On the one side it is held that gonorrhœa is a non-specific inflammation of the urethra or vagina, as the case may be, in no respect differing from an inflammation of the same parts produced by, for instance, the passage of a sound or the application of caustics; on the other side it is regarded as a specific inflammation, produced by a special micro-organism called the gonococcus, which has been isolated and cultivated, and with which, it has been claimed, a true gonorrhœal ophthalmia can be produced. These are the two extreme views of the pathology of the disease.

The *Manchester Medical Chronicle* has been publishing a paper, which is yet incomplete, upon Gonorrhœal Infection in Women. This paper is by Dr. W. J. Sinclair, who is Honorary Physician to the Manchester Southern Hospital for Women and Children, and it is an able and instructive clinical contribution toward settling the question just referred to. Dr. Sinclair asserts that, strictly speaking, there is no vaginal gonorrhœa, but that the disease attacks the uterus from the start. Therefore, in examining discharges for the gonococcus, specimens should be taken from the orifice of the urethra, from the neck of the uterus, and in exceptional cases, from the orifices of Bartholini's glands, and the case should be as recent as possible.

By far the most valuable part of the paper is that in which he shows the dangers which result to the woman from latent gonorrhœa in the husband. There is no doubt, in Dr. Sinclair's mind, that the disease in the male may be latent until evoked by excesses after marriage. Moreover, he thinks gonorrhœa may be latent in a woman also, and be transferred to her second husband after marriage. These are very important points for the doctor to bear constantly in mind. For while fear of the consequences will in all probability never keep a man chaste, yet we cannot help thinking that a man will have sufficient regard for the woman whom he has chosen as his future wife, not to marry until his physician can assure him that danger of infecting his wife is past.

The morbid changes that are produced in the uterus and appendages from slight chronic gleet or latent gonorrhœa are already well known, but from their importance deserve brief enumeration. They consist in a slowly progressing parametritis, which results in fixation of the uterus on one or both sides; and in a slowly progressing inflammatory process in the tubes, which occludes them and stiffens and binds down their frimbriated extremities. In other words, barrenness is the almost invariable sequel. Besides, the woman is doomed to a more or less continuous invalidism, with periodical exacerbations of distress at the menstrual periods.

If the infection occur in an acute stage of gonorrhœa, the woman may develop acute suppuration of the tube and ovary, with subsequent formation of abscesses, as the author shows from a reported case.

BURIAL OR CREMATION.

While some may think at first that the subject of disposition of the dead is beyond the province of the physician, he will on second thought see that from a sanitary point of view it may become of great concern to him, especially if he is a practitioner in a large city. As population increases, both the number of deaths increases, and at the same time the demand for ground for all kinds of building purposes. The commercial aspect of this question, however, is not one that we desire to speak of here, if, indeed, it can be successfully urged anywhere. But what effect has the presence of cemeteries upon the health of communities? This, according to Dr. Frederick Lowndes, in a paper read before the British Medical Association at its recent meeting at Dublin (*Medical Press and Circular*), depends largely upon the manner of the burial. Vaults and leaden coffins are to be unequivocally condemned, because they permit of the accumulation and retention of water. As the result of his experiences in witnessing the removal of portions of four burying grounds and the whole of a fifth in Liverpool, Mr. Lowndes declared that many of the churchyards of England were masses of boxed-up putridity, and that the dead could not be regarded as properly buried at all. He considered that cremation was, in a scientific point of view, the most perfect method of disposing of the dead, and was particularly to be commended during the prevalence of epidemics; but thought that public sentiment was so much against it that there was slight prospect of its being generally adopted very soon. Even if cemeteries are to be continued, much improvement can be gained in a sanitary point of view if the earth-to-earth system of burial is adopted. According to this system the dead are buried in wicker coverings instead of wooden or metal

coffins, so that the body itself is sooner brought in contact with the earth and thus more quickly rendered innocuous. He considered it to be as ridiculous to condemn burial *in toto* as to condemn cremation *in toto*.

In the discussion that followed the reading of this paper, Dr. Duncan, of Glasgow, dwelt with especial emphasis upon the great danger of burying those who had died of dangerous contagious diseases, such as yellow fever, and, in animals, splenic fever. He admitted, however, that there was a serious medico-legal difficulty in the way of cremation as the authorized mode of disposing of the dead, which was that in the process of cremation, arsenic, antimony, mercury, and their salts all disappeared. If antimony or lead was combined with copper, it withstood the fire. As Dr. Roche subsequently remarked, the vegetable poisons would be so much the more likely to be destroyed, and thus cremation would remove all possible chance of detecting homicide by poison.

We may conclude from this that at present there are insuperable objections to cremation, but that it is proper to familiarize people with its advantages; and above all, that it is the duty of physicians to discountenance burial in vaults and caskets such as preserve bodies for a long time in a state of putrefaction.

—A paper upon the hygiene of water will be found in Harper's Magazine for October. Dr. Titus Munson Coan, whose special studies in connection with balneology rank him as an authority, writes of "The Curative Uses of Water" in all its medicinal forms. It is peculiarly refreshing to read from a physician that "of all curative agencies water is the readiest, and not the least effective," and that thermal waters as baths are "among the most valuable cures which the physician has at hand; they represent, indeed, with the adjunct influences of climate, exercise, etc., the highest potency of the curative uses of water." The tardy appreciation of these baths, especially for nerve diseases, has permitted Europe to greatly surpass this country in facilities for the water-cure resorts, although we have unequalled natural appurtenances for their use. The workings of these baths are explained and counsel given as to the best way of using hot, temperate, and cold baths, and thermal springs.

NOTES AND COMMENTS.

Congenital Dislocation of the Hip.

Dr. J. T. Freeland, New York, writes as follows in the *Indiana Med. Journal*, September, 1887:

This is quite a rare deformity, for in a dispensary practice where new cases of articular osteitis of the hip are seen daily, an average of about one case of congenital dislocation of the hip is seen per month. The deformity is so marked and so characteristic that after seeing one case a physician can make a correct diagnosis without hesitation.

The following cases have come under my notice recently:

Elizabeth W——, aged thirteen years, was brought to the dispensary by her mother on March 5th of this year. The girl was well nourished, large for her age, and gave an excellent family history. The mother brought a letter from her family physician, which stated that the child needed a spinal brace, but no diagnosis was given. On examination there was found a very marked lumbar lordosis. The hips were dislocated upward and backward, the lordosis being merely compensatory to preserve the equilibrium by throwing the trunk further forward. She walked with a very ludicrous waddle, as the hips yielded at each step. She complained of no trouble, except that her hips quickly became tired on walking.

A line drawn from the anterior superior spinous process of the ilium to the tuberosity of the ischium (Nélaton's line) showed the heads of the femurs to be one inch above their normal positions. The feet were in natural position, and movement at the hips was normal.

The majority of these cases present a dislocation of both hips, and in these the deformity is not so marked as when only one hip is affected. When the deformity is bilateral the only peculiarities are the lordosis and the waddling gait, but when the dislocation is unilateral there is a marked limp, owing to the shortening and yielding on the affected side, and before the patient reaches adolescence lateral curvature of the spine is generally added to the existing deformity.

April 15th, 1887, Jesse Stevens, aged twenty-two months, was brought to the dispensary by his mother. The child had a

good family history, and was well nourished. From the time he had commenced walking it was noticed that he limped, favoring the left leg. Motion at the hip was unresisted. There was three-fourths of an inch atrophy of the thigh, but the circumference of the calf was the same as its fellow.

Measuring from the anterior superior spinous process of the ilium to the outer malleolus, there was three-fourths of an inch shortening; but measuring from the head of the femur to the malleolus the leg was as long as its fellow. The head of the femur was nearly an inch above Nélaton's line. The nutrition of these dislocated limbs is interfered with in some way; this is readily appreciated by comparing the limbs when but one is dislocated. The bony development, as well as the muscular, is retarded, as there is quite a difference in the real length of the legs in an adult with unilateral hip dislocation of congenital variety.

Most cases of congenital dislocation of the hip are brought to the notice of the physician when the patient begins to walk, and the parents generally consider the trouble of recent origin, and will ascribe as a cause some slight accident the child met with shortly before the visit. No physician would be likely to make the mistake of confounding the congenital dislocation of the hip with a dislocation produced after birth by trauma. The absence of active symptoms in the former, and the freedom of movement and position of the leg and foot, would make him decide at once.

The head of the femur may be dislocated before birth in one of three directions, says Carnochan—upward and backward, upward and forward, and directly upward.

The first form is the most common, and the only one worth studying practically, for the second and third forms are found only in monstrosities.

Hippocrates wrote, "children yet contained in the organ of gestation may have the arms or the inferior limbs dislocated by blows, falls, or by pressure exerted on the abdominal walls of the mother."

Paré thought that the powerful contractions of the uterus, acting on the extremities of the levers presented by the femurs while the thighs were flexed on the abdomen, were sufficient to account for this variety of dislocation.

Other authorities suppose the cause to be the arrest of the development of the cotyloid cavity. Dr. Knight, in his *Orthopedia*, inclines to this belief.

Carnochan, who has written a valuable monograph on this deformity, thinks that this dislocation is due to muscular spasmodic retraction due to a perverted condition of the excito-motor apparatus.

Hamilton, in his work on Fractures and Dislocations, expresses the belief that any one of the causes mentioned above may produce the luxation.

Post mortem examinations of adult cases show that a new joint is formed between the cotyloid cavity and the crest of the ilium; bone is thrown out until a cup-like depression is formed, and a new capsular ligament is produced. These results do not invariably follow. Occasionally the original capsular ligament becomes much elongated and remains intact, and a new joint is not formed. When a new joint is formed the acetabulum loses its shape, or becomes filled with osseous deposit, and is almost obliterated. Great changes always take place in the head and neck of the femur.

When the old capsule remains unbroken, the head of the femur can be drawn down by traction to its normal position.

Guérin, of Paris, and Parnez, of Lyons, have produced cures of this deformity in children, by overcoming the muscular resistance by long-continued traction and binding the head of the femur to its place by a band passed above the head of the femur and under the perineum; but treatment is generally unsatisfactory in results and difficult in process, and as the deformity does not interfere greatly with locomotion, it is not advisable to resort to treatment.

Chronic Laryngitis and its Sequelæ.

Dr. Hunter Mackenzie publishes a lecture on chronic laryngitis and its sequelæ. Simple chronic laryngitis and thickening of the laryngeal structures may occur as a consequence of acute laryngitis, or from repeated attacks of the subacute variety; occasionally its mode of development is protracted and insidious. It may be partial—that is, only one-half of the larynx may be thickened permanently—it may be general, affecting more or less all the intrinsic structures. The question of degree or locality of the inflammation bears an important relation to prognosis. Chronic laryngitis may be primary or consecutive. Primary chronic laryngitis indicates that the laryngeal affection has not been preceded by any local or general affection; the term consecutive may be applied

to that variety which precedes or supervenes during or after the course of the zymotic diseases, malignant disease, or pulmonary phthisis, or which is the result of extension from the nares or pharynx. In simple chronic laryngitis there is very seldom any true ulceration or loss of substance, unless there is evidence of struma, tuberculosis, or syphilis. The character of the voice almost entirely depends upon the vocal cords. Complete aphonia (whispering voice) is, in the absence of nervous or mental causes, indicative of severe laryngeal changes, and shows destruction of the vocal cords, or of the cords and ventricular bands; it is a point to be remembered that a fairly effective voice can be produced by the ventricular bands, should the vocal cords be destroyed. Chronic laryngitis, in addition to the symptoms produced on the voice, respiration, cough, etc., may sometimes be the cause of gastric disorders; when pharyngitis is present, and the saliva is in excess, or when frequent movements of swallowing are made, owing to the sense of tickling at the back of the throat, an excessive amount of air is swallowed, giving rise to gastric flatulence. The following are some of the sequelæ of chronic laryngitis. In the insidious form, the possibility of tubercular degeneration is always present; in those cases it is only by the examination of the sputum or laryngeal secretion, and the presence of the bacilli of tubercle being detected, that one can be certain the case is one of tubercular disease. Another sequela of chronic laryngitis is the formation of new-growths; these may be papillomatous, mucous, fibrous, or cartilaginous, according to their seat of origin. The more chronic a case is, the more likely is the supervision of the most serious of all sequelæ, the tubercular degeneration. In the case of malignant disease of the larynx no definite conclusion should be arrived at without examining microscopically the sputum or pieces of the growth, as in its early stages, and even in its later stages, malignant disease possesses no distinguishing characters to the naked eye. With regard to the treatment, it must be essentially of a local character to be of any use, by means of inhalations, sprays, powders or pigments. In well-marked cases recourse should be had at once to pigments, and of these nitrate of silver is the best. Commencing with a solution of thirty grains to the ounce, the strength should be gradually increased every ten to fourteen minutes, until one hundred and twenty grains to the ounce or even more are used. These pigments ought to be applied locally by means of a

laryngeal brush, under the guidance of the laryngoscope, at first three times and afterward twice a week, over a period of several months; this energetic treatment is necessary only in well-marked cases of thickened vocal cords, or of the intra-laryngeal mucous membrane. In chronic laryngitis dependent upon chronic nasal catarrh, attention should be directed to the nose; the nasal passages ought to be frequently cleansed by means of a solvent spray (one drachm of bicarbonate of soda to a pint of water), and immediately after an astringent solution ought to be applied, such as sulphate of zinc or acetate of lead, one or two grains to the ounce of water. At the same time the pharynx should be occasionally stimulated by the application of a solution of chloride of zinc, twenty or thirty grains to the ounce. In granular pharyngitis the application of London paste, or of the galvano-cautery, to the prominent follicles is usually necessary. When chronic laryngitis has ended in the formation of distinct growths, they must be removed by intra- or extra-laryngeal surgical measures. Certain of the sequelæ of chronic laryngitis may necessitate the opening of the windpipe, and the operation of tracheotomy is to be preferred to thyrotomy, if the same objects can be obtained by it. The rest and freedom from irritation that is obtained after tracheotomy often cure a chronic laryngitis which may have become serious, and in cases of tubercular disease much comfort can often be given to the patient by the early performance of this operation. The author concludes his lecture by urging on all medical men the importance of treating cases of chronic laryngitis with promptness in the early stages, so many cases being neglected at first, when some active measures might be taken, which become useless if deferred.—*The Medical Record*, August 20, 1887.

Cocaine and Strictures of the Urethra.

Van Hoorn has been successful in two cases in which he used hydrochlorate of cocaine to facilitate the temporary dilatation of strictures of the urethra. At the time of doing it he was not aware that any one had done so before. Van Hoorn then enters into the literature of the use of cocaine in this and allied affections (injection of cocaine into bladder to facilitate the operation of lithotripsy).

Van Hoorn then relates his cases and experiments. A patient who suffered from a

stricture in the posterior part of the canal was so sensitive that the application of an elastic bougie not only produced great pain, but caused disagreeable symptoms for several days after. The treatment, therefore, had to be interrupted several times, yet gradually a catheter of No. 23 (Charrière's scale) could finally be employed. Van Hoorn commenced with No. 16. Some time afterwards it was necessary to sound the urethra with an exploratory sound. This was so painful that the delay again became necessary, and he therefore resolved to use cocaine; but before he did so, he ascertained the effect of cocaine on the healthy mucous membrane of the urethra. For this purpose Van Hoorn first introduced into a perfectly healthy urethra a bougie of No. 22, with the most minute precautions. It was evident that the mucous membrane was very sensitive. The pretty large but well oiled bougie caused pain in the whole length of the canal.

Two days afterwards Van Hoorn injected, with Guyon's instillateur (before introducing the bougie), twenty drops of a five per cent. solution of cocaine. After taking out the instrument he kept the solution in the canal for ten minutes. He then introduced the same catheter which had previously caused so much pain, and the patient felt only very slight discomfort from the dilatation of the canal. To be sure that this effect was due to the cocaine, he injected the next day only water, and then passed the instrument, and found that as much pain was caused as the first time. He then used cocaine for his patient with eminent success, and although the stricture was very tight, a No. 21 catheter could be passed with but trifling discomfort. The patient had no pain the day after, and the dilatation could be proceeded with for two days.

The second case was that of a patient who had been treated a long time in another town, the doctor there telling him that he had three strictures. Introduction of the catheter was very difficult, in consequence of the existence of a valve; there was no false passage however. Introduction of the catheter was frequently followed by hemorrhages, and by so much pain that the patient one day lost consciousness. He could not bear the catheter for more than ten minutes once a week. Soon after his change of abode he acquired a fresh gonorrhœa, and consulted Van Hoorn. This complaint was pretty quickly cured, but a slight gleet very naturally remained. Eight weeks after the commencement of the last illness Van Hoorn examined the strictures, previously having

anæsthetised the urethra with cocaine. At the first session the cocaine solution had not penetrated further than past the first stricture, and the bougie, therefore, caused pain at the second one. But after overcoming these difficulties, and successfully applying the solution to the whole canal, the treatment became nearly painless, and could be proceeded with satisfactorily.—*The Med. Chron.*, August, 1887.

Removal of Necrosed Bone by Irrigations with Weak Hydrochloric Acid.

Dr. Edmund Andrews, Professor of Clinical Surgery in Chicago Medical College, gives the following account of this process in the *Kansas City Medical Record*, September, 1887:

In almost all cases of necrosis the dead bone can be removed without operation by the simple process of daily irrigation with diluted hydrochloric acid. This is especially important in spinal necrosis and caries; but is also applicable to necrosis in other parts of the body.

Nearly all our authors are silent on this subject, for though Dupuytren and other older surgeons have spoken of brushing the cavity with strong sulphuric acid, they contemplated merely a caustic action to change the condition of the diseased living parts, and not the dissolving out of the sequestrum. Others, however, have proposed the solvent plan, but without gaining a serious hearing in surgical literature. Billroth, of Vienna, briefly alludes to the subject, but scouts the whole idea in the following strong, but ill considered language: "Chemical solution of the sequestrum is not to be thought of. If you were daily to pour muriatic acid into the fistulous opening, it would affect the newly formed osseous tissue as much or more than it would the sequestrum, which would be very unfortunate, as it must replace the latter. Hence, the mechanical removal of the sequestrum is the only thing left."

In opposition to this high authority, I wish to state as the result of actual experiments that, by a little ingenuity in the management of the irrigation, most sequestra can be dissolved out; and if the solution be properly prepared it does not affect the living bone, nor act upon the soft parts, except as a good antiseptic; neither does it cause any pain. In fact, by the addition of cocaine and morphine, it can be made anodyne.

So far as my investigations have yet gone, I find no solvent equal to a weak solution of hydrochloric acid. Sulphuric acid seems to

limit its own action by precipitating the insoluble calcium sulphate in the Haversian canals, and blocking the further access of the acid. Thin laminae of bone will lie in a dilution of this acid for days with only a slight degree of decalcification. Chromic acid is also inefficient, and stains the linen on which it happens to drip. Nitric acid decalcifies the bone rapidly, but I have not yet finished the experiments for ascertaining its practical usefulness.

The proper strength of the hydrochloric solution will usually be found between one-fourth and one-sixteenth of the strength of the officinal *acidum hydrochloricum dilutum*, although it can be employed somewhat stronger by the addition of cocaine and morphine. The tolerance seems to be determined largely by the presence or absence of a good coat of granulations upon the living tissues. Directly after an operation, the cut extremities of the nerves are painful on the application of any acid, however weak; but after a few days, when covered by granulations, they bear comparatively strong solutions without difficulty.

The length of time required will vary with the strength of the solution, and the constancy of the irrigation. As the result of experiments made outside the body it was found that old sequestra, which have laid long in putrid suppurating cavities, are not deprived of their gelatiniferous animal basis. In every instance the decalcified animal matter remained in full form, but lying inclosed in granulations inside the body, it is rapidly absorbed, exactly like the decalcified bone drainage-tubes when left in position.

The method of effecting the irrigation is important. If one simply pours a little acid into the fistula, as Billroth evidently understood the plan to be, he will accomplish nothing. It is necessary to irrigate the whole sequestrum either frequently or continuously. If possible, one should have two openings, so situated that the fluid may run into one, and thence along the whole length of the sequestrum and out at the other. When necessary, new openings must be made in suitable positions, and left pervious by drainage-tubes. The next step is to fill a half-gallon fountain syringe with the acid solution, and, hanging it by the bedside, to let it run very slowly through the diseased channel. If a "through and through" irrigation is not possible, we can often obtain the same result by taking a small flexible catheter, especially of the kind having a curve near the tip, and called by the French *sonde coudée*. By a little careful management this

can often be carried to the farthest corner of the cavity, and by attaching it to the fountain syringe it will deliver the fluid beyond the sequestrum, and make it flow over it on its return outside the catheter. Whenever the sequestrum can be thoroughly irrigated, its decalcification is a matter of absolute certainty within a moderate number of days. The hydrochloric solution is a perfect antiseptic of itself, and during its use no other is required.

After the solution is completed there remains the gelatiniferous animal matter of the bone, which is identical with the material of decalcified bone drainage-tubes, and like them is rapidly absorbed in antisepticized cavities. I have commenced to investigate the possibility of dissolving it out at once with pepsin, but have not finished that part of the subject.

Billroth raises the objection that the acid will dissolve the living bone as rapidly as the dead, or even more so. So plain a point as this of course cannot fail to rise in every one's mind, but I am sure that this great man spoke from mere theory, and not from observation or experience. Whatever one might fear in this respect, I find as a matter of experience that the weak solutions which I have used do not decalcify living bone. Apparently the granulations covering the living osseous tissue protect it from contact with the acid, except in spots denuded by ulceration; and even there the circulation of alkaline blood in the Haversian canals, and the constant exudation of alkaline serum from all raw living surfaces, bone included, protect it from the action of such weak acid dilutions as I have hitherto used. At any rate, it is a positive fact that the sequestra are dissolved, and the cavity heals, without any perceptible injury to the living bone.

The Prophylaxis of Syphilis and the Regulation of Prostitution at Honolulu, Hawaiian Islands.

Dr. McGrew writes from Paris as follows on this subject to the *American Lancet*, September, 1887:

The prophylaxis of syphilis and the regulation of prostitution is a question which is at present occupying the minds of the medical profession and municipal authorities of Paris, France, and a most complete and interesting report on this subject has been prepared and placed before the Academy of Medicine by Prof. Fournier, who is acknowledged one of the best authorities on syphilis and skin diseases.

This report appears in *Le Progrès Médical*,

and the reading of it has induced me to give a few outlines of how this question has been met at Honolulu, Hawaiian Islands, where, as is generally known, syphilis raged to a great extent in former years, but where now it has become comparatively rare, thanks to the endeavors of the medical profession and government authorities (and I may here mention the name of Dr. Robert McKibben, Surgeon-in-chief to the Queen's Hospital, who has exerted himself especially in this direction) in establishing the necessary sanitary precautions.

The system there, which has been in vogue several years, coincides, so far as I am able to judge, exactly with what Dr. Fournier considers should be carried out in the city of Paris, and consists of the following regulations:

Each prostitute is forced to register her name, age, and address.

To report for examination weekly, at the government dispensary, especially set apart for this purpose, and connected with the Queen's Hospital.

If on examination she is found to be suffering from syphilis, gonorrhœa, or in fact any uterine or vaginal disease, she is compelled to enter the hospital, where there is a special ward for these cases, and to remain there under treatment until she is cured, or considered free from all danger of communicating disease.

If she leaves the hospital without permission or a certificate of health—a frequent occurrence notwithstanding the strict surveillance—she is at once searched for by the police employed for this special service, and is brought back to the hospital.

In the case of a second attempt to escape, she is sent to prison and there kept for a certain period, at the expiration of which she is glad to return to the more comfortable quarters of the hospital, and to submit to treatment.

I may here mention that during her sojourn in prison, the treatment is vigorously carried out by the prison physician, who receives, previous to her admittance, a history of her case and of her previous treatment.

This in a few words is the system employed at Honolulu, and has no doubt been the means of reducing to a wonderful extent the percentage of syphilis and venereal diseases.

Cocaine in the First Stage of Labor.

Dr. W. A. Briggs writes as follows to the *Sacramento Medical Times*, September, 1887: The "nagging" pains of cervical

dilatation, especially in primiparæ, are extremely trying, not only to the patient herself, but, indirectly, by unnecessary demands on his time and patience, to the physician also. At this time the local use of cocaine, in combination with morphine, renders admirable service. I prefer the following formula :

R Cocainæ mur. gr. 15
Morphinæ sulph. gr. 1
M. Et in suppos. (gel.) No. iii d.

Sig.—Slightly soften in warm water and introduce within the cervix uteri; repeat in three hours if necessary.

The dry powder in gelatine capsule is more easily and rapidly dissolved and absorbed, and hence is preferable to combination with cacao butter, either in mass or in shell. Relief is felt within fifteen minutes, and continues for several hours.

Non-Homœopathic Cures.

Dr. J. W. Hawkes, Professor of Materia Medica in the Hahnemann Medical College, Chicago, writes to the *N. Y. Med. Times* (a journal that detests the name homœopathy, though a staunch supporter of the doctrines of Hahnemann, as an adjunct to therapeutics), for information regarding cures obtained by measures that are non-homœopathic.

In reply, the *Times* proceeds to say, that, strictly speaking, drugs do not cure disease, but only have power to assist nature to this end; and then answers Dr. Hawkes's inquiry by giving a number of illustrations, from which we select as fair samples the three following:

Catharsis in Catarrhal Gastritis.—The curative action of cathartic medicine in certain gastro-enteric complications, accompanied with abdominal obstruction, is well known to all medical practitioners—except it may be the close adherents of homœopathy. The case we are about to relate, illustrative of non-homœopathic cures, is noteworthy by reason of the great age of the patient (86 years) and also because a council of Old School physicians had pronounced the case hopeless. The old gentleman had been "kept up" for several weeks on brandy, quinine, iron, strychnia, etc., until the bowels became obstinately obstructed and refused to respond to enemata. He was in this condition when the friends of the patient con-

cluded to consult a physician of the New School, and finally placed the case in our hands. The patient's bowels were so distended with fecal concretions as to make the leading indication of treatment unmistakable. The idea of seeking the *similimum* for such an obstructive condition did not occur to us. We began treatment therefore with compound cathartic pills (officinal) and continued with compound cathartic pills, daily, for a week, with amazing results. The patient's condition improved with every effect of the medicine. The following week magnesia citrate was substituted for the pills, and taken every morning for several days, always with excellent effect. The patient was put on a milk diet, made an excellent recovery, and still lives to rejoice at the fact.

Ipecacuanha and Spasmodic Croup.—A noteworthy case of spasmodic croup of most alarming severity, occurring in a child of five years, came under our observation sometime since. We sought the *similimum* in the case without success for several hours. The child seemed likely to die of asphyxia. In desperation we asked an Old School colleague to our assistance. We agreed that this case was a desperate one, and that heroic measures were called for. It was the evening of one Christmas day, which to my colleague was suggestive of complications of nuts and candy. Acting upon this idea four fluid drachms of ipecacuanha were forcibly exhibited to the child. The result was a copious emesis, which was followed with prompt and complete relief.

Diet in Disease.—The relation of food to certain abnormal states is well known: to disregard which would be fatal to the success of any method in therapeutics. There are conditions, in fact, in which diet and not medicine is the leading indication of treatment. We have repeatedly cured chronic flatulence, occurring in aged persons, with enlarged livers, by eliminating sugar from their dietary. All know the superiority of lean meat and skimmed milk over any form of medicine in diabetes; the benefit of a milk and farinaceous diet in catarrhal affections of the stomach; of cooked milk (boiled half an hour or more) in enteritis and ulceration of the mesenteric glands; of fresh vegetables in scurvy; of fruit and bread made from unbolted wheat meal in chronic constipation, etc. The *similimum* in all cases in which a faulty diet is the cause of malady is of non-effect, except that of palliation, and the cure of them must be by a method which is non-homœopathic.

Accidental Poisoning from *Cocculus Indicus*.

This unusual poison was taken by mistake for coca, the fluid extract having been used by oversight for the one intended. It occurred in Denver, Col., the sufferer being a gentleman from the South, temporarily stopping there, and by some, as yet, unexplained cause, the fluid extract of coca was asked for in a wholesale drug store in another city and that of *cocculus indicus* was supplied. The taste on swallowing caused the alarm of the patient, and looking at the label, a precaution that should have preceded the dose, he recognized the danger. He went at once to a physician who used the stomach pump, hypodermic injections of morphine, and, internally, chloral. The sufferings were intense for a while, but the prompt application of the above remedies saved the life of the patient.—*Pharmaceutical Record*, September, 1887.

Treatment of the Convulsions of Children.

Dr. Jules Simon, at a clinic in the Hospital for Sick Children, said that convulsions in children arose in the great majority of cases (eighty times out of a hundred) from digestive troubles. He included in the latter indiscretions in diet, entero colitis and constipation. A cause to which he desired to direct particular attention, because it was ordinarily overlooked, was exposure to excessive cold or to extreme heat. Convulsions arising out of digestive disturbances should be distinguished from those occurring in fevers. The latter then often constitute the initial phenomena of pyrexia. Still further, convulsions may be symptomatic of albuminuria, which may be latent, and an examination for which should never be neglected.

Apart from divers other affections, convulsions may arise in profuse and prolonged hemorrhages. A practical point in connection with the latter, is that Simon has seen the pulling of a tooth in a teething child—and if there is a loose tooth in a child with convulsions the doctor is generally asked to draw it—followed by death in the midst of convulsions preceded by hemorrhage. He has also seen convulsions occur in a child who had continuous hemorrhages from a slight abrasion of the tongue.

Convulsions are rare between the first and second month, and are most common between the fifth month and the second or third year. Their frequency depends largely upon individual and family predisposition. Frequent repetition of convulsions ought to make one fear some cerebral complication.

While the convulsions continue the child passes but very little urine, and then with tenesmus. This persists while the disease lasts, but one may rest assured that when the urine flows freely, the worst is over. This gives us an extremely important point for prognosis.

Generally convulsions come and go with great suddenness, but they may last eight days without occasioning a cerebral lesion. Prognosis is generally favorable except when the convulsions are secondary.

The first thing to do is to open the bowels. If the convulsion stops administer an emetic, but if the attacks continue, give 8 grains of chloral by the bowel, along with 15 grains of camphor and 20 drops of tincture of musk. In cases in which attacks recur at intervals of several hours, order a mustard bath, but only in cases where there is no fever. If convulsions still continue, blister the back of the neck, but only let the blister stay on three hours, and then apply a poultice; at the same time give the following draught:

R	Lime water.....	f 3 iij
	Bromide of potash.....	gr. xv-xxx
	Musk.....	gr. jss
	Cherry-laurel water.....	f 3 ss
	Syrup of codeia.....	f 3 j
	Syrup.....	q. s.

If the convulsions are of uræmic origin, Simon does not hesitate to bleed. In a child four or five years old, three or four leeches may be applied behind the ear; or cups with scarification over the region of the kidneys to withdraw three or four ounces of blood. At the same time the above internal treatment should be used. Even very anæmic children bear the loss of blood very well.

Moreover, nervous children that seem by their excitability predisposed to attacks of convulsions, should be isolated and placed upon small doses of the bromide every three or four hours. This will very much diminish their chances of having convulsions.—*L'Union Médicale du Canada*, August, 1887.

Injections of Quinine in Splenic Tumors of Malarial Origin.

Fazio having concluded upon theoretical grounds that injections of quinine were indicated in splenic tumors due to malarial causes, reports his results in two cases in which this method was tried, and claims to have obtained a decided diminution in the size of the tumors after respectively 32 and 45 injections.

His plan is to inject a solution of a strength of three or four grains to fifteen minims of distilled water, after deadening the sensibility of the part with the ether spray. The injections are carried deep into the tissues, and subsequently an ice-bag is placed over the seat of the injection.

The results claimed for this method of treatment are :

1. Reduction in the size of the tumor.
2. No febrile movement is occasioned.
3. No local pain is produced, and no evil effects follow it.
4. Sometimes partial emphysema of the cellular tissue occurs as the result of admitting air at the time of the injection ; but this slight evil is easily avoided with care.

Complete cure is possible only when no amyloid degeneration co-exists.—*Deutsche Medizinal-Zeitung*, August 25, 1887.

CORRESPONDENCE.

Further Report of a Case of Senile Gangrene.

EDS. MED. AND SURG. REPORTER :

Gentlemen:—I have changed my residence from Union City, Pa., to Meadville, Pa. CLARENCE G. HOLLISTER, M. D.

P. S.—The case of senile gangrene I recently reported (REPORTER, July 2, 1887,) is doing very well. Upon calling on him a short time ago the fibula was found to be separated and the tibia holding by a mere shred. The stump had nicely healed over, and his general health was improved. The cancer upon his face, however, is growing worse slowly. He will not allow us to interfere with the operation of nature in separating the limb, but insists upon letting it alone, and yesterday I heard that the leg had dropped off. This information was not, however, absolutely trustworthy.

C. G. H.

NEWS AND MISCELLANY.

A Hint to the Housewife.

At this season of the year, stewed apples, pears, and plums are favorite articles of diet. For breakfast or luncheon, in the dining-room or in the nursery, there are few table dishes more wholesome and more delicious than well-stewed fruit served up with cream or custard. There are many persons, however, who cannot eat it on account either of the acidity of the fruit or the excess of sugar necessary to make it palatable. Sugar does not, of course, counteract acidity ; it

only disguises it, and its use in large quantities is calculated to retard digestion. The housewife may, therefore, be grateful for the reminder that a pinch—a very small pinch—of carbonate of soda, sprinkled over the fruit previously to cooking, will save sugar, and will render the dish at once more palatable and more wholesome.—*Brit. Med. Journ.*, Sept. 3, 1887.

Needless Alarm.

The following piece of sublime misinformation has been perpetrated by a homœopathic physician of Montreal as a *bona fide* report of a case :

“Called to see Miss U——, suffering from usual periodic headache; gave *lach.* 75 m. (Fincke), and then dissolved a few No. 8 pellets of *pure sacch. album* in half a glass of water, *churning it well* with a spoon (potentizing it, I fear); dose, a teaspoonful every half hour till better. Soon after taking the *sacch. alb.*, she became ‘deadly sick and faint; thought she would die, *she was so weak*, could not lift her head; *felt as if she would sink bodily right through the bed.*’ Each dose made her so much worse that she stopped it, and was able to come down stairs. This is the first time I had such a symptom from *sacch. alb.*, but still it was too marked to pass without making a note for verification, either clinically or pathogenetically. I know I had pure sugar pellets and fresh water.”

We can't help wondering whether the Examining Board of the Province of Quebec have applied their final tests to this gentleman, and if so how he stood; also, whether he could pass the civil service examination here.—*The Medical Press* (N. Y.), Sept., 1887.

Camping on Mont Blanc.

A French scientific man, M. Vallot, has, according to all accounts, accomplished a remarkable feat. He has camped for the space of three days and three nights on the summit of Mont Blanc for the purpose of making meteorological, physical, and physiological observations after the manner of aeronauts in a balloon. His courageous efforts, despite his sufferings from cold and from rarefied air, as well as the exhaustion consequent on his climb to such lofty altitudes, have, it is averred by his countrymen, been successful as well as unprecedented. The result of his labors and researches has been communicated under sealed orders to the National Academy of Sciences.

Eloquent Words About Army Surgeons.

Putting aside the burning questions of rank, it may be well to place before our readers some of the well-founded claims which military surgeons have to the support and gratitude both of their fellow practitioners and of the country at large, so that if need arise to urge these claims, the appeal may not be wasted on ignorant or indifferent auditors.

John Bell, in a passage full of manly eloquence, says of the responsibilities of the military surgeon: "He is to act alone and unassisted in cases where decision and perfect knowledge are required; in wounds of the most desperate nature, more various than can be imagined, and to which all parts of the body are equally exposed. His duties, difficult at all times, are often to be performed amongst the hurry, confusion, and horrors of battle. Even in the seasons of the greatest difficulty, cold and heat, hunger and fatigue, vexation of mind, and all the distresses of foreign service, aggravate disease, and while they render his exertions of so much importance, teach him imperiously the necessity of an accurate and ready knowledge of his profession. It is to him that his fellow-soldiers look up at the moments of distress; his charities and his friendship are prized beyond all price. What part of education is there needful, or even ornamental, for the surgeon living at his ease in some luxurious city, which the military surgeon does not require? What qualifications of the head, or of the heart? He has no one to consult with in the moment in which the lives of numbers are determined. He has no support but the remembrance of faithful studies and his inward consciousness of knowledge, nor anything to encourage him in the many humble yet becoming duties which he has to fulfil except his own honest principles and good feeling."

In spite of all these onerous responsibilities, the pay and position of the army surgeon have undergone constant and arbitrary alterations, so that he has been fain to cry out like Jacob to his ungrateful master, "Thou hast changed my wages ten times." Yet notwithstanding this unworthy treatment, he has ever been found zealous to obey either the call of duty or the summons of honor.

Equal to his civilian brother in the number and value of his studies and qualifications, he has been required to pass, in addition, special examinations not less searching than those originally surmounted, and to undergo an extra training not less careful than

that previously undergone. There is no country in the world where British valor has conquered, or where, even in defeat, the stubborn pluck of Britons has covered the ground with their slain, that is not the resting place of the bones and of the dust of our military surgeons.

On the many battlefields of Flanders, beneath the burning sun of Spain, in the valley of Inkerman, in the well of Cawnpore, on the shame-stained hill of Majuba—there, side by side with their brethren in arms, sleeping the last sleep of the brave, lie the army surgeons of England. They marched and conquered and fell, with their comrades, alike in bravery and honor, alike in suffering and privation; to them as much as to these is owing the fame of our glory; it is only in appreciation and reward that there is a difference. Yet how much their country owes them.

It was a military surgeon (George James Guthrie) who, without a colleague, found himself, at the close of the bloody field of Albuera, in charge of over 300 wounded—and while the combatant officers (among whom he had fought with the bravest) lay down to rest, worn out with the long fight, he betook himself to his professional duties, and throughout the weary night, and all next day, devoted himself to the alleviation of the sufferings of friend and foe alike.

If it was of Guthrie that the historian writes: "The sudden retreat of Hill's *corps d'armée*, warmly pursued by the enemy from Aranjuez on the Tagus to Salamanca on the Tormes, encumbered with a large hospital of over 800 sick and wounded, which had been formed at Madrid, and with 2,000 sick on the whole on the line of march, without conveyance, rendered the position of the surgeon, as to character and reputation, perhaps even more critical than that of the General, who could at all times have turned and beaten his opponent. The commissariat stores and dépôt at Madrid was lost, but the whole of the hospital and the sick and wounded were saved through the energy and decision of the medical officers. Arrested on the bridge of Alba de Tormes, one-half of them were delivered over to proper officers, whom Mr. Guthrie had assembled to receive them, and returned to their regiments, while the remainder were sent forward to Ciudad Rodrigo, in compact and regular order, instead of being allowed to wander over the whole country."

What a glorious moment for Guthrie was that when he heard the Iron Duke, so usually sparse of compliment, declare "that his conduct was worthy of the imitation of the

whole army." How still more glorious must it have been to receive, as he did, the thanks of his recovered patients, saved at Albuera by his exertions, "in grateful recognition of his courage and coolness, promptitude and fertility of resource, as well as of his unflinching patience and energy."

It was no combatant officer, but a military surgeon (Brydon), whom Sale saw ride in through the gates of Jellallabad, on the point of dying from fatigue, exhaustion, and hunger, the survivor of Keith's army of Afghanistan. The same Brydon, who, in after years, was one of that little band of heroes whose fame shall last as long as the glory of their country, who, behind the frail walls of the Lucknow Residency, kept the rebel hordes at bay, and saved the honor of English women and of England.

Does the Duke of Cambridge, as he reads general orders about "combatant" and "non-combatant" officers, ever think of that misty autumn day when, surrounded by the surging mass of Russian foemen, he was only saved from death by gallant Surgeon Wilson, of the 11th Hussars, who, rallying a handful of men to the rescue, dashed into the gray mass of Russians, and brought the Duke safe and sound out of his danger? Has Lord Viscount Wolseley any fraternal recollection of that incident on the day of Inkermann (worth a dozen Tel-el-Kebirs), when Dr. Wolseley, of the 20th Foot, finding himself, unarmed, with but a handful of Englishmen by him, amidst the swarming host of Russians, instead of surrendering as a non-combatant ought, first breathed a prayer to God for his soul, then catching up a musket and bayonet lying at his feet, shouted out to the soldiers round him: "Fix bayonets! Charge! and keep up the hill!" and so tore his way through the dense mass opposed to him, and with half of his little band of heroes came safely out?

Do the critics of the Army Medical Department ask for the scientific achievement of its officers? Let them read the works of Guthrie, of McLeod, of Sayre, of Maclean, of Aitkin, of Parkes, of Longmore, of de Chaumont, of Porter, and of a score more belonging to its ranks? Do they require examples of the bravery of these men? Let them read the instances we have quoted, only selections from the records of our brave; but one other we will give, since we knew and loved its hero well. It was Surgeon-General Reade, who, on September 14th, 1857, charged down on 300 Sepoys with only a very few soldiers, because the enemy were annoying our wounded by their

fire, and defeated the rebels; it was he who, two days afterwards, was the first man up the breach at the storming of Delhi, and, with a sergeant, spiked a gun, and who was recommended for promotion in public despatches "for unwearied exertion and gallant conduct in the field."

Are instances of devotion and endurance wanted? What said Sir Charles Wilson, of the Medical Staff during the Soudan campaign, "For three days and three nights none of the surgeons of the Came Corps had any sleep at all, for they were engaged all the time performing operations or attending to the sick and wounded; and when they reached the Nile, one of the doctors actually fainted from pure fatigue and want of sleep, while performing an operation. No body of men," says Sir Charles, "could possibly have carried on their duties with such devotion as the doctors did during the Nile campaign."

Is such an instance of self-sacrifice and abnegation required as can scarcely be found out of sacred history? Again, we can refer to the annals of the Medical Department. Read of Dr. Landon upon Majuba Hill. Mortally wounded, with the agony of death closing in, in the midst of his own pain and weakness he heard a wounded soldier shrieking aloud in his sufferings, and creeping, forgetful of self, to where this man lay, gave him a morphine injection to relieve his distress, and, giving it, died! Sir Philip Sidney did scarce as noble an act as this, for he only deprived himself of a comfort; but Landon increased his own sufferings and spent his remaining strength by his exertions. In loneliness and weakness he remembered duty and pity. Of the like of his deed there are, indeed, few recorded in the annals of any age or country.

There is no marble monument above the place where the gallant Landon lies; but he sleeps as well in his turf-covered grave as he would in Westminster.

To these men we may apply in an especial sense the fine words of Sir James Paget: "And so in toil, yet not in weariness, they pursue their way, sowing seed of which they reckon not whether they shall reap any fruit; content, because they are in the path of duty, blest if only they see or think that they minister to the welfare of their fellow-man."—*Brit. Med. Journ.*, September 5th, 1887.

Amusing Experiences of a Druggist.

G. H. C. Klie writes as follows in the *Pharmaceutical Record*, September, 1887:

A customer's daughter, about ten years of age, was taken sick with a very severe attack of typho-malarial fever, as it is termed by some physicians. The attending physician treated the case with quinine. This was prescribed in pill form, and mostly administered in gelatine capsules. Sometimes they were prescribed with the usual excipients—gum arabic, tragacanth, with glycerin and aqua—but oftener the mass was directed to be made with aromatic sulphuric acid. Prescriptions were filled almost daily for weeks in succession. The child's life was despaired of, the parents themselves expecting it to die every day. It, however, pulled through, and slowly recovered. The mother calling at my store some time after, I asked how her daughter was getting along. In a slightly pettish and dissatisfied manner she answered, the child was getting along well enough, but she thought it was not the fault of the medicine or the doctor that she was thus. I questioned her what she meant. She said: "Well, sir, when my child had well advanced toward recovery, she one day desired to go to stool. After this was done I examined the chamber, and what do you think I saw? All the pills she had taken during her long illness were there, and it seemed to me the vessel was half full of them."

Her statement surprised me. I had hardly expected that all pills would turn up again in such a state of preservation. I asked her whether the capsules were there also. "No," she said, "the capsules were not, but the pills were all there." Her opinion was there was no use to have a doctor and give medicine diligently as she had done when the medicine was evidently wasted. I could not say anything against her reasoning. I only expressed to her my gratification that her child had recovered under such untoward circumstances.

This case plainly shows that there are some diseases, especially those of a typhoid character, in which pills, even when freshly made and in a soft state, are not acted on by the liquids of the stomach and intestines. Ready-made pills, or sugar and gelatin coated pills, in such cases, would not stand the ghost of a chance of being dissolved. I have heard physicians mention the fact that they have found pills administered to patients undissolved, or only partially dissolved, in the dejections, but I never heard of a case as bad as the one just related.

There are persons who exhibit an extraordinary amount of enterprise when they buy stamps and post letters. In the first place, they often want three 2-cent stamps for

5 cents, and change for a \$10 bill. Then they sometimes, with the odd cents with which they always seem provided, give you one or two with holes in them. When you have safely passed this stage, you are politely asked to put some mucilage on the envelope, and close it, too. Then, "Won't you have the kindness to write the address, which please look up in the directory." "Now, please put the stamp in the right corner." "Oh, yes! can you drop it in the box for me?" "Oh, and I had almost forgotten, the answer is directed in your care; please oblige me by sending it around as soon as it arrives." Oh! aint it glorious?

Romantic Love and Personal Beauty.

Dr. T. Wesley Mills, in September *Science*, writes as follows of his own opinion, after discussing Mr. Finck's view:

For myself, on this point, I hold the strongest views. My theory as to falling in love would be something to this effect: there are in normal minds the elements of an unformed ideal, which takes definite shape when the person answering to that ideal appears, provided there be no interfering causes. This ideal appertains rather to *type* of individual, i. e., there is the potential capacity to love one of many individuals of the type, and the exact individual of this type chosen may be a fortuitous matter. Good results, if not absolutely the best, follow in such cases, no matter which one of the type-class is chosen. As Carlyle said, "No man can love but once, and some not then." The choice of those of opposite tendencies, etc., results in a large proportion of cases in the highest good alike to the individuals themselves, their offspring, and the race. Man and woman in the conjugal state should be the one complimentary to the other. The education of the sexes should lead to as much differentiation as possible, in order that the total energy available for the race may be maximal. The education given by parents and the general education of the public should be such as to allow of the highest degree of free, intelligent conjugal choice. If this is accomplished the results as regards beauty will be equally good with those in other directions. I seem, Mr. Editor, to be just getting into the subject, but I fear I have already taken up too much of your space; the importance of such a question must be my excuse.

Medical Fees.

"In Cleveland, an office visit is twenty-five to fifty cents; in New Jersey one to ten

dollars. In Cleveland a visit from the family physician is one dollar, no extra charge for an hour or two detention, no charge for prescription to other members of a family. In New Jersey a visit from the family physician is from one to ten dollars, a dollar extra being charged for every hour's detention, and for each additional member of the family prescribed for. In Cleveland ordinary mid-wifery cases are from five to ten dollars; in New Jersey the same ten to thirty dollars. In Cleveland the reduction of a dislocation of the elbow or shoulder and its subsequent treatment is five to ten dollars, while in New Jersey the same is twenty-five to fifty dollars. Other service in proportion."—*Am. Lancet*, September, 1887.

The Foreign Visitors at Niagara.

The foreign delegates to the International Medical Congress were taken to Niagara Falls. They held a meeting on Monday evening, Sept. 12th, in the International Hotel; after the close of the meeting, at which brief speeches were made, expressing hearty appreciation of the attentions shown to them by their American hosts. Resolutions were adopted testifying their appreciation of the generosity of the Executive Committee to such visitors to Washington and the members of their families. One of their resolutions says: "The undertaking of the conveyance of over three hundred guests nearly one thousand miles, under the most luxurious conditions of locomotion, and their entertainment for four days, represents an extent of hospitality unsurpassed at any former Congress."

Reminiscences of an Old Physician.

They call me "the *old* doctor." Of course, my long white beard and the scant thatch on my head bear witness to the veracity of the term; and I have but to look at my stalwart grandsons to be fully assured that the adjective applies to me; nevertheless, I fancy that a piece of irony is implied in it. The go-ahead men of the present generation consider me out of date entirely—my ideas antiquated and obsolete. Well, I should not wonder if they are; for I suppose no branch of science has made such rapid and wonderful strides as that connected with the profession to which I have the honor to belong. No doubt, I am of the old school. I am resting on my oars now. The strife and struggle of life are over for me; and as I sit at my ease in my old armchair, memory takes

me back to the past. I think of my student days, and I see before me those grand men whose footsteps first beat into the track which has led to the present heights of research and of discovery. Abernethy was one of those splendid pioneers. I think I see him as he used to lecture at St. Bartholomew's; small of stature, nose *retroussé*, eyes small, dark, and restless, gleaming alternately with wit and humor, or lit up with ineffable tenderness. A face comical and satirical, if you will, but full of expression; and crowned with a raised tuft of well-powdered hair, ending in a long queue. He was among the last of the pig-tails. Then, to add to the quaintness of his *tout ensemble*, he had a knack of thrusting one hand into his breeches-pocket while he gesticulated with the other. No lecturer in London could rivet the attention of his pupils as he did, so lucid were his descriptions, so powerful his language, so dramatic his action. Abernethy was far from being the coarse man that some of the clumsy imitators of his naive brusqueries would lead one to imagine. True, he would launch his little winged darts of satire ruthlessly at the manifold affectations of self-indulgent invalids; he had small sympathy for such; and no regard for rank or wealth of themselves. But when his feelings were enlisted, when called on to witness real suffering, real distress, who so kind as he? And then, when poverty was super-added, the recording angel alone might tell of his benevolences.

Although a great admirer of Abernethy, the hero of my boyish worship was Sir Astley Cooper. The lives of these two great luminaries for long years ran parallel. With Sir Astley I came more into personal contact; and assuredly he was the first surgeon of his day and generation. He was President of the College of Surgeons when I went up for my examination for membership. I had just gone through the fiery ordeal, and was drawing my breath triumphantly, when Sir Astley, using his privilege as President, called my attention: "Describe to me, sir, the origin and distribution of the fifth pair of nerves." I quailed for an instant, taking in, as one does at such moments, the whole beauty of his magnificent physique; then gathering up my somewhat scattered senses, I answered slowly, deliberately, and I trust also clearly, for I heard him say "Capital!" No word of praise, either before or since could have the electric effect of that tri-syllable. It was positively intoxicating. My fortune seemed to be made from that moment.—*Chamber's Journal*.—*Canadian Practitioner*, September, 1887.

An Accident Service.

Dr. C. J. Clebourne, medical inspector of the United States Army, organized in Philadelphia a Volunteer Medical Service along the line of parade at the Centennial Celebration of the Adoption of the Constitution of the United States. A full number of physicians and assistants were in attendance.

An ambulance or police patrol wagon was stationed at or near each "dressing station," which was at the disposal of the medical officer in charge, upon application to the police in attendance.

In case of serious accident or injury a "first dressing" was applied, and the case at once transferred to an ambulance or patrol wagon and sent to the nearest hospital, hotel, or police station. No ambulance was permitted to go from the station to which it was assigned a further distance than five squares. The covered wagons of the Union Transfer Company, with straw in the bottoms, were used.

The Liquor License.

Every druggist in the United States pays into the national treasury annually twenty-five dollars for the privilege of selling medicines, on the pretext that many of them contain alcohol, and alcohol is at the root of one of the most deplorable of human vices. While there was a heavy national debt to be paid, or in the earlier years in presence of the enormous expenditures which left us burdened with that debt, we accepted the necessity without questioning the logic; but today, with an overflowing treasury, we can no longer submit quietly to an imposition as unjust as it is burdensome. Self-respect, indeed, forbids that we tolerate it without indignant protest. We resent it because, in assuming a relationship between the business of the pharmacist and that of the liquor seller, it grossly misrepresents facts. We resent it all the more because of its demoralizing influence, since the man who pays a license is under strong temptation to avail himself of any "privileges" it may confer.

In many States the true relations of the druggist to the saloon keeper have been defined by law. The rights of the druggists to dispense liquors as they do other medicinal agents, strictly for medicinal use, cannot be questioned, and the hardship of imposing on him the tax which is laid upon the sale of intoxicating beverages, as such, is clearly recognized. The same principle applies to the national tax, and we show little of the

spirit of our revolutionary forefathers if we tamely submit to its infringement. The question of how most wisely to array our forces to secure our rights in this matter is likely to engage the attention of the various pharmaceutical organizations in the country, and will no doubt come up for discussion at Cincinnati. At present we shall offer no suggestions of our own. It is more important that druggists throughout the country be made to feel that something must be done, and that each one can help a little. With this idea in view, we have addressed a number of prominent pharmacists a letter asking that they would give as briefly as possible their views on the matter.

Some communications we have received are presented with fullness and force, and are to be commended as subjects for careful and thoughtful study.—*Phar. Era*, September, 1887.

A Suit for Expert Services.

Dr. John J. Reese, Professor of Toxicology in the University of Pennsylvania, and Dr. Henry Leffman, of the Polyclinic, have brought suit against the city of Philadelphia to recover for services rendered in the analysis of the viscera of the bodies of three of the supposed victims of chromate of lead used to color buns. Their professional services were rendered to the Coroner of Philadelphia in connection with the recent investigation of this matter.

ITEMS.

—Keeper Maest, of the Erie County Almshouse, says that in his experience, one of the peculiar freaks of insanity is the seeming reversal of natural tendencies. "For instance," he says, "we have in the male wards fine collections of potted plants and climbing vines, which grow so luxuriantly that they curtain the windows. The men tend these carefully, pluck away the dead leaves, stir up the dirt in the pots, prune the vines, keep them carefully watered, and in divers other ways manifest the tenderest watchfulness. Not so with the women. Every attempt to introduce plants and vines as a feature of the female wards, save in the cottage where the mildest cases are confined, has proved a flat failure. The women pull out the plants by the roots, tear down the vines, and manifest other destructive tendencies entirely at variance with the nature of the sex in general."—*Phila. Press*.

OBITUARY.

DR. C. T. MELSHEIMER.

The following is sent us by Dr. H. V. Sweringen, Fort Wayne, Indiana: Dr. C. T. Melsheimer, of Bluffton, Indiana, one of the most prominent and respected practitioners in this State, and an old subscriber and contributor to the REPORTER, died at his home on August 27th, 1887. While he was a pioneer, belonging to the old class of physicians, he kept pace with the progress of the profession, was a student by nature, intent upon solving the problems which have been hitherto unexplained. A man of sound judgment and a modest gentleman withal, he enjoyed the supreme confidence of the laity and a large and lucrative practice.

DR. GEORGE BRUNDAGE.

Dr. George Brundage, of Factoryville, Pa., was accidentally shot on September 9th, 1887, by a friend who was handling a pistol which he did not know to be loaded. He died in about twenty minutes. An examination showed that the ball had entered the stomach, perforated the bowels, and taken a downward and backward course. Dr. Brundage was 36 years of age. He was one of the most prominent citizens of Factoryville, and was well known throughout the neighboring counties. He was married and leaves a wife and three children.

Resolutions.

DR. EDWARD WILLIAM GERMER.

A special meeting of the State Board of Health was held on Thursday, September 1st, 1887, at the Executive Office, No. 1532 Pine street, Philadelphia, to take action in reference to the death of late President of the Board, Dr. Edward William Germer, of Erie, when the following resolutions were adopted:

Resolved, That this Board has heard with profound regret of the decease of its valued fellow-member and late President, Dr. Edward William Germer.

Resolved, That, in a thorough and intelligent understanding of the principles of State hygiene, learned at the feet of Europe's earliest teacher in this most important branch of medical science, he had few equals; and in untiring energy, courage and self-devotion in their practical application, in times of public danger, no superior.

Resolved, That while the Board in its official capacity has lost an able, wise and faithful member, whose whole energies were devoted to the good of the people, as individuals we mourn the departure of one whose endearing social qualities and warm emotional nature made him a delightful companion and a true friend.

Resolved, That copies of these resolutions be forwarded to the daily and medical press and that a copy be sent to the bereaved family.

DR. N. ARCHER RANDOLPH.

At a special meeting of the Auxiliary Faculty of Medicine, held September 5th, 1887, in Biological Hall, University of Pennsylvania, the following resolutions were adopted:

Resolved, That this Faculty has received with the profoundest sorrow the intelligence of the sudden death of their esteemed colleague, Doctor Nathaniel Archer Randolph, late Professor of Hygiene in the University of Pennsylvania.

Resolved, That in the demise of Dr. Randolph this Faculty has been deprived of a most faithful and zealous co-worker, endeared to them by the uniform courtesy and gentleness of his deportment, and that the University has lost a Professor of great merit and of brilliant promise, and one most acceptable to the students under his charge.

Resolved, That this Faculty begs to tender to the widow and family of their late colleague the sincerest sympathy and condolence in this afflictive bereavement.

Resolved, That these resolutions be published in the medical journals of this city, and that a copy of them be forwarded to the family of our deceased colleague.

J. T. ROTHROCK, M.D.,
Philadelphia, Sept. 12, 1887. Deau.

There have been no changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from September 11, 1887, to September 17, 1887.

Changes in the Medical Corps of the Navy for the week ending Sept. 17, 1887:

P. A. Surgeon Richard Ashbridge, detached from "Constellation" and ordered to the Naval Academy, Annapolis, Md.

Surgeon Joseph G. Ayers, detached from Torpedo Station, and to await orders.

Surgeon John C. Wise, ordered to relieve Surgeon Ayers at Torpedo Station.

Medical Director Samuel T. Coues, detached from Hospital, Chelsea, Mass., and placed on retired list, Sept. 17, 1887.

Surgeon George P. Bradley, leave of absence extended six months, with permission to remain abroad.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ending Sept. 17, 1887:

W. H. H. Hutton, Surgeon, granted leave of absence for thirty days, Sept. 15, 1887.

George Purviance, Surgeon, granted leave of absence for thirty days, Sept. 13, 1887.

S. T. Armstrong, P. A. Surgeon, granted leave of absence for thirty days, Sept. 13, 1887.

A. H. Glenan, P. A. Surgeon, to proceed to Charleston, S. C., for temporary duty, Sept. 15, 1887.

J. H. White, Asst. Surgeon, granted leave of absence for twenty-seven days, Sept. 13, 1887.

Norman Seaton, Asst. Surgeon, granted leave of absence for twenty days, Sept. 16, 1887.

F. C. Heath, Asst. Surgeon, to proceed to Mobile, Ala., for temporary duty, Sept. 15, 1887.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PROCIDENTIA UTERI.

A Clinical Lecture delivered at the Jefferson Medical College Hospital, September 22, 1887,

BY AUGUST MARTIN, M. D., OF BERLIN,
GERMANY.

Professor of Obstetrics and Diseases of Women in
the University of Berlin.

Reported by William H. Morrison, M. D.

“Gentlemen:—As you well know, the procedure for the cure of procidentia of the uterus has, through improvements in the method of operation introduced during the past ten years, become one of the most successful of gynecological operations; and by it we have succeeded in doing away with the objectionable pessary, which during that time had been used in the treatment of this condition. As was first pointed out by Hegar, we cannot retain the uterus by any operation on the vaginal wall alone; such operations are only temporarily successful. After a time, the uterus again comes down. In order to successfully retain the uterus it is necessary to strengthen the floor of the pelvis. When we succeed in arranging in the floor of the pelvis a cicatrix sufficiently strong to carry the uterus and the prolapsed vagina, we may hope to keep the uterus and vagina in their proper positions. In treating a case of procidentia, we must repair any defect in the uterus and restore it to a condition as near the normal as possible; we must direct atten-

tion to the vagina and relieve any trouble that may exist there, and we must also restore the perineum. These three different forms of operation can be done at one sitting. Their performance is accompanied with very little loss of blood, and the results are such that this operation can be highly recommended to your patients.

“The patient on whom I shall demonstrate this operation has a rather large womb, which is retroflexed and with a cervix torn on the left side. I shall restore the cervix, and lift up the uterus and bring it into a position of anteversion. I shall next remove an elliptical-shaped piece of the mucous membrane from the anterior wall of the vagina. I shall then unite the edges of the wound thus left. This may be accomplished in two ways. The wound may be brought together by the interrupted silk suture; but a much better way is by the continuous catgut suture. With this the wound may be brought together in different layers, some of the sutures being buried. Beginning at the upper angle of the wound the edges are brought together with the continuous catgut suture until slight difficulty is observed in approximating the edges. Then the suture is passed through the bottom of the wound, including a certain amount of the tissue. When the suture has reached well down to the lower angle of the wound, the edges of the wound are again caught with the thread and brought into apposition. There is then left a wound one-half of the length of the original denuded surface, which is next brought together with the continuous suture. The catgut used is of such a size that it will continue in position for at least ten days.

"For the posterior wall, I perform an operation which is in correspondence with the natural condition of the parts. As you know, the vagina is formed by the union of the two Müller's canals. As a result of this we find in the lateral walls of the vagina dense lines of fibrous tissue. In all the other methods of treating prolapse of the vaginal walls, this very dense tissue is cut off and denuded. My plan is to retain this, and the posterior pyramid is also preserved, the lateral walls being brought into apposition with it, as will be seen when I come to operate. After the vagina is narrowed in this way, I shall perform an operation for the restoration of the perineum. This is quite a common operation, the cicatricial tissue being removed and the denuded surfaces being brought together with the catgut sutures."

The patient was then brought in. There was complete procidentia and the uterus presented a marked laceration on the left side. The right side of the cervix was first incised to the same depth as the laceration and then, as the cervix was decidedly hypertrophied, a wedge-shaped piece involving the whole width of the posterior lip was cut away, a strip of mucous membrane being resected at the position of the future cervical canal. Interrupted catgut sutures were then introduced, securing the strip of mucous membrane to the denuded surface. This also had the effect of checking the bleeding. A portion of the anterior lip was then removed in the same way, and after the strip of mucous membrane had been secured, the two lips of the cervix were brought together with catgut sutures.

The operation on the cervix having been completed, the uterus was drawn down exposing the prolapsed anterior wall of the vagina. This was then denuded, an elliptical portion of the mucous membrane being removed. The denuded surface was four inches in length by two inches in width at its widest part, and extended from just behind the urethra to the junction of the vagina with the cervix. Catgut sutures were then introduced, beginning at the urethral extremity of the wound, the continuous suture being carried as far as the tissues could be readily brought in apposition. This was a distance of about one inch. The suture was then buried in the bottom of the wound, bringing this together to a certain extent. It was then continued towards the lower angle of the denuded surface, until a point was reached where the edges could be brought together with ease. After the lower edges were coaptated, the suture was again carried

upwards and a portion of the surface left exposed was brought together; but the tension still being considerable, a second row of buried sutures was introduced. Finally the edges were united, and the wound in the anterior wall entirely closed.

The next step in the operation was to replace the uterus, which was done with a sound, the organ being left in a position of anteversion. The posterior column of the vagina was then brought down and a point in the left lateral wall of the vagina, which could readily be brought in apposition with the posterior column, was selected. This left a sulcus which was denuded and the raw surfaces brought together with the continuous catgut suture. The right side was then treated in the same way. By this measure the posterior wall of the vagina was narrowed.

It still remained to restore the perineum. This was done in the usual way, the cicatricial tissue being removed, the line of denudation extending up to the point where the operation on the posterior wall was performed. The first sutures were passed through the upper portion of the wound, including the parts already brought together in the operation on the posterior vaginal wall. The cutaneous surfaces were then united with the catgut suture, and finally the vaginal edges were secured with the continuous catgut suture.

In regard to the after-treatment of the case, Dr. Martin said: "The wound will be left entirely alone, and the patient kept in bed on her back for three weeks. The catheter will be used frequently and the bowels moved on the fourth day. The patient must not be allowed to exercise much before the expiration of three months, and sexual intercourse must be prohibited for at least six months."

In the operation Dr. Martin was assisted by Dr. Howard A. Kelly and Dr. William Ashton.

NOTES ON THE THERAPEUTICS OF PAPOID.

BY PIERRE WILMORET, M. D., BUENOS
AYRES, A. R.

On September 14th, 1855, M. Bouchut, then a boyish hospital physician, described to the Academy of Medicine of Paris, the operation of intubation of the larynx. Two weeks later, M. Trousseau violently attacked both views and method; and in the discussion that followed there was so much warmth that Trousseau went to the tribune, attacking Bouchut's honor, charac-

ter and ambition. The unfortunate physician came forth with his career almost ruined; and with his discovery rendered ridiculous by the biting sarcasm of the leader of French laryngologists, he could do no more than to reiterate his statements, and await the future to prove the correctness of his ideas and belief. While thus working and waiting, it was the fortune of Dr. Joseph O'Dwyer to place intubation at the fore-front, and thus to bring a mead of honor to both Frenchman and American.

Twenty-three years sufficed to give the Parisian professor agrégé, a world-wide fame, and on the occasion of the Sixth International Medical Congress at Amsterdam, it was expected and believed that he would evidence his ability, and prove that he stood on the heights of French medical science. There were those who were disappointed when he came to read his paper "On a Vegetable Substitute for Pepsin." Not strangely the disappointment waned when he narrated his experience and experiments with the alkaloid, papayotin or papoid, which he had derived from the juice of the *carica papaya*, a tree of Java. He interested all, and the interest did not flag when Professor Wurst followed with a priority claim of having isolated the same alkaloid from the *papaia* of South America. The time and place were favorable to the Parisian, inasmuch as Japanese products counted for more in Holland than did anything of American discovery. But Bouchut gracefully acknowledged the German's work, and with the consciousness of having done another notable deed in medicine, he left it for German elucidation.

It was during the Third Congress for Internal Medicine that Professor Finkler, of Bonn, appeared as elucidator. This observer put forward the claim that in papoid there was to be found a true substitute for pepsin, especially in the treatment of diphtheria in the solution of false membrane, and in the treatment of dyspepsia as a stimulant of the gastric glands, and as supplying an essential constituent of the gastric juice.

M. Bouchut at the Ninth International Medical Congress has given tribute to an American for having brought to success his contribution to the laryngology of 1855. Is it too bold a forecast to believe that at the Tenth Congress he will give an equal tribute to a German for furthering his other contribution to the laryngology of 1878? Intubation in its place is paralleled by the perfect solution of pseudo-membranes, and Finkler is of the same discipleship as O'Dwyer.

The Professor is fully conversant with the reasons that seem to require a substitute for pepsin. It is a matter for consideration as to whether papoid is calculated to render such substitution. The testimony of all who have tried substitution seems to be in the affirmative, and in view of the importance of the subject, it is instructive to collate the testimony against pepsin and in favor of papoid, which is found in the experience of trustworthy observers, both as to the digestive powers of papoid, and as to its powers as a fibrin solvent.

M. Bouchut, with his characteristic modesty, professes no longer to urge the use of the remedy for the particular purposes indicated; but is satisfied as to its value there, is enthusiastic in commending it as doing what only the best of pepsin will do, and that is the solution of cutaneous carcinomata by deposition of a solution of it in the substance of the malignant growth. Like Theirsch with pepsin, he reports success with its use.

Finkler, who has done most to promote the value of papoid, has taken several occasions to urge it as a substitute for pepsin. That he has succeeded in this is manifest by the fact that papoid is as much discussed in Germany to-day as was cocaine a few years ago. Of its use in diphtheria the *Bonn Therapeutist* says:

"When applied to the diphtheritic membrane it dissolves it in a few hours, destroying the microbe of the disease, and thus causes an early fall of temperature. It holds tenaciously to the fibrin, and, once applied, nothing can prevent the destruction of the membrane. It may be applied as a solution or as a paste. If in solution, I prefer a strength of one-fifth, with applications every half-hour in the form of spray. Better and quicker results can, however, be obtained by rubbing up gr. 5 with as much water as will make a thin paste, and applying this with a brush."

Touching its physiological action in the stomach, the observations of Finkler are as follows:

"1. Unlike pepsin, its action begun in the stomach, is continued in the intestine.

2. While pepsin will only act in presence of an acid, papoid acts with unvarying energy, be the reaction acid, alkaline, or neutral.

3. It dissolves at least 1000 times its own weight of fresh fibrin.

4. It acts as an antiseptic.

5. In contrast to pepsin, it acts when the resulting peptone solution is highly concentrated, and such action is highly energetic.

6. It is of uniform quality.

7. The conditions under which it changes albumen into peptone are different from those observed for same effect with pepsin or trypsin.

8. It is harmless and easily tolerated.

9. It acts in presence of other drugs.

10. With its use the possibility of poisoning by ptomaines is rendered negative."

"It improves digestion, stimulates the gastric glands, removes morbid membranes, mucus, and pus; and relieves pain and vomiting."

He has employed it successfully in dyspepsia, gastric and intestinal catarrh, anorexia, flatulence, alcoholic emesis, anæmia, and for relief of some of the distressing symptoms of gastric carcinoma and ulcer. The dose is grs. ij-v, during meals, and with as little liquid as possible. "Distinct cure is produced rapidly."

Dr. George Herschell says of the drug: "In it we apparently have an ideal digestive ferment, catalytic in character." This he has proved by experiments. He "finds it chiefly valuable in chronic summer catarrhs of children, 'biliousness,' non-assimilation, flatulence, acid dyspepsia, and gastralgia."

Dr. A. Jacobi, of New York, has successfully used papoid, and both before the State Medical Society and the Academy of Medicine, has read papers on its use. Agreeing with Finkler and others as to its physiological action, he bases its therapy upon three facts, viz.: (1.) It is innocuous taken internally. (2.) It is dangerous when given subcutaneously. (3.) Upon injection it paralyzes the heart and nerves.

"Diphtheritic membranes are dissolved in a few hours. It is easily dissolved in 20 parts of water, and is certainly a solvent of membrane, injected, sprayed, or applied with a brush. In greater concentration, one part to four or eight, I have applied it to the nose, throat, and trachea, through the canula, after tracheotomy, with fair results." He narrated four cases to the State Society. No. 1 was pharyngeal diphtheria; boy 11 years old; extensive membrane; hourly application of a 4 per cent. solution destroyed the membranes. No. 2 was a case of membranous laryngitis; extensive membrane; use of papoid after tracheotomy; recovery. No. 3, H. B., 15 years old; severe nasal and tonsillar diphtheria; 2 per cent. solution of papoid applied every hour; destroyed membrane in 36 hours. No. 4, J. L. O., 38 years old; diphtheria; seen in consultation after four weeks' illness; membrane persistent; papoid solution locally applied; attending physician reported, "the membrane melted down

rapidly, and within 48 hours had completely disappeared." Dr. Jacobi's conclusion is that it "is a true digestive ferment."

Dr. J. A. S. Grant (Bey) says: "Of late 'papayotin' [papoid] has been in use in Germany as a remedy for diphtheria. Its action seems to be solvent, though weak solutions do not have this effect. It is innocuous when taken internally, but when injected into the blood it paralyzes the heart and nervous system. It must not therefore be used without certain precautions, and I should be very chary in applying it to a bleeding surface. Its local application prevents the fibrinization of the serum thrown out by the blood vessels on any surface, whether on a mucous membrane or on an abraded skin; but the living healthy mucous membrane is not affected by it. About one to six is the average strength of the solution to be used, and this may be applied to the part affected, by means of a spray, or of a brush, gargling, or by drinking. Two or more of these methods may be combined if desirable, and persisted in every hour till the membrane is dissolved or obliterated. This will probably occur after eight or even fewer applications. In my opinion it digests the membrane in the same way as the gastric juice digests the fibrinous material in our food, and may or may not have a parasitocidal action."

Dr. C. E. Billington, of New York, remarks, "of lactic acid and of pepsin it is probably safe to say that, though they have now been for some years before the profession, their practical value as solvents of diphtheritic membrane has not been satisfactorily demonstrated. The digestive solvents,—trypsin and papayotin (papoid),—are at present interesting subjects for study." In directions for the use of the remedy, Dr. Billington quotes Finkler, Schoffer, and Jacobi.

Dr. F. M. Dearborne, of the U. S. Navy, has used papoid to some extent. He says: "In two cases of chronic dyspepsia where there was severe gastric pain, the patients found immediate and continuous relief from three-grain doses, after ordinary pepsine had failed to relieve them."

A writer in *The Medical Annals*, vol. viii., No. 7, says: "Papoid is almost as important a discovery in the line of digestive ferments as quinine was in antipyretics. It is a new and important remedy, superior in every respect to animal pepsine, and free from the danger of blood-poisoning, being entirely vegetable in its action, and not prepared like other ferments from the stomachs of pigs

and other animals, with always a possible doubt as to the healthy condition of the material. Its advantages over pepsine are such as to command the attention and interest of our physicians to the same extent in this country that it has in Europe."

Dr. Willard H. Morse, of New York, who has made more extensive researches into the value of the newer remedies than any other American, says: "Papoid promises more than almost any other new therapeutic agent. It certainly fulfils all of the indications for the treatment of dyspepsia, and comes nearest of all remedies as a *specific* solvent of pseudo-membranes in diphtheria."

Prof. Anstie says: "I am opposed on principle to new remedies, firmly believing that it would be better to revive the use of some of those which are old and well nigh obsolete. Yet I admit that there are drugs that 'must go,' and one of such is pepsina porci, which should be tabooed, if for no other reason, because of the possibility that it is derived from trichinous material. The vegetable pepsine, papoid, accomplishes all that we have hoped for from the animal product, and I look for the latter's dispossession by it."

On the whole there is a great weight of testimony in favor of papoid, and so far as the writer's observation goes there is not current any dissenting opinion regarding its value. We admit the necessity of a substitute for pepsine, and we may ask if such a substitute is not to be had in papoid; is there any other than the affirmative answer, or any hesitation in pronouncing it?

TREATMENT OF ABORTION.

BY E. C. HELM, CHICAGO, ILL.

It might seem that nothing new could be written upon this trite subject, and indeed, what I have to write is not at all new. But, old though it be, it is not brought as forcibly to the notice of the younger members of the profession as it should be.

In abortion, during the earlier months of pregnancy, it is often exceedingly difficult to remove the placenta. Of late some writers have taught that a retained placenta is not as dangerous as had been supposed. Be that as it may none will deny that it is better to secure its removal, if that can be readily and safely brought about. Among the many aids to expelling the contents of the uterus, when such a proceeding becomes necessary, are mentioned tampons and ergot, but the details and intimate connection of these two

means are not sufficiently dealt with. They are often spoken of incidentally in connection with dilatation, curette, placental forceps, finger, etc., while in fact these latter measures need *very rarely* be resorted to if tampons and ergot are properly used. Besides the ease with which the latter means are used, it does not mangle the placenta, thus leaving shreds behind, but expels it entire.

I had frequently used tampons and ergot, but not as hereafter described, and had little success, when about two years ago meeting Dr. Ed. Bert, of Chicago, in consultation at a case of miscarriage, he suggested that I use ergot and the vaginal tampon conjointly, saying that it would more than meet my most sanguine expectations, and that usually the placenta would be in the vagina within twelve hours. Since that date I have used it in about a score of cases, all under five months, without a single failure. At first I used Squibb's fl. ext. ergot; but as that frequently caused nausea and vomiting, I substituted ergotine, which acted as efficiently and produced no bad effects.

As soon as abortion is deemed inevitable, I remove all clots from the vagina, and then tampon firmly with pledgets of cotton. To facilitate removal I have these pledgets, six to ten in number, fastened to a long string after the manner of a kite's tail. The tampons are thoroughly oiled, or wrung out in soap suds and covered with soap, and introduced well up to and around the cervix. As many as possible are crowded in until the vagina is well distended and a sense of fullness, not amounting to pain, is produced.

This very tension and consequent traction on the cervix tends to dilate the os. Hemorrhage is now checked, and enforcing the recumbent position, I prescribe a three grain ergotine pill every two hours and take my leave, feeling sure that within twelve hours the placenta will be expelled.

To illustrate, I will give a brief description of a few cases:

1. Mrs. N., aged 25, had severe pain and considerable flooding for several hours. I found the os rigid, but dilated so as to admit the point of my index finger. I tamponed and gave five three grain ergotine pills, one every two hours; when the tampons were removed the fœtus and placenta were found lying in the vagina.

2. The next day Mrs. J., aged 30 years, called me. She had had pain a few days before and had been flowing for three weeks, for the last twenty-four hours excessively, but her pains had ceased. The os was rather soft and nearly as large as a dime. I tamponed

for six hours, but failed to stop the flow entirely. There was still no pain, so I gave ergotine as in the previous case. After the second pill expulsive pains set in, and in five hours I was recalled with the statement that the pains were violent. Within ten minutes I was there and found the woman at rest, with tampons, and the foetus and placenta in unruptured membranes lying in the bed.

3. Mrs. B. had been flowing at intervals for four weeks. I had attended her in a previous abortion and had, after infinite trouble, dilated the os and removed the placenta with my finger. This time the os was dilated to $\frac{1}{2}$ inch in diameter. I tamponed and gave ergot at night. The next morning upon removing the tampon I found the foetus and placenta entire in unruptured membranes, lying in the vagina. Her pains, which were never violent, had ceased about midnight, when, doubtless, the ovum had escaped into the vagina.

4. Recently I was called to see Mrs. L. A midwife had treated her and had removed a ten week's ovum, but the placenta remained behind. I tried to reach it with my fingers but failed. So I resorted to the tampon and ergotine, as in previous cases. In eight hours I returned and removed the tampons, and as I anticipated found the placenta lying in the vagina.

Many similar cases might be cited, but they would be scarcely more than repetitions. In one case I had to tampon again and continue the ergotine another twelve hours. After removing the tampons I ordered a hot-water injection, tonics, and rest for a few days.

The foregoing is offered very diffidently, lest I have written what every one knows and practices; but as this treatment, in this form, has proved of such service to me, I hope it will to others. If any one has not tried it, I bespeak for it a fair trial, and feel sure it will be found all that could be desired.

RODENT ULCER CURED WITH LACTIC ACID.

BY CLARENCE HOLLISTER, M. D., MEADVILLE,
PENNA.

A case has recently occurred in my practice which I think of sufficient importance to occupy a little space in the *REPORTER*.

Mr. H., a well-to-do gentleman farmer, consulted me about a hard warty growth, about as large as a pea, upon his left cheek, being anxious to know whether or not it was

a-cancer. After carefully examining it, I was in some doubt as to this point; but, as the patient was so anxious, I advised its removal on general principles. To this he objected, and left me for about a month. At the end of this time he returned, and I found the growth changed for the worse; it was twice as large as before, red, irritable and hard. The surface was partly covered by a hard scab, appearing, as Erichsen says, as if the ulcerated sore had become too large for the scab. He informed me that during the last week he had consulted two physicians in a neighboring city, who pronounced the growth to be malignant. I now expressed the opinion that the disease was lupoid, or rodent ulcer. I explained its nature and again advised its early removal. He agreed to this, and a day was set for the operation. When the day came he asked me to try for two weeks the local application of lactic acid, as suggested to him by a gentleman, who said that his wife had been cured of a similar condition by the application of the above acid. I saw no harm in waiting two weeks and agreed. He made the application every other day for two weeks, using nothing but ordinary lactic acid. After the first day or two the ulcer appeared red and more irritable. Indeed I feared he would be obliged to discontinue its application, the scab having come entirely off twenty-four hours after the first application. He however concluded to continue the whole two weeks, which he did, making an application every alternate day; and when he came back at the end of the second week the whole of the ulcerated tumor had disappeared, and the surface upon which it had rested was smooth and almost entirely healed over. One week from that date his left cheek presented no evidence of disease except a slight redness, the skin covering being not fully developed. I was satisfied that I had a case of lupoid or rodent ulcer before the lactic acid was thought of, and had decided to remove it entirely at once; but under the application above described the disease melted away and vanished without other treatment of any kind.

That I was correct in my diagnosis was corroborated by the other medical men consulted, and by the care used in making my own diagnosis. Indeed the growth seemed to be described definitely and typically by the article in Erichsen's *Surgery*, the characteristics of the growth tallying exactly with his description. The results of the use of lactic acid were so entirely unexpected and so very satisfactory I felt it might be well to communicate it to others.

SOCIETY REPORTS.

NINTH INTERNATIONAL MEDICAL CONGRESS.—WASHINGTON, 1887.

WEDNESDAY, SEPTEMBER 7, (*continued.*)**Section on Pathology.**

The first paper presented was entitled "The Pigmentation of the Skin at the Articulation of the Phalanges in Chlorosis," by Dr. Pouget, of Cannes, France. The author called attention to the pigmentation of the knuckles in chlorosis, a peculiarity first noticed by Bouchard, of France.

Dr. Thos. Taylor, of Washington, D. C., followed with a paper on "Chrystallography of Fats," in which he discussed the hygienic relations of fats.

Dr. Kartulis, of Alexandria, presented a paper on "The Etiology of Liver Abscess," which was read in the author's absence by Dr. J. S. Grant (Bey), of Cairo, Egypt.

The last paper was read by Dr. Chas. W. Earle, of Chicago, whose subject was "Fibroid Degeneration of the Pancreas," of which disease he had previously reported cases. There was danger of mistaking the disease for cancer.

At the afternoon session, Dr. Jno. North, of Keokuk, Iowa read the opening paper on "The Pathological Relations of Ptomaines and Leucomaines."

Dr. Victor Vaughan, of the University of Michigan, followed with a paper on "Tyrotoxon."

Section on Public and International Hygiene.

Dr. B. W. Richardson, of London, England, sent a paper on "The Growth of Preventive Medicine in Great Britain."

Dr. Domingos Freire, of Rio de Janeiro, Brazil, read an interesting paper on "Vaccination for Yellow Fever," in which he endeavored to show that the disease could be prevented by inoculation with attenuated virus. He claims good results from this method, even to the stoppage of contagion.

Section on Military and Naval Surgery.

Dr. Moore, of Richmond, Va., read a paper on "The Treatment of Penetrating Gunshot Wounds of the Abdomen."

THURSDAY, SEPTEMBER 8.

At the General Meeting resolutions were unanimously adopted favoring the proposed celebration at Washington, in 1892, of the 400th Anniversary of the Discovery of America by Columbus. A resolution was

proposed by Dr. Gihon, and adopted by the Congress, that a committee be appointed composed of a representative of each nationality represented at the Congress, which committee should select the next meeting place of the Congress. This committee subsequently reported that Berlin had been chosen as the place of meeting of the Tenth International Medical Congress.

Dr. P. G. Unna, of Hamburg, Germany, then delivered an address upon "The Relations of Dermatology to General Medicine," in which he strove to point out the interest that every general practitioner should feel in the deeper study of dermatology. Dr. Unna then proceeded to point out the real difficulties encountered in the study of dermatology. Progress in knowledge of skin diseases is progress in knowledge of general pathology and therapeutics. It would be better to conduct pathological and therapeutical experiments upon human skin than upon the lower animals. The author also recommended the establishment of a central institute where able men could work together. Such an institute he hoped the United States would be the first to found.

Section on Pathology.

The following papers were read: "Removal of the Superior Maxilla," by Dr. Leopold Servais, Antwerp, Belgium; "The Natural Agencies Exhibiting the Life Processes of Pathological Organisms," by Dr. Jackson, Norfolk, Va.; "The Pathological Anatomy of Alcohol," by H. F. Formad, Philadelphia; "Cellular Digestion and its Utility in Pathological Processes," by N. S. Davis, Jr., Chicago.

Section on Public and International Hygiene.

A paper (translated) by Dr. Tomassi Crudeli, of Rome, Italy, on "Facts and Theories Relating to the Cause, Nature and Prevention of Malarial Fever," was read.

This was followed by a paper on "The Influence of Climate on the Production of Cholera Infantum," by Dr. Geo. T. Maxwell, of Ocala, Florida. The author expressed the belief that heat was not an essential element in the causation of the disease.

Dr. A. N. Bell, of New York, read a paper on "The History and Practical Application of Steam as a Disinfectant."

The following papers were also read: "The Sanitary Inspection of Railroad and Passenger Cars," by Dr. Harvey Reid, Mansfield, Ohio; "Public Hygiene," by Dr. W. C. Cook, Nashville, Tenn.; "The Clinical History of Continued Malarial Fever," by Dr. B. D. Taylor, U. S. A.;

"A New Method of Detecting *Trichina Spiralis* in Meal," by Dr. James A. Close, London.

Section in General Medicine.

The first paper was read by Dr. Ephraim Cutter, of New York, on "The Morphology of Rheumatic Blood," in which he attributed certain pathological conditions met with in this disease to increased adhesiveness of the blood.

Dr. Mariano Semmola followed with a paper on "Pathogenesis of Albuminuria."

An interesting paper entitled "Notes on the Treatment of Phthisis, more particularly that by Intra-Pulmonary Injection," was read by Dr. R. Singleton Smith, London. The author expressed the belief that benefit was possible by such local medication, and alluded to work already done in this direction by Professor Pepper in Philadelphia and by Drs. Robinson and White in New York. The speaker still firmly believed in the efficacy of iodoform given by the bowel. Its utility is proved by clinical experience. Its feeble powers as a germicide do not affect the question of its medicinal virtues. Intra-pulmonary injections of iodoform are indicated in phthisis, but a suitable solvent for the drug has not yet been found. If a fluid gives rise to much local irritation when given hypodermically, it should not be used for intra-pulmonary injection.

At the afternoon session Dr. Pavy, of London, spoke upon "Diabetes." An abstract of his remarks with the discussion they occasioned, will be presented later.

Following Dr. Pavy's paper, was one by Dr. R. W. Phillips, read by Dr. Stockman, on "The Etiology of Phthisis," in which the author asserted that ptomaines are proved by experiment to be the principal element in the causation of the disease. The author also claimed that injections of atropine counteracted the evil efforts of the ptomaines.

A paper by Dr. W. B. Neftel was then read by the Secretary. It was entitled, "Some Considerations upon the Pathogenesis of the Diseases of Women." The author had experimented to show that phthisis in the lower animals could be caused by compression of the chest. He was unsuccessful in this, but albuminuria resulted from such pressure, which he attributed to venous stasis.

Section in General Surgery.

The first business of the meeting was the discussion of the paper of Dr. Richardson, read on Wednesday.

Dr. Bernays, of St. Louis: I have had a

somewhat similar case to that reported. A tailor swallowed an ordinary silver case-knife, which passed into the stomach. I saw him one hour after the accident, and performed gastrotomy. The incision was made in the linea alba. The knife was found lying transversely, with the handle towards the pylorus. A short incision was made, the knife removed, and the opening in the stomach closed with a double row of sutures. I think that in such cases the continued suture is to be condemned.

Dr. Donald Maclean, of Detroit, said that an important practical point is with reference to the method of restraining hemorrhage. The mortality in olden times was largely due to the defective manner of controlling bleeding. The method described by Dr. Denis seems open to the objection that the elastic band might slip, when the operation was delayed. I have amputated the hip a number of times and have had the utmost satisfaction from the use of Lister's abdominal compressor. I believe that this is superior to any other method for controlling hemorrhage in this region. If the compressor is not at hand, the fists of an assistant will answer the purpose, the compression being made over the umbilicus.

Dr. Weeks, of Portland, Maine, said: I have employed an elastic compressor consisting of the ordinary black rubber bandage, doubled so as to make four strands ten feet in length. This is passed between the thighs, brought between the tuberosity of the inchium and rectum and up in front over the femoral artery. An ordinary roller bandage is placed over the artery. The ends are brought over in front and held by an assistant. This also controls hemorrhage from the gluteal vessels.

Dr. Gunn, of Missouri, said: I understood the author to state that he did not know of a patient with sarcoma of the femur who was alive one year after operation. I assisted in an operation on a case of sarcoma of the lower third of the thigh. Eighteen months later the patient was living and healthy.

Dr. Reyher, of St. Petersburg, said: I think that in emaciated subjects it would not be advisable to make such sudden compression as is caused by Lister's compressor. I have used the rubber tourniquet, but without special satisfaction. I have performed another operation. I make an incision of the head of the bone and then place one stick through the wound and another in front, securing them together by rubber bands. The same thing is done with the posterior portion. The flaps can then be cut without hemor-

rhage. In three operations I have had no disagreeable results from this measure.

Dr. W. Boone, of Shanghai, China, said: No one has alluded to the method proposed by Dr. Furnell Jordan. Where there is sufficient tissue free from disease, this seems to present many advantages. This operation is performed by making a circular cut through the muscles low down, making a flap and then turning back the flap. The bone is next divided. An incision of the head is next made. In this way you cut the vessels low down and the control of bleeding is absolute.

Dr. Palmer, of Jonesville, Wis., said: I have used a method similar to that of Dr. Reyher. Instead of tubes, I have passed pieces of sharpened steel wire through the limb in front and behind the bone and the ring, securing them to other pieces in front of and behind the limb.

Dr. Chavasse, of Birmingham, Eng., said: In amputations for malignant disease, the less tissue left the better, therefore the operation of Mr. Furnell Jordan is not a good one for this particular disease. The best method is that known as Brodies' operation by anterior and posterior skin flaps. In children, the best plan for controlling hemorrhage is by digital compression. This is also applicable in thin subjects. I have also used Dary's rectal staff with satisfaction.

A paper was read on "Iodol" by Assaky, of Bucharest, Roumania. The following are the conclusions of the paper:

I. Wounds unite under iodol by first intention. This union, however, being the result of various and complex conditions attending the operation, it is not possible to attribute to iodol alone the absence of suppuration and inflammatory conditions. In wounds which gape and suppurate iodol is an excellent antiseptic. It rapidly retards suppuration, renders it inodorous, reduces the frequency of dressing, and hastens considerably cicatrization. In ulcerating or gangrenous wounds iodol aids in resisting the destructive process, and changes the wound, after a variable time, to a healthy granulating condition. This action of iodol extends itself to hard chancres. In cases of soft chancres the result is variable. Sometimes it transforms them into a simple wound with brief delay; at others it is insufficient for this purpose, and it becomes necessary to employ in addition, locally, antiseptic lotions.

The same is true with reference to open venereal bubos of the groin. The powdered iodol has this advantage over iodoform, that it is free from odor and is not toxic in its effects.

II. Doses of iodol of from 0.40 centigrammes to 2 grammes daily, produce no functional trouble, even if continued for a long time.

These doses give marvelous results in tertiary syphilis and scrofulous affections. In the secondary stage of syphilis, taken internally, it rapidly destroys the syphilitic manifestations. Iodol seems to aid the general nutrition and increase strength and flesh. It is indicated in all cases of specific malnutrition.

Iodol is an antipyretic. In acute infectious diseases, such as erysipelas, etc., it causes a rapid fall of temperature.

"Paracentesis of the Articulation in the Early Stages of Disease of the Hip-Joint" was the title of a paper by Mr. Edmund Owen, F. R. C. S., London, England.

It is generally admitted that the sero-synovial effusion, associated with early acute disease of the hip-joint, has an influence on the stiffening and faulty position of the limb. In these cases examination will usually show a deep-seated fullness below the middle of Poupert's ligament, which advances the femoral vessels towards the surface. There is also swelling behind between the great trochanter and the tuberosity of the ischium. An illustrative case was given. A boy 9 years of age was admitted to St. Mary's Hospital, London, on account of extreme pain in the right hip and knee. The limb was semiflexed and the foot slightly everted. The attempt to bring the limb down caused tilting of the pelvis and arching of the loins. There were all the signs usually regarded as indicating the first stage of hip-joint disease. There was a slight fullness in the positions indicated. The pain had come on suddenly two weeks previously in a child apparently healthy. Chloroform was administered, but the leg remained stiff. A trocar and canula were passed through the back of the capsule, and a teaspoonful of sero-purulent fluid containing flakes of lymph was withdrawn; the femur could then be extended and the joint was loosened. An extension apparatus was applied and the patient put perfectly at rest. On the fourth day he was free from pain. The convalescence ran a perfect course, terminating in recovery in two weeks.

It may be said that this was not a case of hip-joint disease, but one of simple synovitis. This is admitted, but if the capsule had not been tapped, there might have developed suppurative arthritis. If this is admitted, the author claimed that potential hip-joint disease might be cured by paracentesis.

We should always be on the lookout for this condition. Where we cannot be absolutely certain that there is distension, we should give the patient the benefit of the doubt and perform exploratory puncture. This, if done with clean instruments and ordinary care, is devoid of risk.

Dr. L. H. Sayre, of New York, in opening the discussion, said: I believe that the case which he relates, if allowed to go on, would probably have ended in rupture of the capsule, and perhaps destruction of the head of the bone. In the early stage of the disease when the limb is flexed, everted and abducted as a result of over-distension of the capsular ligament, if the fluid is not absorbed by rest and counter-irritation, it is proper to puncture the joint, thus treating the hip joint the same as any other joint.

Dr. G. W. Boone, of Shanghai, China, said: I think that it is well to report what we can in this connection. Two years ago my attention was called to the injection of joints with glycerine and iodoform. This I used in a number of joints, particularly in two cases where there were evidences of the first stage of hip-joint disease. In one case the symptoms disappeared, while the other case ran the ordinary course of a case of hip-joint disease.

Dr. Lange, of New York, said: In the case reported, the child probably had tubercular disease near the hip-joint, which ruptured into the joint causing effusion. In such a case the painful symptoms can be relieved by tapping the joint. To regard this as an effective treatment for hip-joint disease which must be regarded in children as essentially a tubercular affection, seem hardly proper. This case is not concluded and we do not know what the final result will be.

Dr. Owen, in closing the discussion, said: This was not a case of tubercular process in the joint. The attack began two weeks before admission, was an acute effusion, and recovered within two weeks after operation. Tuberculosis does not run this course.

Dr. Bernays, of St. Louis, in opening the discussion on the paper of Dr. Garmany, read on Wednesday, said: I have had one case of epilepsy and mania for which I trephined. There was a clear history of injury to the head. The skull had been previously trephined without good effect. I also performed trephining; when the bone was removed the dura mater came up into the opening. This I incised and at once there was

an enormous flow of cerebro-spinal fluid. I introduced four catgut sutures to close the opening in the dura mater. The patient recovered, but there was no immediate improvement of the epilepsy, although since then there has been some lessening of the number of the seizures.

"GUN-SHOT WOUNDS OF THE ABDOMEN," was the next paper, and was read by Dr. T. R. Manly, of New York. The case was reported of J. C., brought into the hospital with a pistol-shot wound of the abdomen, in the left epigastric region. The patient was seen two hours after the injury. The abdomen was greatly distended, and evidently contained fluid. The wound was probed with great care, but the place of entrance into the abdomen could not be found. An incision was then made in the linea alba. When the peritoneum was punctured a large amount of blood escaped, estimated to be half a gallon. The hemorrhage was found to come from a branch of the inferior mesenteric artery. This was secured with a ligature. A double perforation was found in the descending colon. This was closed with the Lembert suture, including only the serous and muscular layers. The bullet was not found. The abdominal incision was closed and dressed antiseptically. It, however, failed to unite; in other respects the patient did well. The incision was again closed, the peritoneum being united with a separate row of sutures and the other layers with silver wire. On the third day it was found that the central portion of the wound had opened, but that the peritoneum had united. The patient eventually recovered completely.

The speaker then made some general remarks with reference to operations upon the abdomen. Severe shock should be a contra-indication. Nothing will justify laparotomy when shock exists except positive evidence of hemorrhage. Opening of the abdominal cavity in man is a much more serious operation than in woman. Man habitually uses the abdominal muscles in breathing while in woman, the type of breathing is thoracic. This interferes with the union, and thus tends to make ventral hernia more common in man. In man, the abdominal incision should be no longer than necessary. For exploratory purposes the incision through the linea alba is the best. The drainage tube can serve no useful purpose in the healthy peritoneum free from septic contamination, and interferes with union. Antiseptics should be always used until it is shown that cleanliness will render septic poisoning impossible.

"The use of the Galvano-Cautery Sound, Particularly in Hypertrophy of the Prostate, with Report of Cases," was the title of a paper by Dr. Robert Newman, of New York.

The instrument consists of a smooth sound with a fenestrum at its lower extremity; at this opening is a piece of platinum wire in connection with a galvano-cautery battery. By pressing a key in the handle of the sound the platinum wire is heated to a bright red color. This does not destroy tissue. The instrument is introduced until the lower extremity reaches the prostate gland when the current is passed through the platinum wire. These applications are repeated at intervals of three to five days. The author has employed this method of treatment in fifteen cases, seven of them being cases of hypertrophy of the prostate gland. In all these instances there was improvement in the symptoms presented and a decrease in the size of the prostate.

The next paper was entitled "Endo-cranial Surgery," and was read by Professor Durante, of Rome, Italy. The paper was read in French.

Dr. Carnochan read a paper on "Bony Union After Intra-capsular Fracture of the Neck of the Femur." The doctor presented the specimen from a case of fracture of the thigh bone occurring in an old woman 70 years of age, in which bony union followed rest in bed for a period of nine months.

Dr. Morris, of New York, in opening the discussion, said: The treatment by rest in bed is not to be recommended as a general practice in cases of intra-capsular fracture of the femur. Unless the fracture is an impacted one, there is no hope of union, and the sooner these patients are gotten out of bed the better.

"Ununited Fracture of the Femur Successfully Treated by Double Splice and Wired Clamp," was the title of a paper by Dr. F. Lemoyne, of Pittsburg.

The method of treatment described had been employed in three cases. In two cases, the humerus was the seat of operation, and in the third, the case to be described the femur was the bone operated upon. The patient, a man aged 37 years, was struck by a bucket of ore, receiving a fracture of the left femur, about its middle. This was treated in the usual manner, but union failed to take place. The various procedures employed in cases of ununited fracture, such as drilling, cutting off the ends and wiring, were tried, but no union followed. Eight months after the accident, the mobility at the seat of the

fracture was very distinct. The seat of fracture was then exposed by two incisions, one on the anterior and the other on the external aspect of the limb. The fragments were found attached by five bands of fibrous tissue and the bone itself was softened. The fragments were completely separated and the intervening tissue cut away. The lower extremity of the upper fragment was then sawed off so as to form a wedge-shaped piece. The upper end of the lower fragment was sawed so as to have a corresponding V-shaped depression. The extremities were then brought into apposition. A hole was made in each fragment so that the two openings were $2\frac{1}{2}$ inches apart. A steel clamp, its extremities being bent at right angles, was laid upon the anterior surface of the femur, the ends being inserted into the hole already prepared. This was secured to the bone by three bands of wire encircling the limb at the seat of fracture. The limb was placed on a posterior inclined plane, the foot being elevated about eight inches. Sole leather splints were applied on the external, anterior and internal surface, and the patient was kept as quiet as possible. High inflammatory action with free suppuration occurred. In five weeks there seemed to be some union and the clamp and wire were renewed. The limb was still kept in leather splints. One year after the operation, there was good union; the patient could bear his entire weight on the limb. There was, however, shortening to the extent of two and one-half inches.

In the discussion which followed, Dr. T. R. Manly, of New York, said: I have had considerable experience in wiring the shafts of bones, particularly in fracture of the thigh. If there is much shortening, I think we should wire the bone at once. We do no harm by making a free incision down to the bone and the silver wire causes no irritation. I leave them in permanently and the results have been satisfactory.

"Wire Extension Splints in the Treatment of Fractures Near the Joints" was the next paper by Dr. Gibson. Several wire splints intended to be used in the treatment of the fractures of the thigh, fractures near the head of the humerus and Colles fracture were exhibited. The author claimed for these efficiency and comfort. He recommended their use more particularly in cases of fractures near the joints.

Dr. Myres, of Fort Wayne, in beginning the discussion, said: I think that the best dressing for fractures that we now have is plaster of Paris and crinoline. When properly applied immediately after the reception of the

fracture it answer every purpose. It is less inconvenient than other dressings and the results obtained are satisfactory.

Dr. S. S. Koser, of Williamsport, read a paper on "Splint for Fracture of the Lower Jaw." The speaker reported a case in which the lower jaw was fractured through the symphysis and one inch to the left of the symphysis with separation of both processes on the left side. Various forms of splints were tried without satisfactory results. An intra-dental splint was then made to which was attached steel arms projecting from the sides. An external rubber splint was then made and the two splints secured together. This held the fragments in position and good union was obtained.

Section in Obstetrics.

Dr. Alex. Simpson, of Edinburgh, took the chair in the absence of Dr. Miller, who had been called away by a death in his family. The section passed resolutions of sympathy with him.

Dr. Emil Poussie, of Paris, France, then read an account of a case of "Typhoid Fever in the Puerperal Woman," in which a woman, seven days after labor, presented symptoms of severe typhoid fever. The patient recovered.

A discussion then took place as to the best method of preventing and treating puerperal fever, in which a large number participated.

Dr. Rodney Glison, of Portland, Maine, read a paper on "Conservative Obstetrics; with Special Reference to the Removal of the Secundines after Abortion, and to the Treatment of the Third Stage of Labor." The author favors the prompt removal of the placenta after abortion in all cases in which the cervix is dilatable or dilated; in all cases of septicemia and in dangerous hemorrhage, whenever the latter two occur. For this purpose the finger is the best instrument. Traction on the cord, while the uterus is grasped with one hand externally, is not apt to cause inversion of the uterus and is a useful aid in extraction of the placenta, that should not be forgotten nor neglected.

Dr. Grailly Hewitt expressed approval of the author's practice.

Dr. E. H. Trenholme, of Montreal, Canada, read a paper on "Internal Uterine Hemorrhage the Result of Over-distension of the Uterus from Hydramnios," in which the author referred to the causes of hydramnios and the dangers of distension caused by it. One of the latter was serious interference with the nutrition.

Dr. W. T. Stewart, of Philadelphia, read a paper on "The Importance of Accurate Diagnosis in Pregnancy," in which he reported a case of retroflexion of the uterus in which labor occurred at term. It had been supposed by a number of physicians that the patient was suffering from a fibroid tumor, for which she came near being operated on. The speaker also referred to the injurious effects of corsets.

Dr. John Bartlett, of Chicago, Ill., followed with a paper on "A study of Deventer's Method of Delivery of the After-coming Head." This method consists in turning the child so that the anterior surface of the neck rests on the perineum and bringing the occiput out under the pubes. The arms are not brought down, but are placed so as to come anterior to corresponding parietal bases. In addition to backward traction, delivery was to be assisted by pressure just above the pubes.

Deventer is said never to have lost a child or torn a perineum in using this method. The object of leaving the arms up was to protect the neck and at the same time to allow room for the cord.

In the discussion which followed, the speakers all seemed favorable to the procedure.

Dr. J. E. Kelly then read a paper upon "Lithiasis in Pregnancy," in which he discussed the relations between lithiasis and pregnancy, and came to the conclusion that the pregnant state gave rise to a condition that was to all intents and purposes lithiasis.

Dr. E. P. Christian read a paper on "The Proportion and Causes of Still Births," in which he stated that the average of deaths for States and countries was about four per cent., while for large cities it was seven per cent. He also stated that syphilis, drunkenness and ergot were the chief causes of death.

In the discussion which followed, both Professor Simpson, of Edinburgh, and Drs. Dunmire, Lester, Stewart, Robinson and Salle, all agreed with the author in his condemnation of ergot.

Section in Diseases of Children.

Dr. Albert R. Leeds, of Stevens' Institute of Technology, read the first paper on "The Nutrition of Infants."

Professor D'Espine, of Geneva, had the next paper, which was read by Dr. Cordes, of Geneva, on "Observations on True or Lobar Pneumonia in Children." He described three forms which he thought were specially characteristic in children.

Dr. Henry Ashby, of Manchester, England, read a paper on "Scarlatinal Nephritis from a Clinical and Pathological Standpoint," in which he stated the results of his personal experience in fifteen hundred cases of the disease that had occurred in the Pendlebury Hospital for Sick Children in the last eight years. He finds that the first and most characteristic symptoms are diminished quantity of urine and puffiness under the eyes. In cases that recover, the urine continues to diminish and the puffiness to increase until an abrupt crisis occurs, when a large quantity of smoky urine of low specific gravity is voided and convalescence begins.

Dr. Frank Grover, of New York, read a paper entitled "Anatomical Characters of Scarlatinal Nephritis."

Section in Ophthalmology.

Professor X. Galezowski, of Paris, France, read the opening paper on "The Curability of Detachment of the Retina," in which he proposed the operation of sub-retinal aspiration, believing that effusion exists behind the retina. By this method he claims to have cured two out of seventeen cases. He only did the operation in bad cases.

Dr. J. A. S. Grant (Bey), of Cairo, Egypt, read a paper by Dr. Burgsch (Bey), of Cairo, on "The Predisposition to Glaucoma," in which it was stated that Semitic races were decidedly predisposed to the disease. It occurs four times as often in the Semitic race as in the other races.

At the Afternoon Session, Dr. A. G. Sinclair reported a case of "Retinal Glioma on Both Sides." These tumors occurred in a young child, who remains well, though the operation occurred six years ago.

Dr. H. C. Paddock, of New York, followed with a paper on "Ergot in Ophthalmic Practice," in which he advocated the use of ergot in congestive or inflammatory diseases of the eye, on account of its physiological action in constricting blood vessels and contracting unstriated muscular fibre.

Dr. Power read Dr. P. H. Mule's paper on "Evisceration and the Artificial Vitreous," in which a new operation for which improved results were claimed, was advocated.

Dr. R. L. Randolph, of Baltimore, Md., read the paper of Dr. Gifford, of Omaha, on "Further Contributions to Sympathetic Ophthalmia," which seemed to demonstrate the existence of a current from the fundus of the eye to the brain, apart from the channels of the optic nerve.

Dr. J. R. Cross, of Bristol, England, presented a paper on "Retinoscopy; It Promises

a Rapid and Reliable Method of Estimating Errors of Refraction, and is a Test of the Greatest Practical Value."

Another paper on "Retinoscopy" was presented by Dr. A. R. Baker, of Cleveland, Ohio.

Section in Dermatology and Syphilography.

Dr. P. G. Unna, of Hamburg, Germany, read the opening paper on "Seborrhœal Eczema," in which he stated his opinion that all so-called dry seborrhœas were chronic inflammatory processes. He regarded seborrhœal eczema as a disease resulting from a change in the coiled sweat glands, as a result of which they secrete fat. There are three kinds, the first beginning as a latent catarrh of the scalp; the second occurs as an accumulation into fatty crusts between the hairs, causing the latter to fall out; the third form consists in a moisture or "weeping," especially about the temples and eyes.

Sulphur is the best remedy for this disease.

Dr. Rohé, of Baltimore, Md., then presented a patient with multiple sarcoma of the skin.

Dr. A. R. Robinson, of New York, reported a case of "Progressive Melanosis of the Skin."

Dr. Ohmann-Dumesnil, of St. Louis, then read a paper on "Double Comedo," in which he stated that he had found comedones double in two and one-fourth per cent. of all cases in hospital practice in male patients.

In the discussion, Dr. Unna said he did not believe that double comedo ever occurred in a completely healthy skin, but that there must have previously occurred some inflammatory process followed by cicatrization.

"The Treatment of Syphilis by Injection of Insoluble Salts of Mercury" was the title of a paper by Dr. H. Watraszewski, of Warsaw, Poland, in which it was stated that the author preferred the use of the yellow oxide of mercury. He claims that only from twelve to twenty injections are required for a course of treatment, and that four or five suffice to cause the disappearance of any lesion that may be present. The injections are given once a week. The following is a formula:

R Hydrarg. ox. flav. gr. xv
Gummi arab. gr. iv
Aque destillat. f 3 j
M.—Shake before injecting.

Section in Laryngology.

Dr. W. E. Casselberry read the opening paper on "Nasal Fibromata." He said that they should be thoroughly removed and their bases cauterized, as they are apt to degenerate into sarcomata.

Dr. John O. Roe, of Rochester, N. Y., followed with a paper on "Chorea Laryngis," in which he reported several cases in which this had occurred, generally in the course of general chorea. Treatment should be constitutional. In the discussion which followed, Dr. Thorne, of Cincinnati, Ohio, reported a case occurring in a pregnant woman.

Dr. M. F. Coomes, of Louisville, Ky., read a paper on "The Deleterious Effects of Tobacco on the Throat and Nose." The bad effects he found to be particularly noticeable in cigarette smokers.

Dr. Max. J. Stern then read a paper on "Intubation or Tracheotomy," in which he argued from statistics to show that intubation was followed by a lower mortality than tracheotomy.

Section in Dental and Oral Surgery.

The members of this section were given every opportunity to study the microscopy of the teeth. A number of very successful clinics were also held.

Dr. C. T. Goddard, D.D.S., of San Francisco, Cal., read a paper on "Pain in the Temporo-Maxillary Joint Caused by Irregularity of the Teeth." The pain was relieved by altering the teeth so that apposition was possible.

Dr. E. S. Chisholm, of Tuscaloosa, Ala., read the next paper, which was entitled "The Influence of Weather Changes on the Human Organism," which was an argument to show that atmospheric influences effect greater changes upon the human organism than any other one cause.

At the Afternoon Session, Dr. U. S. Davis was introduced by Dr. Taft as the man to whom the credit should be given for obtaining recognition for dentists by establishing the Dental Section. Dr. Davis replied in suitable terms.

Dr. E. S. Talbot, of Chicago, read an instructive paper on "The Etiology of Irregularities of the Jaws and Teeth."

Section in Climatology.

Dr. T. M. Coan, of New York, read the first paper, which was entitled "American Mineral Waters, with Remarks on Climate;" a literary notice of this paper appeared in the preceding number of the REPORTER.

Dr. R. J. Munn read the next paper on "A Contribution to the Study of Climatic and other Peculiarities of Localities which Determine Exemption from Endemic Plagues." The locality particularly studied was Savannah, which seems to be exempt from certain diseases.

Section in Gynecology.

Dr. Ephraim Cutter, of New York, read the first paper on "Galvanism for Uterine Fibroids," in which he claimed priority for the operation, and criticized Apostoli. The paper gave rise to some feeling, which seemed rather adverse to the speaker.

At the Afternoon Session, two papers were read on the subject of "Hysterectomy for Uterine Cancer" by Drs. A. Reeves Jackson, of Chicago, and A. Martin, of Berlin. The papers took decidedly opposite grounds and from the interest of the subject and the fame of the debaters attracted quite a good deal of interest. We give below a synopsis of the two papers with the discussion which followed:

The subject of Dr. Jackson's paper was "Modern Treatment of Uterine Cancer." The paper was a very logically written one, in which the author maintained that correct views as to the pathology and accurate diagnosis were the safe guide to proper treatment. The local origin of cancer, which implies the possibility of its removal, is the basis of the modern treatment. This theory true, failure to cure depends on inefficient or untimely employment of the remedies. All means are inadequate which do not thoroughly remove the diseased structures. The location of the disease or the condition of the patient may demand palliative or radical treatment. Palliative measures are always available while radical measures are not always safely applicable. Medical agents taken internally may be beneficial as palliatives, but are useless so far as we know in removing or modifying the progress of disease. For this purpose we can rely only on topical treatment. Topical means comprise various astringents, detergent and anodyne agents as palliatives; and for the partial or complete removal of the disease, caustics, the cautery (thermo-galvanic) scraping, gouging or cutting instruments. Results have been obtained by the use of these agents, singly and variously combined. The author then mentioned the reasons why operative measures so frequently fail. The question of hysterectomy was then considered. Statistics of the operation and their fallacies were also given. The following were his conclusions:

1. Any operation for cancer which does not completely remove the disease will be followed by recurrence.

2. During life, the limit of cancerous disease originating in any part of the uterus cannot be known; hence no operative procedure can guarantee complete removal.

3. In view of this fact no operation is justifiable which greatly endangers life, provided other and safer methods are available.

4. Vaginal hysterectomy is more dangerous in a certain sense than the disease against which it is used; that is, a given number of patients afflicted with uterine cancer will live longer without than with the operation.

5. Other methods of treatment attended by not more than one-sixth to one-fourth the mortality of vaginal hysterectomy, are equally efficient in ameliorating the symptoms and retarding the progress of the trouble; and they have been followed by as seemingly good results as regards recurrence. Hence they should be preferred.

6. Vaginal hysterectomy does not avert or lessen suffering; it destroys and does not save life. It is therefore not a useful but an injurious operation, and as such is unjustifiable.

The paper of Dr. Martin was an eminently learned one and brimfull of experience. The well known fame of this operator drew out a large representation. The subject was "The Vaginal Total Extirpation of the Cancerous Uterus."

He first discussed the inauguration of this operation which was first performed by Freund about ten years ago. Since that time sufficient material has accumulated to decide the two questions which may be asked concerning every new method of surgical treatment.

1. Is this operation practicable with such immediate success that it promises good results in the hands of others than those who are especially successful operators?

2. Does the extirpation of the cancerous uterus give permanent results which force us to recognize that this method is superior to any other treatment of cancer employed up to the present time?

In seeking an answer to the first, if we examine the literature we are struck with the fact that only meagre and isolated reports about this operation can be found in English and German medical journals. Vaginal extirpation has obtained decided recognition in Germany. In that country the purely vaginal operations of Czerny and Billroth and Schroeder has been adopted instead of the procedure of Freund, which was a combination of abdominal and vaginal operations. The results of the same have improved noticeably with increasing exercise and experience.

In 1881 Olshausen collected 41 cases with 29 per cent. mortality. In 1883, Säger 133 cases, 28 per cent. mortality. In 1884, Eng-

ström 157, with 29 per cent. mortality. 1886, Hegar 357 with 28 per cent. mortality.

Through the courtesy of these operators, who to my knowledge commanded the greatest amount of material, and at my request placed at my disposal the results up to the end of the year 1886, I am able to construct the following table:

Table I. Up to the end of 1886 these total extirpations have been performed on account of carcinoma uteri: Fritsch, 60 times, with 7 deaths; Leopold, 42 times, 4 deaths; Olshausen, 47 times, 12 deaths; Schroeder (Hofmeier), 74 times, 12 deaths; Staude, 22 times, 1 death. A. Martin, 66 times, 11 deaths. Total, 311 cases, with 47 deaths or 15.1 per cent.

Are we not justified in assuming that this rate of mortality will increase with more experience, as shown by the published tabular results of each of these operators? Already the total extirpation of the uterus for cancer shows better results so far as immediate mortality is concerned than removal of the breast for cancer.

For the latter, Kuster at the 12th meeting of the German Surgical Society in 1883, published 778 cases with a mortality of 15.6 per cent. Who would hesitate to propose to perform the amputation of the cancerous breast so soon as the diagnosis is established?

I do not hesitate to answer my first question in the affirmative, and to claim for this operation of the vaginal total extirpation of the uterus a full and equal rank among all methods for the treatment of cancer of this organ.

For an answer to the second, we will make use of the relatively small, but very accurately reported cases of Schroeder, collected by Hofmeier and those of Fritsch, Leopold and myself; they are brought together in the following table:

Table II. demonstrates by permanent results that vaginal total extirpation, in this relatively short period of observation, gives results equal to the best results of carcinoma operations of other organs.

The author up to the end of 1885 operated on 44 cases; of these 18 or 29.7 per cent. relapsed; 31 or 70.8 per cent. recovered.

Is there any other method of treating cancer which, with so small mortality, can show equally good results? There is no other mode of treating cancer of the fundus and those forms of disease of the cervix in which the mucous lining of the cervical canal is the point of origin, or in which there are carcinomatous nodules in the tissues of the

neck. There is no room for discussion, except in epithelioma of the portio vaginalis, arising from the surface of the cervix; that is from a surface covered with flat epithelium and containing very few glands.

This form, according to Ruge and Veit and Schroeder and Hofmeier, has an essentially less malignant character than the above mentioned forms of carcinoma of the neck. According to Hofmeier the high excision for epithelioma of the cervix has shown a mortality in the operation of 7.4 per cent., and a recovery of 58 per cent. for the first year and 38 per cent. after four years.

That relapses are not prevented by this operation is expressly stated in Hofmeier's communication, and therefore it cannot be maintained that high excision is a safe means for treating this form of epithelioma of the cervix. My own experience in 23 cases of high excision was that 6 died under the influence of the operation, but all of the survivors relapsed in a short time; only a few lived to the end of the second year.

I agree with Fritsch that the observation of cases as to progress of the disease in isolated nodules in the mucous membrane up to the fundus, in cases of carcinoma colli, is sufficient in itself to show that it is erroneous to claim that in carcinoma of the cervix we should try to save the body of the uterus. Binswanger and P. Ruge have described such well-marked cases.

The possibility of a subsequent pregnancy is not excluded in cases of high excision; but Hofmeier himself declares that pregnancy is a very serious danger in carcinoma. Therefore I am convinced that it is much better to immediately perform vaginal total extirpation in these forms of epithelioma of the cervix. The sooner we operate the more surely we may hope to save our patients from the sad fate of death by cancer. The greater the experience with vaginal total extirpations, the more has the rule been proved that we shall perform the operation only when the vicinity of the uterus is entirely free from carcinomatous infiltration. All attempts to enlarge the boundaries of the operation in this direction have failed. It becomes more difficult through such infiltration, the danger increases, and there can be no hope of a permanent cure. The majority of operators, so far as I can learn, have concluded, as I have, not to expose these cases to any attempt at a radical operation.

If the carcinoma appears in the form of a solid infiltration of the ligaments and the walls of the vagina, then the diagnosis and decision present no difficulties. The progress

of the disease by means of lymphatics is often impossible to discover before the opening of the roof of the vagina. Such cases then are not dangerous so far as the operation is concerned, but hopeless as regards a permanent cure. They should be put in a separate column in summing up the permanent results of the operation.

Cicatrices on account of former inflammations in the floor of the pelvis may make the procedure exceedingly difficult and aggravate the prognosis through the shock of the operation, which is often very serious. One should venture to operate in such cases only if there is strong indication for interference and reasonably great experience on the part of the surgeon.

The technique of the operation has undergone only immaterial changes, as is shown by the results of operators using different methods. It is irrelevant whether the uterus be relieved by an incision made in front of, or at the side of the neck, or behind it. It is of little importance whether hemorrhage be prevented by stitches introduced before the incision, or whether each separate vessel be seized and tied as it bleeds. It is immaterial whether the uterus be turned over or removed by drawing it down and freeing it; whether the opening in the floor of the pelvis remain open or be closed, or be drained either with the iodoform gauze or with a tube.

If it be easily practicable I advise that the ovaries and tubes be also removed. It is immaterial whether the wound be sutured or not. It is wonderful what little impression the operation makes on the patient. One can liken her very much to a puerperal woman.

Bleeding must be stopped, at all events, during convalescence; the parts as much as possible kept at rest. Washing out the peritoneal cavity does not work favorably. However the opening in the floor of the pelvis is treated, a smooth scar is finally formed into which the roof of the vagina curves upward. If the patients do not become septic or get any other complication, they make an extraordinarily rapid recovery. They regain health and strength, and after the symptoms of the sudden change of life have been overcome, they seem to enjoy life fully. There is no observation showing that after removal of the uterus, without the tubes and ovaries, the patients lose their sexual feelings or their peculiar feminine form.

I recommend the vaginal extirpation, as the means which we ought to employ, in cases of cancerous diseases of the uterus, as long as the disease is limited to the uterus itself.

Dr. Martin, in opening the discussion on Dr. Jackson's paper and his own, further said: I am accustomed to prepare my patients for operation with the most thorough antiseptic vaginal injection. He then described most minutely his method of operating. He very frequently opens Douglas's pouch at one stroke of the knife. You then see the posterior fornix and cut carefully, paring with the finger nail. When the peritoneum is opened, I introduce one finger into it, and have warm water running over the surface, and do not use sponges. I suture the vagina to the peritoneum. When I have freed the broad ligament, I cut it from the uterus and generally have no hemorrhage. I then proceed in like manner on the other side, till I have the broad ligament severed there also. Up to this stage there is very slight hemorrhage. I then commence on the bladder, freeing it with the forceps or the knife. After it is freed, I unite the cut border of the vagina with the peritoneum just as I did before. I am accustomed to put a drainage tube of India-rubber into the peritoneum. I think it does good, although I must confess that I believe that a case which is not infected should be closed up. Yet I have had such good results from this that I still use it. There are various gentlemen present who have seen me operate and who can testify that I lose a very small amount of blood. Of course, there are cases where loss of blood is necessary from the existing conditions. The operation is yet new; it has only been done for three years, and I think we will improve on it very much. We should not proceed to operate unless we know the cancer to be limited to the uterus. Most operators in Germany agree with me on this point. We should not go by the statistics of several years ago; we are doing better every year from the collected experience. The operation has been performed for procidentia, myomata and other complaints. Dr. Jackson cites an apparent difference in my statistics. I differentiate between cases which are limited to the uterus and which are not so limited. In only 36 cases of mine has it been proved that the disease was limited entirely to the uterus. I think that the statistics of the operation will not yet allow that it be condemned. We should go on with our work gathering experience, and I think we will receive the applause of future generations. Dr. Martin then showed specimens which he had brought with him from Berlin of cases which he had operated upon.

Dr. D'Arny, of Hungary, gave a history of

his experience with 12 cases. Out of these 12 cases only 2 are now living, after a period of 3 or 4 years. As to the operation, he thought that the best we could do was to close the opening into the pelvis and vagina with iodoform gauze and let the patient alone. As to Dr. Jackson, he thought he was on the wrong road with his statistics. Statistics deal only with quantity, not with quality. If there are 100 persons on a ship, possibly I could only save one of them. Should I not save this one? Certainly. Patients suffering with cancer of the uterus are shipwrecked persons, and sure to die a most painful death. We can save a number of our patients, and those who die usually die in a short time and have comparatively comfortable deaths. Humanity demands of us that we do the operation of vaginal hysterectomy in all cases in which we can remove all of the diseased tissue.

Dr. Dudley, of New York, wished to enter a plea for vaginal hysterectomy for uterine cancer in America and point out why the operation had been less successful here than in Germany. Martin had 66 cases with 11 deaths. In a paper read by the speaker some timesince, he reported 66 cases with 34 deaths. These 66 cases however were divided between 34 operators, and here lies the difficulty. Experience is a good teacher, and practice makes perfect. The child must creep before it can walk; and the surgeon must have a fair trial, especially in America. As in the case of ovariectomy, which originated in America, our surgeons are almost flocking to Europe to learn how it is done. The amount of pain and suffering in the death of the patient is one of the points which should induce us to try this operation. The doctor then showed some pictures on a screen relating to the discussion.

Dr. Nunn, of Savannah, Ga., said that there was always a starting point to cancer. It is generally due to neglect of fissures or some other irritant, arising consequent to parturition. In his own practice he has his patients report to him occasionally after delivery to see that they take care of themselves properly, and had not had a case of cancer in his own patients.

Dr. Graily Hewitt, of London, said that the whole civilized world, and the uncivilized, too, are under obligations to Dr. Martin and his colleagues for their work in this line for having advanced the operation to its present state. In a discussion in the London obstetrical society a few years ago I was the only one who refrained from condemning the operation. I think it should be done in

properly selected cases by gentlemen of experience.

Dr. Cutter, of New York, regarded cancer as a disease of nutrition, and recommended a diet of beef and milk.

Dr. A. Reeves Jackson, of Chicago, thought it wrong to attempt to reason against facts, as well as difficult. His paper was based on facts founded on the results of Gausserow, Paget and such men. These gentlemen had estimated the duration of life in those women suffering from uterine cancer to be 21 months as an average. If this be true, then my calculation as to the duration of life will not be denied. The average duration of life of women operated upon is 14 months; this difference in the aggregate amounts to nearly 800 years of grand total loss of life. Does anybody allege that it has saved life? Dr. Martin claims that the operation should be done only when the disease is limited to the uterus. How does he know that the disease was limited to the uterus, because it did not return? Baker, of this country, by his high operation has 60 per cent of recoveries, which is far better than Martin's.

Dr. Martin replied that he knew that a cancer was limited to an organ by its having a layer of entirely healthy tissue around it.

Section in Anatomy.

Dr. M. J. Roberts, of New York, read the opening paper on "The Fundamental Anatomico-mechanical Considerations Underlying the Successful Treatment of Deformities, Diseases, and Weaknesses of the Spine." In this paper the author recommended wire corsets as the best contrivance in Pott's disease.

At the Afternoon Session, Dr. W. X. Sudtho, of Philadelphia, read a paper on "The Development of Bone." He declared that the white blood corpuscle was the basis of all connective tissues, and that osteoblasts never ossify.

Dr. N. Stamm, of Fremont, Ohio, read the next paper on "The Anatomical Points of Value in the Diagnosis of Some Joint Affections." The author referred at length to the anatomy of the synovial sac.

Dr. Benjamin Lee, read a paper on "A Case of Deformity of the Spinal Column Produced by Maternal Impression on the Fetus," which treated of a case of vertebral disease.

Section in Psychological Medicine.

Dr. S. S. Bishop read the opening paper on the "Pathology of Hay Fever," in which he expressed the opinion that this disease was catarrhal, and of nervous origin.

Dr. Elliott, of New Haven, read a paper on "The Treatment of Neuralgia," for which disease he used morphine largely. In the discussion which followed, most of the speakers were opposed to the indiscriminate use of morphia.

Dr. Russell followed with a paper on the "Borderland of Insanity," in which he strove to show that epilepsy and such like diseases did not result in mental weakness.

Dr. Fisher read the next paper on "Nursing Reform."

At the Afternoon Session, the first paper was "Insanity as a Defence for Crime," by Dr. W. W. Godding.

This was followed by a discussion upon Syphilis Associated with General Paralysis, in which Dr. Savage, of London, lead.

Professor Mendel then presented an address on "Moral Insanity," in which he urged that the term should be stricken from the category of mental diseases.

FRIDAY, SEPTEMBER 9.

At the General Meeting in the morning, after some announcements had been made, Dr. Hamilton reported that the committee appointed to select the next meeting place for the Congress had chosen Berlin, Germany, and the time as 1890.

Dr. Hamilton also reported a recommendation in favor of uniformity in reports of sick and wounded in all the armies of the world.

Resolutions from the section in Hygiene and public medicine were also offered, calling attention to the frequency of railroad casualties, and recommending greater attention to sanitary laws by railroads.

Resolutions were also reported from the same section, recommending the co-operative investigation of the results claimed by Dr. Freire to result from inoculations of yellow fever.

Dr. Charles D. C. Phillips was then called to the chair by Dr. Davis, while Dr. G. F. Blandford, of London, delivered an address on "The Treatment of Recent Cases of Insanity in Asylums and in Private Houses."

The author devoted his study to recent cases of insanity, and stated that the question whether such insanity should be treated in an asylum or in a private house was largely decided by the question whether or not confinement in an asylum would damage the patient's future prospects, financially or socially.

Attacks of maniacal excitement are likely to be of short duration, and may result from drink, or from shock in a neurotic person.

Prognosis as regards recovery is good, but the duration is doubtful. Attacks of melancholia are of long duration, and suicide is common. This can only be prevented by unremitting watchfulness on the part of attendants, which can be done in a private house as well as in an asylum. But if food has to be forced upon a patient, a number of assistants such as are to be had in an asylum will be necessary.

Acute primary dementia may also be treated successfully out of an asylum. A final point to be considered in deciding to keep a patient in a private house or to send him to an asylum, is the question of funds. It costs much more in a private house. Where means are slender, the patient should be sent to an asylum.

A vote of thanks was unanimously given to Dr. Blandford, at the conclusion of his address.

Section in General Medicine.

The first paper was read by Dr. G. E. Stubbs, of Philadelphia, whose subject was "Rational Treatment of Diseases of the Respiratory Apparatus." The author stated his preference for local counter-irritation in phthisis.

Dr. Eye, of Reading, Pa., read the next paper on "A New Method of Treatment of Phthisis," in which he recommended the inhalation of the gases generated by adding the white of one egg to six or eight ounces of water and keeping the mixture in a bottle for four or five days. He reports favorable clinical results from this use.

Sir James Grant, of Canada, then read a paper on "Diphtheria," in which he divided the disease into the simple and the malignant. The disease is a blood poisoning. At the beginning of the attack he uses baths of one ounce of mustard to a quantity of water contained in an ordinary bath-tub. Following this bath, the patient is wrapped up and diaphoresis encouraged. In the malignant type of the disease, treatment seemed unavailing. The author stated, also, that when there is a large snow-fall and consequent dryness of the atmosphere, diphtheria is less prevalent.

At the Afternoon Session, Dr. Ouchterlony reported very favorably on behalf of the committee appointed to examine Dr. Körösi's paper on the "Preventive Power of Vaccination."

Dr. A. B. Arnold read a paper on "Dilated and Fatty Heart."

Dr. Geo. E. Fell, of Buffalo, N. Y., read a paper on "Forced Artificial Respiration in

Opium-Poisoning; its Possibilities and the Apparatus best Adapted to Produce it," in which he advocated tracheotomy and artificial respiration with bellows.

Section in Surgery.

The first paper was entitled "A New Method of Operation on Bone," and was read by Milton J. Roberts, of New York. The author demonstrated his electric-osteotome, which consists of an electric-motor to which may be attached trephines and circular-saws of various sizes. By means of an attachment a saw is used having a to and fro movement. The motor is run by a storage battery. There is also an electric light with a mirror attached to the motor by which light is thrown on the part operated upon. In addition there is also a spray-apparatus operated by compressed air, by which a constant spray is thrown upon the saw while in operation. This is found to facilitate the cutting. All the various attachments are under the control of one hand.

Dr. George E. Post, of Beirut, Syria, read a paper on "Calculus in Syria." Stone is a common affection in almost every part of Syria and Palestine, but more frequent in certain villages than in others. The proportion of large stones is greater than it is either in Europe or America. This is to be explained by a number of causes, among others the prejudice against surgical operations, the want of skill on the part of surgeons, the ignorance with reference to the use of the sound and the poverty and ignorance of the people, leading them to postpone operation as long as possible. To these is to be added the traditional faith in the solvent power of certain substances. The native surgeons in operating practice median lithotomy. The patient is placed on his back in the lithotomy position, without anæsthetics, and one or two fingers are introduced into the rectum. The stone is pushed forward with the fingers until it impinges on the perineum. The operator then cuts with a razor or a scalpel directly on the stone, the cut extending from a little behind the scrotum to within the anus, laying open not only the perineum but also the lower portion of the rectum, and the stone pops out. This method of operation is of course productive of many cases of fistula of various kinds. There is also considerable risk from hemorrhage. In one case operated on in this way in infancy, the author found three stones in the scrotum and two in the perineum.

The largest stone removed by the speaker weighed about twelve ounces. It was four

inches in length, three and one-half in breadth, and nearly two inches in thickness. This stone was removed by perineal lithotomy, and it was necessary to cut the prostate on both sides and also in the middle. The patient from whom this stone was removed did well for fifteen days, when as a result of imprudence in diet he was attacked with a colliquative diarrhea and died seven weeks later from exhaustion. There were no unfavorable symptoms connected with the wound. The greatest number of stones removed from one patient was two hundred, but many of these were merely granules. In one case there were eleven stones of nearly equal size and weighing in the aggregate about six ounces.

The author had operated on two hundred and fifty cases. Less than one-half of the stones were composed of phosphates, over one-third consisted of uric acid and urates, and of the remainder the most consisted of oxalate of lime, with a few carbonate of lime stones. One hundred and seventy-six of these cases were operated on by perineal lithotomy. Of this number, ten cases proved fatal; 106 of the 176 were in children less than ten years of age. Two of these children died—one of erysipelas, and the other of shock. The remaining 70 cases were between 11 and 75 years of age, and, of this number, 8 died; four of the fatal cases were between 65 and 75 years of age. In 44 cases, lithotripsy was employed, with a fatal result in 4 instances. Of the 250 cases, eleven of the patients were females.

Two cases of urethral stone were reported. The first was that of a man of seventy with phimosis. A stone was found at the meatus, and removed. A second was found four inches from the meatus. This was also removed. A third stone was detected in the membranous portion of the urethra, but during the manipulations it passed into the bladder. Two or three days later it was caught with a lithotrite, and removed. The second case occurred in a child two years of age, who was brought to the speaker on account of total retention of urine. The distended bladder reached above the umbilicus. An obstruction was found at the neck of the bladder, but it was found possible to pass a catheter over the obstruction. The urine was drawn for several days. It was then decided to make an exploratory section, but when the time for operation arrived it was found that the stone had been dislodged, and was at the meatus. It was then removed without difficulty.

Dr. J. S. Grant (Bey), of Cairo, Egypt, in opening the discussion, said: I have listened with much interest to the paper, and it may be of interest to say something with reference to stone in Egypt. This is a very common affection in Egypt, where we have another common disease, that is, Bilharzia hæmatobia. Certain investigations seem to show that the germs of this disease have something to do with the causation of stone. Sections of calculi have revealed the presence of the germs of this affection. The following case recently presented himself to me: The patient, a railroad employé, came with considerable inflammation of the scrotum and with a fistulous opening entering the scrotum. A large scrotal calculus could be readily seen. Six years previously the patient had suddenly had retention of urine. This continued ten days, and the trouble then suddenly disappeared. After this he noticed that the scrotum was gradually increasing in size, and made a large incision through the fistulous opening and removed from the scrotum a stone weighing fourteen ounces.

In Egypt we do not have the class of stone cutters referred to by Dr. Post. Egypt is divided into fourteen provinces, each of which has a hospital under the charge of a competent physician.

Dr. Oscar J. Coskery, of Baltimore, reported a case of "An Uncommon Fracture with Dislocation of the Tarsus and Metatarsus."

Following this, a paper was read on "Elastic Contraction of the Neck, with Exclusion of the Trachea as a Means of Controlling Hemorrhage in Operations on the Head," by N. Senn, M. D., of Milwaukee, Wis. The author referred to the many advantages derived from the use of the Esmarch bandage in operations on the extremities. In the case of the head where bloodless operations are most desirable, we have, so far, not been able to attain that result. The principal objection to constriction of the neck appears to be the necessary compression of the trachea. It is also possible that the pressure on the pneumogastric and phrenic nerves may interfere with respiration. The author had taken dogs, and isolating the trachea had passed an elastic bandage around the neck between the œsophagus and the trachea. This produced no immediate effects on respiration. In one case the dog was allowed to live two hours with the band around the neck and no blood going to the brain with the exception of that which reached it through the vertebral

arteries. This animal was allowed to live and presented no subsequent symptoms. It was found that after the band was applied the lingual, the external, the internal and the common carotid could be divided without any escape of blood from the proximal extremity. The only arterial hemorrhage was from the peripheral and through the collateral circulation. There was some venous engorgement, and as a consequence a certain amount of venous bleeding. By this method we can extirpate the tongue, excise the upper jaw, perform radical operations on aneurisms, especially on aneurisms by anastomosis, and do other operations that could not be done without it.

"Congenital Dislocation of the Heads of the Femora" was the title of the next paper by Dr. Carnochan, of New York.

Reference was made to the general lack of knowledge concerning this malady. The affection is, however, not an infrequent one. The author had seen seventy-five cases during the past twenty-five years. Drawings from several cases of this kind were exhibited, showing the peculiar deformity which this malady produced. The pelvis and femora taken from an individual sixty years of age, who was the subject of congenital dislocation at the hip-joint, was shown. There were marked changes in the structures of the heads of the thigh bones and also in the acetabula, which were simply triangular cavities. As to the cause of this condition, it was uncertain whether it was due to rough handling or to want of nutrition.

Dr. Morris, of New York, in opening the discussion, said: It is evidently not due to rough handling; for it is quite frequent in the Northern part of Germany where women receive skillful attention during confinement. The deformity is quite frequent where rachitic affections abound.

Dr. George E. Post, of Beirut, said: I see this condition quite frequently. While one class of cases may depend on rachitis, there is another class in which the condition is evidently the result of mechanical causes. In a recent case I found the head of the femur in the thyroid foramen. There was no history of injury. I can only explain these numerous cases disassociated from scrofulous and rachitic affections as due to some movement of the child in utero.

Dr. Spanton, of Hanly, England, exhibited a pad for retaining the discharges in cases of faecal fistula.

Dr. Arthur H. Wilson, of Boston, illustrated with the stereopticon, certain histologicopathological changes in the prostate gland.

The last paper was entitled "Alcohol as an Anæsthetic," and was read by Dr. John E. Link, of Terre Haute, Ind.

After an experience of twenty years, the author recommended the use of whiskey as an anæsthetic. He advised the use of full proof whiskey at least two years old, giving from one to two ounces, repeated every three to five minutes, according to the rapidity of its absorption. The quantity given varies between sixteen and twenty-four ounces. The patient is then allowed half an hour to quiet down. If the desired effect is not produced, a few inspirations of chloroform are given. The two agents combined give better results than either alone. A number of cases in which this method was employed were reported.

Dr. Koser, of Williamsport, offered a resolution to be forwarded to Professor Billroth, congratulating him upon his recovery from his severe illness. Adopted.

After extending a vote of thanks to the President, the section adjourned *sine die*.

Section in Military and Naval Surgery and Medicine.

Dr. E. H. Gregory, of St. Louis, Mo., read the first paper, entitled "Amputation for Injury of Living Parts Never Necessary."

Dr. J. H. Gregory, of Omaha, Neb., read a paper on "The Superiority of the Bavarian Plaster of Paris Splints for Gun-shot and other Fractures of the Limbs," which gave the author's experience as surgeon during the late war.

Dr. R. F. Tobin, of Dublin, Ireland, sent a paper on "Some Remarks upon the Kind of Dressing Most Available for Gun-shot Fracture of the Lower Limbs on the Field in Connection with Transportation." This paper was read in the absence of its author, by Dr. Marston. The author advised fixing not only the injured limb, but the opposite one, and also the trunk.

Dr. Henry H. Smith was then presented by the section with a beautiful agate vase, accompanied with appropriate resolutions.

At the Afternoon Session, the first paper was read by Dr. E. Griswold, on "The Conditions on the Field which Justify Amputations in Gun-shot Wounds," in which the author stated that amputations are sometimes demanded when the exigencies of war will not permit of their performance. When a wound is beyond the reach of conservatism, the surgeon should amputate.

Section in Obstetrics.

The committee appointed to formulate resolutions in regard to uniformity in obstetrical nomenclature, made its report.

Following this report papers were read by Dr. S. Stringer, of Florida, on "A Rational Method of Relieving Asphyxia Neonatorum;" and by Dr. Ira E. Oatman, of San Francisco, Cal., on the "Treatment of Puerperal Eclampsia," in which he recommended *veratrum viride* as the best remedy.

At the Afternoon Session, Dr. H. O. Marcy, of Boston, Mass., read a comprehensive paper on the "Histology and Pathology of Reproduction," in which the writer tried to show that a destructive change effects the lining membrane of the uterus after conception.

Dr. E. Paul Sale, of Aberdeen, Miss., read a paper on "The Management of Pregnancy, with Reference to the Prevention of Post-partum Hemorrhage, in which he urged the importance of prophylaxis.

Dr. G. W. Jones, of Danville, Ill., read the next paper on "Dystocia from Rigidity of the Cervix and its Management."

Section in Diseases of Children.

Dr. A. B. Judson, of New York, Vice-President of the section, announced that the meeting would be devoted to Orthopædic Surgery.

The first paper was presented by Dr. Wm. E. Balkwil, of London, on "The Treatment of Congenital Club-foot, Demonstrated by the Exhibition of Apparatus."

Dr. Lewis A. Sayre read a paper on "The Necessity of Section of Contractured Tissues before Mechanical Treatment can be Effectual." The author defined a contracted tissue to be one that is shortened but yet is capable of being elongated, while a contracted tissue cannot be elongated.

A number of papers were then read by title. Following these, the section was closed by a few appropriate remarks from the President, Dr. J. Lewis Smith.

After this, preliminary steps were taken to form an American Pediatric Association.

Section in Ophthalmology.

Dr. E. Smith, of Detroit, Mich., read the first paper on the "Treatment of Abscesses and Ulcerations of the Cornea with Jequirity," and in which he reported very happy results following the use of the drug for this purpose.

Dr. D. S. Reynolds, of Louisville, Ky., read a paper on the "Necessity for Reform in the Manner of Designating Lenses," which was a purely technical paper.

Dr. E. Jackson, of Philadelphia, followed with the same character of paper, the title of which was "The Designation of Prisms by

the Minimum Deviation Instead of by the Refraction Angle."

Dr. G. S. Norton, of New York, followed with a paper on the "Relative Importance of Small Degrees of Astigmatism as a Cause of Headache and Asthenopia."

Dr. F. B. Tiffany then read a statistical paper on "Ametropia," in which he recorded the results of his examination of over two thousand school children in Kansas City, Mo. The paper gave occasion for a very interesting discussion.

Section in Dermatology and Syphilography.

Dr. A. R. Robinson read the first paper upon "Alopecia Areata, with Demonstration of Deep-seated Micro-Organisms." The author expressed the opinion that in this disease the hairs themselves were not diseased, and stated that he had found micro-organisms in the lymph spaces of the corium and subpapillary layer. He was inclined to regard them as causative. He has found chrysophanic acid trustworthy for treatment.

Section in Laryngology.

Dr. Carmalt Jones, of London, England, read a paper on "The Action of the Epiglottis in Swallowing," in which he expressed the opinion that the function of the epiglottis was not to act as a lid to close the larynx against the entrance of food as it is swallowed.

Dr. C. Slover Allen, of New York, then presented to the section a New Snare and Ecraseur.

At the Afternoon Session, Dr. C. M. Desvernine, Havana, Cuba, read a paper on "The Longitudinal Tension of the Vocal Cords, its Physiology and its Derangements."

The closing paper before this section was read by Dr. Joseph O'Dwyer on "Treatment of Chronic Stenosis of the Larynx and Trachea by Intubation." Dr. O'Dwyer's right to speak authoritatively upon this subject is well-known, and his remarks were listened to with close attention.

Section in Dental and Oral Surgery.

Dr. Starr gave an exhibition of the method of capping the exposed pulp of a tooth so as preserve its vitality.

Dr. W. J. Younger showed how to implant teeth.

Dr. F. Bush, of Berlin, Germany, read a paper on "The Comparative Pathology of the Teeth, with Special Reference to the Tusks of the Elephant."

Dr. E. Andrieu, Paris, France, read a paper on the "Sixth-year Molar," in which he expressed the opinion that it should be extracted.

In the discussion which followed, the opinion was general that such a view was obsolete, while Dr. Paul Dubois, of Paris, France, stated that French dentists did not do the operation.

Dr. J. S. Marshall, of Chicago, Ill., read a paper on "Operation for the Cure of a Persistent Facial Neuralgia of both Temporo-Maxillary Articulations, and Reflected Pain in the Right Brachial Plexus."

Dr. A. H. Thompson, of Topeka, Kansas, read the closing paper on the question, "Does Function Control the Evolution of Structure?"

Section in Climatology.

A number of papers were read, none of which were of general interest.

Section in Gynecology.

A number of interesting papers were presented before this section, but as they did not embody anything not already presented to the readers of the REPORTER, abstracts will not be reproduced.

Section in Anatomy.

Before this section Dr. A. H. P. Leuf read an instructive paper upon "The Proper Methods in the Study of Anatomy," in which he itemized defects in the present system of instruction, and indicated the direction in which improvements should be made.

FINAL SESSION, SATURDAY, SEPTEMBER 10.

At the General Meeting in the morning, the foreign delegates to the Congress offered resolutions embodying their thankful appreciation of the attentions shown them, and expressed particular appreciation of the services of Drs. Henry H. Smith, John B. Hamilton, A. Y. P. Garnett, Toner and Arnold.

In closing the last general meeting of the Congress, Dr. N. S. Davis thanked the foreign members in the name of the Medical Profession of the United States for their sympathy and assistance in the work of the Congress. He then declared the Ninth International Medical Congress closed.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Acute Polymyositis.

In a review of several cases of acute polymyositis, in the *Allgemeine med. Central-Zeitung* (July 23, 1887), there is the following account of a case of Wagner's. The patient was a woman, a cook by occupation, thirty-four years old, and suffering from chronic fibroid phthisis. During the latter part of June of last year, she was taken sick with pains in the back and loins. Subsequently there was stiffness and pain in the throat, neck and shoulders, and in the joints of the hands and legs. She was finally received into the Leipsic clinic on July 19, at which time, in addition to the troubles just mentioned, she exhibiting slight oedema of the backs of the hands, forearms and lower part of the thighs, which oedema increased and extended until in both arms the contour of the muscles could neither be seen nor felt, while motion was very difficult. On the extensor surfaces of both arms there was developed an erysipelatous redness with a remarkable indented border. The redness and swelling decreased and at the same time the moveability of the arms improved. The existing fever of 102° Wagner traced back to lung complications,

though physical examination of the chest did not show any progress in the process there. Therefore, the reviewer thinks, the attacks of dyspnoea are to be traced to an affection of the thoracic muscles, which were concerned in all these cases. The patient died in an attack of suffocation on August 29, after having had considerable difficulty in swallowing.

At the autopsy, characteristic myositic changes were found in all the voluntary muscles. In this case the diaphragm, the tongue, the muscles of the eye and the heart escaped; the spleen was of moderate size, and the brain, spinal cord and peripheral nerves showed no changes. Wagner endeavors to show the dependence of the symptoms in question upon progressive muscular atrophy; but according to the reviewer the three observations which have now been exhibited, to which a fourth made by Wagner twenty-four years ago might probably be added, make it seem beyond doubt that the disease must be separated from progressive muscular atrophy and must be regarded as an affection *sui generis* which lifts itself by distinctive marks out of the degenerative myopathies known to us.

"The appearance of the disease with fever, swelling of the spleen, and oedema," con-

cludes the reviewer, "the pronounced inflammatory nature of the muscular change, its preference for the muscles of the extremities, the progressive course of the disease to involvement of the muscles of deglutition and respiration, the escape of the eye-muscles and of the heart, tongue and diaphragm, the appearance of urticarial or erysipelatous eruptions which was observed in all three cases, the occurrence of death through attacks of suffocation and of pulmonary symptoms—all these features form the chief line of a picture of the disease whose further delineation must be relinquished to the future.

The author suggests for the disease the name "acute progressive polymyositis."

Effects of Hot Water Upon the Uterus.

As a result of his experiments upon rabbits, M. Milne Murray has arrived at the following conclusions:

1. The non-gravid uterus of the rabbit is subject to rhythmical contractions, one contraction every two minutes.

2. The introduction of water at a temperature of $105-110^{\circ}\text{F}$. produces an immediate state of tetany of the uterus lasting from five to thirty minutes.

3. The muscular contraction is accompanied by simultaneous contractions of the smaller vessels and the organ becomes exsanguine. The contraction of the vessels disappears gradually before the muscular spasm and is not followed by dilatation.

4. Water at $32-42^{\circ}\text{F}$. produces after 30-50 seconds a less energetic spasm than water at $105-110^{\circ}\text{F}$.

5. When the vascular constriction is followed by dilatation, the organ assumes a scarlet hue.

6. The spasm of the uterus is easily reproduced at short intervals by stimulating the uterus with hot water. It is not reproduced at a long interval by hot water.

7. A faradic current of short interruptions acts in the same way as hot water and produces tetany.

These results serve to explain the employment of irrigation in the treatment of uterine affections—*Revue Médicale*, June, 1887.

A Case of Total Extirpation of the Uterus and Nephrectomy in one Sitting, with Successful Result.

Schmidt's case is that of a woman forty-nine years old on whom extirpation of the uterus through the vagina was performed for carcinoma of the cervix. The posterior vaginal vault and the posterior vaginal wall

and right parametrium were infiltrated. In consequence of this the operation of Bardenheer was undertaken with great difficulty and haste. On investigating the extirpated uterus, it was discovered that a piece of the right ureter had been cut away. Bardenheer therefore decided upon the extirpation of the right kidney, which operation was executed at once by means of an incision opening from below. The patient recovered.

The author advises in similar cases to decide at once upon extirpation of that kidney whose ureter has been lost, and not first try by approximation of the stump of the uterus in the vaginal wound to obtain healing; otherwise it is easy, as the author has observed, for diphtheria and gangrene to arise from the urine dribbling over the vagina. The author believes that extirpation of the uterus is indicated when an accurate investigation has established the entire freedom of the surroundings of the uterus.—*Centralblatt f. d. med. Wissensch.*, July 30, 1887.

On the Drainage of Pelvic Abscesses by Trephining the Pubic Bone.

Rinne gives the following description of this process: Abscesses situated in the pelvis occasionally offer very unfavorable conditions for rational treatment, and thus, apart from the disease originating them which frequently is not influenced by treatment, the abscess cavity, for anatomical reasons, cannot be sufficiently cleared out and drained. The pus generally seeks its way outwards in the well-known typical manner. Surgery frequently aids these efforts of nature by early incisions, whereby the duration of the illness is considerably shortened; not unfrequently, however, it happens that the drainage of such pelvic abscesses can be carried out only very imperfectly; either the canal is too long and narrow, impeding the draining of the pus, or the pelvic cavity forms a kind of reservoir for the pus, the floor being more deeply placed than the drainage opening. This circumstance is often aggravated by the patients being forced to assume a permanent horizontal supine position. Psoas abscesses offer such conditions, especially those which open in the vicinity of Poupart's ligament; here the pus constantly stagnates, owing to the dorsal position of the patients. To improve the mechanical condition of the secretion, a drainage opening may be made into the deepest part of the abscess, through the pubic bone, and thus the pus may be carried out by the shortest route. Such drainage for pelvic abscesses by means of trephining the

pubic bone was first performed by Fischer (*Deutsche Zeitschrift für Chirurg.*, Band 13, p. 551), in 1880. No similar case has been described, but Rinne is informed that König and Madelung have repeatedly performed this operation, and a similar procedure has been carried out by Helferich. Fischer's case was that of a man 24 years of age, suffering from tubercular caries of the spine with an abscess, which was opened below Poupart's ligament; an opening was made through the pubic bone, which rendered drainage of the posterior part of the abscess cavity possible. The patient died of marasmus four and a half months later, but the operation had fulfilled all expectations; the enormous abscess cavity had contracted to a narrow fistulous channel, and no collection of pus was found in the pelvis. Rinne has twice performed trepanation of the pubic bone, both times successfully. These were cases where abscesses had developed in the pelvic cavity itself, and in the pelvic bones, they therefore offered better chances of cure than Fischer's case. But in both cases the discharge of pus had gone on for many years, and, notwithstanding repeated operations, it had been found impossible to arrest it. The relatively rapid cure after perforation of the pubic bone is therefore, without doubt, due to the favorable position for the discharge of pus, and the possibility of direct access to the affected portions of bone permitted by the operation. Rinne reports his two cases; only one of them will be abstracted here.

S., mechanic, aged 26, a weakly anæmic man, had suffered from coxitis in infancy, and recovered with ankylosis in good position. In the first years of the coxitis, the cotyloid cavity had perforated, producing a pelvic abscess, which became fistulous and remained so for fourteen years. The discharge of pus from the opening on the front of the thigh had varied considerably. In different hospitals the patient had been scraped, the fistula drained, but all to no purpose. Rinne proposed to chisel the pubic bone, which he did in October, 1882. First, he introduced a sound into the fistula, and marked the position of the abscess cavity in the hollow of the pubic bone. He advanced towards the cavity from without; the soft parts were cut through close above the great trochanter; the periosteum was peeled off, and a hole, the size of a shilling, made with the chisel in the pubic bone. A quantity of pus escaped and granulations protruded. The abscess cavity was carefully cleaned with the sharp spoon; the inner surface of the bone, which was bare, was also scraped. The bone

was nowhere necrotic or carious; it was indeed rather hard, and only a few vascular particles were separated by the spoon. The cavity was thoroughly washed out with salicylic acid solution, and a drainage tube inserted through the chisel opening into the abscess cavity. The subsequent course was without reaction. After three months, complete cure, with firm contracted cicatrices. The cure remains permanent. Both Rinne's cases were specially favorable for trephining. Such good results, of course, cannot be expected where the focus of pus formation is far from the pubic hollow, or where it is due to tubercular processes. Rinne considers this method as indicated in cases where the abscess has developed in the concavity of the os pubis itself, and in which evacuation and drainage at the usual places are insufficient. In congestive abscesses too, with stagnating secretions, and when the patients are bedridden, better mechanical conditions will be obtained for the drainage of the secretion after the pubic bone has been perforated.—*The Med. Chron.*, Aug. 1887.

Transfusion and Infusion.

To avoid the evils connected with transfusions of blood, as well as with infusions of common salt, Landerer recommends as an infusion a solution of seven-tenths per cent. salt with three to five per cent. sugar. The latter is recommended as a nutrient, and by reason of its high endosmotic ratio, in consequence of the quantity of sugar in the blood, the juices of the tissues strongly attract it; and finally the consistency of the solution is somewhat thicker and approaches more that of the blood, although it does not flow as easily as the salt solution through the capillaries, but forms more resistance in them, as is necessary for the maintenance of the normal blood pressure and circulation. The blood pressure rises upon the addition of sugar 30-40 per cent.—*Centralblatt f. d. med. Wissensch.*, July 23, 1887.

—For several years the inmates of the prison in New Orleans have been suffering from a peculiar disease frequently terminating in death. The disease was generally attributed to the damp condition of the prison. A physician of the State Board of Health made an examination, and stated that the sickness was caused by insufficient food. The rations consist of a cup of tea and a piece of bread in the morning, and soup during the day. The parish authorities have been directed to provide the prisoners with better meat and with vegetables occasionally.

BOOK REVIEWS.

The Student's Guide to Diseases of the Eye. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital, etc. Third American from the fourth English edition. With a chapter on Color Perception. By William Thomson, M. D., Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. 8vo, pp. xx., 475. Philadelphia: Lea Brothers & Co., 1887. Price, \$2.00.

This excellent and reliable manual is addressed to students, but is equally well suited to the needs of practitioners, who will find in its pages much valuable instruction. The style of the author is pleasant, and the matter of his book is admirable. He discusses first the general principle of optics, which must be understood in order to study the eye rationally, and then passes on to a consideration of the normal eye. After this, he takes up the diseases and injuries of the eye, with the treatment suited to each, and gives a special chapter on operation. After this comes a most valuable section devoted to the relation of other diseases to diseases of the eye, and, finally one of the most useful parts of the book—an appendix, in which, in addition to a list of formulæ, there are helpful directions in regard to a number of matters which are simple enough to one who has been long practicing as a specialist, but which are calculated to puzzle the beginner not a little.

The book contains a chapter on color perception, by Prof. Thomson, of Philadelphia, who has made special studies in this subject, and has had the experience furnished by being in charge of the examination of the eyes of the *employees* of two of the most important railroads in America.

Druitt's Surgeon's Vade-Mecum. A Manual of Modern Surgery. Edited by Stanley Boyd, M. B., B. S., London, F. R. C. S. Eng., Assistant Surgeon and Pathologist to the Charing Cross Hospital, etc. Twelfth edition. Illustrated. Large 8vo, pp. xvi., 33-985. Philadelphia: Lea Brothers & Co., 1887.

Whoever is familiar with the compact book, which has long been known as "Druitt's Vade-Mecum," will be surprised to find this, its successor, grown into a large volume whose size makes the title seem ironical. The editor, in his preface, mentions with just appreciation the fact that more than 50,000 copies of the original have

been sold in England, and that "a copy was issued by the (United States) Government to each surgeon serving in the Federal army during the great civil war." But one reason for the latter step was the fact that the vade-mecum presented at that time an excellent manual on surgery in the most compact form which the market could produce. This merit of the book has been sacrificed in the present volume. In fact, the book has ceased altogether to be a vade-mecum, and is now a single-volume work on surgery, which must be estimated by comparing it with works of similar pretensions.

Estimated in this way, we find this twelfth edition to compare favorably with its competitors. It has been quite thoroughly modernized by the editor. This is very noticeable in the department of pathology, while in that of treatment we find the latest and most accepted methods, in the main, well described, as, for example, in surgery of the abdomen, and in the treatment of stone in the bladder. In some matters—as that of the treatment of tumours in the bladder—the recommendations are rather expressions of the opinion of the editor than of surgeons in general. In the section on aneurism we fail to find any reference to the excellent results to be obtained by the so-called "method of Antyllus."

There are other points in this volume which might be improved; but our space does not admit of our going into further details. On the whole, we think, as we have already remarked, that it compares very favorably with its competitors, and that it would be a valuable addition to any library.

In saying this, however, we would add that no American need feel that, if he wants a good work on surgery in one volume, he must buy a reprint of a revision of an old English manual. If his patriotism prompts him to do so, he can get a better book, by an American surgeon, from the very firm which publishes the one we have just been reviewing.

LITERARY NOTES.

THE fiction in the October number of *Scribner's Magazine* will include a strong story of life along the Arkansas river-bottoms by Octave Thanet. Its title is "The Mortgage on Jeffy." E. H. House's two-part Japanese story, "The Sacred Flame of Torin Ji," will be concluded. The next to the last installment of Harold Frederic's serial story will appear in this number.

THE
Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER is published in each number. The edition for this week is 6,000 copies.

NO FEAR OF CHOLERA.

The report of a few cases of cholera occurring in a ship loaded with Italian immigrants, which arrived last week at New York, gives no concern to the United States health authorities, and need not alarm any sensible person. Surgeon-General Hamilton has already called attention to the fact that the circumstances connected with this case are not nearly so serious as they have been in cases occurring in former years, which were easily handled. For example: In November, 1848, the ship New York arrived at quarantine station, New York, from Havre, with eleven cases of cholera on board and seven deaths on the voyage. The number of cases increased to twenty the first day, and finally reached a total of sixty-three cases and twenty-nine deaths; but, winter setting in quite severely, the disease entirely subsided. Cholera did not again visit New York until 1866. The ship Atlanta arrived in November, 1865, with cholera aboard, but the dis-

ease did not break out until May, 1866. Two ships arrived in April of that year, one having had twenty-six deaths from cholera on her voyage, and the other thirty-one deaths. The passengers all brought an immense quantity of infected baggage, and the merchandise on the vessel was also doubtless more or less infected. It was at this time that the disease assumed its greatest mortality on Ward's and Blackwell's Islands. There were 172 deaths from cholera in the workhouse on the latter island, and the total number of deaths in New York was 1212. The ease with which cholera can be controlled was strikingly shown by the fact that the epidemic in the workhouse on Blackwell's Island lasted but nine days, and the outbreak began to decline from the day sanitary measures were instituted.

Further, we would call attention to the fact that cholera makes its greatest ravages among ignorant and superstitious populations. It is apt to find ready victims among such degraded people as the inhabitants of Naples, who recently forced one soldier to drink the carbolic acid he was using to disinfect the streets with, and killed another outright because he would not do the same thing.

In a country with such general intelligence as the United States, we do not believe the cholera will ever again obtain a foothold. So we say, let no one feel any alarm about what has just happened. We have no doubt that the New York health authorities will be fully able to cope with the circumstances, and that the city and country will be safe from any invasion of the cholera.

At the same time we think it well to call attention to, and to heartily endorse the suggestion of Surgeon-General Hamilton that the responsibility of nations in sending forth emigrants from infected districts ought not to be overlooked, and we agree with his hope that the time will come when it will be considered just as much an act of hostility on the part of a nation to neglect to take proper measures to prevent the spread of diseases to a friendly nation as it would be to shell and fire its seaports.

ARGUMENT AND RIDICULE.

At the last meeting of the Medical Society of the State of Pennsylvania several interesting papers were devoted to the subject of phthisis, among them two which discussed its treatment. The author of one of these papers dwelt upon the importance of securing proper nutrition for the patient in order to secure a cure. With careful nutrition as a keystone he presented the claims of various therapeutic methods, such as the inhalation of compressed air, medicated gases and sprays, the use of remedies to relieve the manifold symptoms, and the use of gaseous enemata by the method of Bergeon. Of the latter method of treatment he spoke as favorably as the short duration of its trial would possibly permit, he himself having had many patients who had been benefitted by it.

The writer of the other paper inveighed strongly and effectually against this plan of treatment. In sarcasm which would have been delicious had it been scientific, in invective which would have been destructive had it all been true, he cut right and left. Neither the originator of the method, the method itself, nor the many earnest scientific men who have honestly and patiently attempted to discover its merits were spared. Even the manufacturers of the apparatus, the merchants who sold it, and the persons who furnished the gas were scored.

We have called attention to the character of these two papers, not in order to express an opinion as to the views they advocated, but in order to contrast the manner of presenting these views. One of them was a temperate and scientific paper; the other was little better than a tirade. The author of the latter may have a correct estimate of Bergeon's method; but we think he has chosen an unfortunate way of presenting it. We believe it to be a mistake to introduce the arts of the forum into the halls of philosophy, and that such skill as was displayed in holding up to ridicule this particular matter, with the aid of voice and looks and gesture is dangerous to calm scientific conclusions.

For this reason we deprecate this style of argument, and would discountenance its employment in meetings where such serious matters as the preservation and restoration of health are under consideration. Here we need the man who has carefully and soberly studied his own experiences and those of others, and who can present the results of his study in plain and unimpassioned language, and not the man who can adorn a hasty and immature opinion with the seductive arts of rhetoric and oratory.

WOMAN'S VIEW OF THE CONJUGAL QUESTION.

We call attention to a letter published in our department for "Correspondence" upon the subject of the conjugal relation, as regarded from the stand-point of women. The subject is a very delicate one, and at the same time one of the utmost importance, and we recommend it to the thoughtful consideration of our readers.

We cannot suppose that the ideas suggested in the letter of our correspondent will prove novel to a large number of thinking men, and we imagine that, if they lead to any discussion we shall find that the peculiar conditions of our civilization are to a certain extent responsible for the hardships to which many women are subjected. To face the matter squarely, and to discuss it satisfactorily, will require a great deal of sense and no little courage; but we trust that the readers of the REPORTER are the very men and women to do it.

ABOUT CONTRIBUTED ARTICLES.

We publish in another place a letter from one who has been a welcome contributor to the columns of the REPORTER, and which indicates a frame of mind as creditable to him as it is agreeable to the editors. One of the most trying duties of an editor is to decline to publish an article which may be of interest, but which is not what editors call "available." It is a difficult and delicate duty to put a good article into the shape best suited to the requirements of a journal at any particular time. The men who can patiently endure having an article

declined are very few; those who submit gracefully to having an article cut down or trimmed up are not much more numerous, but both are among the dearest friends the editor has. Our contributors must understand that we receive more articles than we can possibly publish, and that we are compelled to select what seems the best material for all our readers. In doing this we often are forced to exclude what is both valuable and interesting, and those whose articles are not published may console themselves with the reflection that some of the best and most successful literary works ever published have been declined again and again by those who ought to have been better judges of their merit.

We trust that these remarks will not deter any of our readers from sending us contributions; but that they may lead them to do this in the admirable spirit of the correspondent whose letter we publish in this issue of the REPORTER.

ACKNOWLEDGEMENT.

A portion of the report of the proceedings of the Ninth International Medical Congress, which has appeared in this journal, has been abstracted from the advance sheets sent us through the courtesy of *The Medical Record*.

THE PHILADELPHIA MEDICAL TIMES.

Drs. Frank Woodbury and William F. Waugh have purchased the *Philadelphia Medical Times* and announce that they propose to give it a new dress and to introduce other improvements which they think will be acceptable to its readers.

—Prof. Da Costa presents the following as a strong point in the differential diagnosis of *chronic cerebral softening* and nervous exhaustion, or *neurasthenia*: In the latter, for a short period of, perhaps, a few minutes, the patient's mind will remain clear, and he is capable of mental effort, soon, however, to lapse again into his indifferent stupor. This alone, with the facts and history of the patient, will do much to establish a diagnosis when in doubt. In the latter, also, the headache is comparatively slight, while in the former it is a marked feature of the case. *Coll. and Clin. Record*, Aug., 1887.

NOTES AND COMMENTS.

Infanticide or Homicide.

The following case is reported in the *Munchener Medizinische Wochenschrift*: A physician was called to attend a tradesman's wife in her confinement. The presentation was a shoulder one with prolapse of an arm. After an ineffectual attempt to turn, the arm was cut off; then followed another ineffectual attempt to turn, after which the other arm was amputated and the lower jaw torn out. Even after this he did not succeed in extracting the child, and another practitioner was called in, who succeeded in delivering the woman. The first practitioner was cited before the Court, where the experts, professors, and practitioners expressed their unanimous opinion that the child had been killed by the injuries inflicted upon it; and that the contention of the physician, that the child was already dead before dismemberment, rested upon indications that were not scientifically justifiable. There were no just reasons for killing the child, and the practitioner had improperly failed to persist in his efforts to turn. After negligence had been incontestably proved by the opinion given, the defendant claimed that the case did not come under paragraph 222 of the German Strafgesetzbuch (negligent killing), but under paragraph 230 (negligent bodily wounding). The former referred to negligent homicide; the foetus, however, up to the time of dividing the cord, was a part of the mother's body, so that the case was only one of wounding. In opposition to this the Court ruled that the law recognized the vital existence of the foetus, and protected it as a human being, at an earlier period, viz., as soon as a part of the child became *visible* outside the vagina; paragraph 218 defined killing of the foetus *in utero* as fruit-killing (*Fruchttötung*); while paragraph 217 recognized the killing of a child *in* or immediately after birth as the killing of a human being (homicide). The Court, therefore, held the accused guilty of homicide by negligence, and condemned him to several years imprisonment. An appeal was not allowed.—*Med. Record*, Sept. 17, 1887.

The subject of brutality in the punishment of children has been creating intense feeling among physicians in England. Numerous examples of almost inhuman punishment have been brought to light.

CORRESPONDENCE.

A Woman's View of the Conjugal Question.

EDS. MED. AND SURG. REPORTER,

Sirs.—The increasing numbers of female physicians cannot fail to throw a certain new light upon some of the more obscure diseases and sufferings of women.

It was naturally to be expected that women suffering from some complaints should feel it easier to describe symptoms and feelings to one of their own sex, and the many complications involved in anticipated and accomplished maternity would equally find fuller expression in the same way. The result has been that, within the last ten years, much has been said of women's revolt against enforced maternity. Able pens have been enlisted in this cause, and a mother's right to limit and decide upon the number and succession of her offspring has been debated pro and con. There is, however, one side of the conjugal question which comes immediately under the notice of every practicing physician to which very little attention has been paid. It is this: How far does uncongenial or undesired coitus impair the general health of a woman; and in what degree does it influence the welfare, physical and mental, of the children born in wedlock?

It is an accepted fact that so-called "love children" are often endowed with physical and mental strength in excess of that of children born under the best "social" conditions. The offspring of illicit passion has nature on its side, while children born as the result of the mere indulgence of a habit, —often a matter of indifference, if not positive distaste, to one of the parents—come into the world handicapped. This will of course be readily acknowledged, and is in itself no light evil. But, beyond this, is there not, in the fact that men are accustomed to consider their desire a sufficient excuse for its indulgence in spite of apathy or at least unwillingness on the part of the wife, one cause, and a very serious one, of the nervous ailments of so many women?

Nature in her arrangement for the propagation of the race has endowed both sexes with natural passion, and obviously intends the gratification of the one to include the response of the other. Owing to man's greater physical strength and the violence of his passion, it almost invariably happens that after the birth of one or two children the mother passively accepts his attentions as a duty, often a most unpleasant one, and

looks upon the act of coitus as a mere sign of her submission as a wife. Incapable of feeling the same call without the courting and solicitation which the man no longer gives, she yields her person without her will, and becomes the mere machine through which her husband relieves his uneasiness. This, of itself, when we consider the frequency of most men's requirements, must have an injurious effect upon the nervous system; and when, as is too often the case, indifference amounts to absolute disgust and repulsion, it requires very little science to recognize a prolific source of suffering in this relationship.

Would it not be possible, by studying the facts elicited by female physicians from their patients, to acquire a knowledge which would throw light upon many of the most distressing internal complaints which proclaim themselves in the thousand nervous ailments of the weaker sex? Men, for the most part, sin in this relation from inadvertence rather than willful brutality, having been taught to consider marriage as the opportunity expressly provided for the "*lawful indulgence*" of passion, sanctified by church and society, and a wife as an orthodox and respectable exchange for a prostitute. Women, also from experience—the first passionate happiness of the honeymoon over—have also learned their lesson, and either feign pleasure, or accord simply endurance, because they fear that refusal will alienate a *man's affection*. What a satire on civilization is contained in those words! A man's affection and his passion are one; a woman's affection, and the acceptance of a passion no longer made pleasurable by solicitation, but claimed as a right, are his of conjugal right. A wider knowledge of the actual results upon body, mind and character of this state of things could not fail to teach a useful lesson, and help on the establishment of harmony between husband and wife.

May I, in excusing the length of my letter, suggest the consideration of this subject to your magazine? JANET E. RUNTZ REE.

About Contributions.

EDS. MED. AND SURG. REPORTER,

Sirs.—The inclosed is new to me and of course I thought it worthy of publication or I should not have sent it. However, if it is not specially new or interesting, give it a dose of waste-basket, and no harm is done. Or if the facts are worth stating, without publishing the article in full, simply use the facts as you please. Anything I may send,

you will do me a kindness by acting upon as the above would indicate. I find it does me good to write up a case even if it does not leave my office: as I believe one cannot write an article or report a case, but what he will receive a real benefit in the effort itself. It improves the memory and habituates one to getting his ideas into shape. So if I should send in something occasionally, my feelings will not be lacerated in the least should they not all appear, as the benefit to me is gained before they leave my office.

Yours fraternally, H. C. G.
Aletown, Sept. 17, 1887.

Correction.

EDS. MED. AND SURG. REPORTER:

Sirs:—In a recent issue of your journal appeared the following:

"An authority on canned goods reveals the interesting fact that most of the jellies in the market are made of apple parings and cores. Sometimes the stock is kept so long that it will not make jelly; then they make strained honey out of it."

I can affirm positively that there is not in this country a market for any such stuff as a syrup made of shop-worm apple cores. The nearest approach to honey in the line of adulteration *has been* glucose. The inventor of this method of adulteration was a man in New York, who subsequently went to England and practiced his methods there. The efforts of the journals devoted to bee-culture in this country, and the British Bee-keepers' Association in England, have driven glucose honey to the wall. More than all this, it is impossible to make out of second-hand apple parings, or any other kind of parings, a substance resembling pure honey. You cannot evaporate honey to a jelly, or water jelly to the consistancy of pure honey.

JOHN ASPINWALL.

Barrytown, N. Y., Sept. 10, 1887.

[We willingly publish the above authoritative correction of our error, and hope our readers will enjoy honey hereafter more than ever before.—EDS. REPORTER.]

NEWS AND MISCELLANY.

Cholera at New York.

A steamship from Marseilles and Naples, which arrived at New York on Sept. 22d, with nearly 600 passengers, had Asiatic cholera on board. Eight of her passengers died during the voyage, six of them from cholera, and on her arrival at quarantine four persons were sick of the disease. Sur-

geon-General Hamilton of the Marine Hospital Service says that New York has a quarantine board fully able to grapple with the exigency. Orders have been sent from Washington to the National quarantine stations at Cape Charles and Delaware Breakwater to detain all vessels coming from Italy, and report them to the Marine Hospital Bureau.

University Biological Expedition.

An expedition, sent out by the Biological Department of the University of Pennsylvania in June last, has just returned from the Bahamas, whither it went to collect specimens and to decide upon the suitability of these islands for the establishment of a permanent biological station, similar to the one at Naples, presided over by Anton Dohrn. The University has now a considerable fund at its disposal for this purpose, and hopes, within a few years, to have a station established, at which professors and advanced students would be enabled to pursue original investigations during their vacations. There are several such institutions in Europe. But there are none permanent in this country, although Johns Hopkins University has had such schools on Chesapeake Bay, in the Bahamas and elsewhere, temporarily, and, it is said, intends founding one permanently in the near future.

Dr. Charles S. Dolley, instructor in Biology in the University of Pennsylvania, was at the head of the party. M. J. Greenman and Charles F. Nassue, of the University; William S. Marshall, of Swarthmore; Arthur Lamb, of Johns Hopkins University, and Professor McMurrich, of Haverford College, were his associates.

The Union Medical Association.

The Union Medical Association, which includes physicians of Pennsylvania and Maryland, held their annual reunion at Mount Gretna Park, Pa., August 25th. About 300 physicians were present with their wives and families. Brooklyn, New York, Harford and Cecil counties, Maryland; Philadelphia, Dauphin, Lebanon, Lancaster, Adams and Cumberland counties, Pennsylvania, were represented. The doctors spent the day most enjoyably. Dr. O'Neill, the retiring President, delivered the annual address. Dr. S. J. Rouse, of York, who has faithfully served as Secretary for several years, was elected President. Dr. Bishop, of Harrisburg, was elected Secretary, and Dr. Alex. Craig, of Columbia, Pa., was re-appointed Chairman of the Executive Committee.

OBITUARY.

DR. RICHARD QUAIN.

Dr. Richard Quain, M. D., F.R.C.S., the well-known physician and writer on medical subjects, died in London, England, September 16, 1887. He was seventy-one years old. He was born at Mallow, in 1816, and became an articled pupil to a surgeon-apothecary at Limerick, and subsequently going to London at the age of twenty entered University College. Distinguishing himself in the classes, he was appointed house surgeon to the College hospital, and subsequently house physician to the same institution. He was elected a Fellow of University College in 1843. In 1846 he became a member of the Royal College of Physicians, and in 1851 was elected a Fellow of that College. His life since then was full of professional cares and honors. He was one of the founders of the Pathological Society and was a member of a great number of learned societies. Quain's "Dictionary of Medicine," published in 1882 (1800, pp. 8vo), is the standard work of its kind in the English language. He contributed numerous papers to the translations of societies, and to medical journals. Amongst the former was a monograph to the Royal Medico-Chirurgical Society, in which the true nature of fatty degeneration, especially in connection with the walls of the heart, was first described, and which largely influenced modern pathological doctrine.

DR. LUKE P. BLACKBURN, M. D.

Luke P. Blackburn, Ex-Governor of Kentucky, died at Frankfort, aged seventy-one years. He was born on June 16, 1816, in Woodford county, Ky. An absorbing love for the study of medicine, led him when seventeen to visit Europe. He remained in Paris studying medicine for a year, and then, returning to America, entered the Transylvania College at Lexington, from which he was graduated with honor in March, 1835.

Entering into the practice of his profession in Lexington, he met with much success. In autumn, cholera broke out near his old home. Dr. Blackburn went to the aid of the stricken and deserted villagers. His services were appreciated, for he was asked to settle in the town, and, doing so, his practice became very large.

Dr. Blackburn was made Health Officer of Natchez, Miss., and in the yellow fever epidemic which occurred in 1847, he did extraordinary work in relieving the suffering, as he did also in the epidemic which ravaged the South from 1853 to 1855. In 1854 he estab-

lished the first successful quarantine against the disease. Dr. Blackburn in 1847 also established a marine hospital on the Mississippi for river men.

Dr. Blackburn was one of the first to respond to the calls for medical help in the yellow fever epidemic of 1878, and his services during that year secured for him the Democratic nomination for the Governorship of Kentucky in 1879. Dr. Blackburn was twice married. His first wife was Miss Ella Guest Boswell, to whom he was married soon after leaving college and who died in 1855. His second wife was Miss Julia M. Churchill, of Kentucky, who survives him.

Correction.

The article on Mistletoe (REPORTER, Sept. 10th) should have been credited to Dr. R. L. Payne, Jr., whereas, the article is accredited to Dr. R. L. Payne, the writer's father, who several years ago used to contribute to the REPORTER.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from September 18, 1887, to September 24, 1887:

First Lieutenant Julian M. Cabell, Assistant Surgeon, relieved from duty in connection with the Annual Dept. Rifle Competition at Bellevue Rifle Range, Neb.; ordered for duty as Medical Officer at the "Rifle Camp for Team of Distinguished Marksmen," Bellevue Rifle Range. S. O. 89, Dept. Platte. Sept. 10, 1887.

Changes in the Medical Corps of the Navy for the week ending Sept. 24, 1887:

Surgeon H. P. Harvey, ordered to the U. S. steamship "Mohican."

Surgeon G. A. Cooke, detached from the "Mohican" and ordered home.

Medical Inspector C. J. Cleborne, promoted to Medical Director, Sept. 18, 1887.

Surgeon T. C. Walton, promoted to Medical Inspector, Sept. 18, 1887.

Passed Assistant Surgeon J. C. Boyd, promoted to Surgeon, Sept. 18, 1887.

Surgeon J. R. Tryon, ordered to Marine Rendezvous, N. Y., Oct. 1, 1887.

Assistant Surgeon J. G. Field, detached from Marine Rendezvous, N. Y., and ordered to the "Vermont."

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ending Sept. 24, 1887:

J. H. White, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon from Oct. 1, 1887. Sept. 19, 1887.

W. J. Pettus, Assistant Surgeon, to proceed to Savannah, Ga., for temporary duty, Sept. 20, 1887.

H. T. Goodman, Assistant Surgeon, appointed an Assistant Surgeon, Sept. 22, 1887; assigned to temporary duty at Norfolk, Va., Sept. 23, 1887.

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COMMUNICATIONS.

ON THE TREATMENT OF PAINFUL AFFECTIONS OF THE HEAD (CEPHALALGIA, MIGRAINE, TIC DOULEUREUX) BY ANTIPYRINE.

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I. The history of *headaches* is largely a history of individual experience, for no painful affection is more common. Hard-working students are especially liable to headaches, but not necessarily those who violate all the laws of hygiene; many who live well and temperately, pursuing their studies in sunny, cheerful, well-ventilated apartments, and taking plenty of out-door exercise, are the victims of cephalalgia. What is the pathogeny of those grave headaches which are observed largely, though not exclusively, among bright, smart, though perhaps nervously constituted pupils, which interrupt hard brain work, which abate or go away during rest to return at the end of half an hour of close application, and which may end in compromising the education and even the future of children?

Four years ago, René Blache, and, almost at the same time, Zeller and Charcot, described under the name of *headaches of the growing period* those painful affections of the head which are so frequent in young

people between the ages of twelve and eighteen, *i. e.*, during the period of active growth, and which are of the nature of frontal pains that are very persistent and are aggravated by the least attempt at study. I have often witnessed this kind of brow-ache both in boys and girls, though more frequently in the former than in the latter.

A little attention will enable one to discriminate these frontal headaches from *migraine*, which is always a one-sided headache (*hemicrania*), accompanied with visual disorders, nausea, and vomiting; from facial neuralgia, which is always located in some sensory branch of the fifth nerve; lastly, from the anæmic or chlorotic headaches of childhood, which are recognized by the pallor of the tissues, by a hæmic murmur in the vessels of the neck and in the heart, and above all by the diminution in the hæmoglobin of the blood.

These headaches may appear, as the details of our cases show, in conditions of school or college life, where there has not been any over-taxing or forcing. In such cases it does no good to imperatively forbid all study; and to order out-door air and exercise, nerve tonics and sedatives (strychnine, quinine, bromides, etc.), and hydrotherapy, you will have gained nothing thereby, and it will need only a brief resumption of study to bring back all the former train of cephalic sufferings, to the chagrin of all concerned. What are you to do then? Suspend the education and compromise the future welfare of the child, or even put off all further training till nature shall have brought about a cure by terminating growth and the evils incident thereto? No

parent would ever consent to such a course as this, and I myself think it unnecessary from the following considerations:

After having observed numerous cases of headaches of the growing period, I was struck with their frequent coincidence with cardiac hypertrophy of the same origin and nature, such as I first described in 1885, and which is distinguished by an increase of the cardiac dullness and by respiratory embarrassment, by an apex murmur with the first sound of the heart, and sometimes by intermittences and palpitations.

In children from the age of seven to fifteen years the heart undergoes but moderate development, but from the age of fifteen to twenty (adolescence) it grows rapidly, sometimes exceeding the growth of the rest of the body; at other times its development seems to lag behind an enormous elongation of the frame. In headaches of cardiac origin, you will sometimes attain remarkable results by means of iodide of potassium given along with convallamarin or sparteine, two excellent cardiac medicaments which are tonics of that organ. The effects of the treatment confirm my theoretical view of these cases; these headaches are a part of the complex process of growth, and are connected with the physiological hypertrophy of the heart.

There is another class of headaches whose pathogeny is somewhat different. The subjects thereof are certain school children from eight to twelve years of age who have been overtaxed by too many studies at school, with too little time for recreation, or in preparing themselves for their examinations prior to promotion to higher courses of study. These are really cases of overstrain of the heart. At this time of life the growth of the heart is not commensurate with that of the rest of the body, and the nutritive shortcomings of the system seem to be reflected on the myocardium, which instead of hypertrophying, as in the case of the adolescent youngster, remains at a stand-still, or even becomes enfeebled, while the rest of the body is growing and emaciating. The heart is readily fatigued, and lacking self-reparative power undergoes dilatation, and this is especially likely to happen if undue physical exercise is imposed on the child, such as long walks of several miles at a time, or arduous gymnastic exercises; the brain work and the muscular work conspire to exhaust the forces of the child. I am, in fact, shy of recommending the gymnasium to primary school children.

The headaches then, coming on prior to maturity, are generally due to overtaking the

brain at school or college, or are incident to the growing period (cardiac headache), or, in the case of younger children, to general corporeal and cardiac debility. This complexity of causes renders somewhat difficult the matter of treatment.

In the presence of a problem so perplexing, I have of late directed my attention to the master symptom, the cerebral pain, which I endeavor to combat without attempting to reach the cause. To meet this indication, I have found nothing so useful as the regular, continuous employment of antipyrine, which has proved itself to be a unique remedy for the pains of which I have been speaking. I have before me notes of twelve cases which comprise adolescents from thirteen to nineteen years of age, of whom the greater part were suffering from cardiac headaches, and who had all been treated unsuccessfully by the ordinary methods. In all of these cases antipyrine administered in doses of fifteen grains three times a day, succeeded in calming the headaches at the end of two or three days, and causing them to disappear altogether at the end of six or eight weeks, the treatment being persevered with during this time.

Among these twelve cases pertaining to growing youths, I established an important distinction: seven out of twelve were hard working students, who were applying themselves with diligence and making preparation for their examinations prior to graduation or entering on more advanced courses; four of them had been obliged to suspend their studies for four or five months, and rest and tonics had not improved their condition, while under the use of antipyrine they were enabled to resume their studies. Two of these pupils were boarding at home where the conditions of hygiene were perfect, and were in the habit of taking abundant physical exercise; were in fact attendants at the gymnasium; they were none the less, however, victims of headaches. Another pupil was also vigorous of body and mind, but had suffered from headaches for several months. Another, aged 13 years, was rather dull intellectually; was endeavoring to make up for his deficiencies by hard study. Another student, aged 18 years, belonging to the polytechnic school, lost his rank in his class by not being able to apply himself to study more than half an hour at a time without suffering headache. He got well at the end of several days under antipyrine, and was able to make up his lost time and recover his rank. In all these cases the pathogeny was doubtless somewhat intricate; cerebral

fatigue entered as a factor, but active growth was going on at the same time, and in two of them there was an unusual development of the heart, a veritable hypertrophy. I have notes of another series of cases, five in number, all pupils of the same age, who could not properly be accused of overtaxing themselves; these youths were scholars of but moderate capacity, who studied intermittently and under compulsion, and with difficulty kept their rank in their classes; nevertheless they complained of the headache which presented the characteristics of the headaches of the growing period. I make exception from this number of one young man whom I suspected of secret vices and of untruthfulness, and who proved a more difficult patient than the others, although he eventually got well of his headaches.

Hence I have been led to believe that over-forcing the brain is seldom the sole cause of headaches in students; the true cause is the unequal physical development of the different parts of the body and especially of the internal organs. The headaches of the period of growth are often witnessed after a rapid increase of stature, and in these cases there generally exists an antecedent hypertrophy of the heart. Therefore if you have before you these headaches generally attributable to brain-tire, you are more likely to find that they are the headaches of the growing time, or cardiac headaches. I may add to this another category of headaches, those from fatigue or strain of the eye-muscles, which have been so thoroughly studied by my colleagues, Maurice Perrin, Jaral, and more recently Parinaud. Simple exercise of the eyes in reading suffices to bring on pain; this is especially the case in individuals affected with astigmatism or hypermetropia. These cephalic pains (headaches, migraines), may be much relieved or even cured by the use of suitable glasses and more careful management of the eyes.

Exception being made of this last category of cases, antipyrine, which is, in accordance with experimentation, the most powerful moderator of the excitability of the cerebro-spinal system and of the heart, proves itself to be specific in headaches of early life and adolescence.

II. We come now to the subject of *Migraine*. Migraine (hemicrania) should be distinguished from headache, trigeminal neuralgia, and myalgia of the epicranial muscles. Hemicrania is characterized by four cardinal groups of symptoms, which are generally associated and are sometimes accompanied by transient mental disturb-

ances; pain in the head, disorders of the facial and doubtless also of the intra-cranial circulation, perturbations of the sight, which when predominant constitute ophthalmic migraine; lastly, nausea and vomiting, which are frequent in the course of the paroxysm.

The pain in the head is the prime symptom; it generally occupies the orbital, supra-orbital and temporal, never the infra-orbital region; it is confined to one side and generally to one point; is continuous, with exacerbations provoked by the least movement, especially by severe muscular efforts (lifting, running, climbing); compression of the carotid on the painful side seems to increase the pain and the cerebral anæmia which always accompanies it. Circulatory or vasomotor troubles are never absent, though not always noticed; they manifest themselves by marked pallor of the face, with painful beatings of the temporals, retraction and injection of the globe of the eye, and dilatation of the pupils; at times the face is flushed and the pupils contracted. Study and all mental application are impossible; there is excitation of the special senses. This group of phenomena manifestly has its origin in the vaso-constrictor and vaso-dilator nerves.

The visual disturbances are very characteristic, and are sometimes so predominant as almost to leave the pain in the back-ground; scintillant scotomata are frequent, almost constant; there is often hemiopia, and even amaurosis, as has been shown by Charcot, Galezowski and Féré.

Lastly, there is no migraine without nausea, which is generally preceded and accompanied with anorexia, and sometimes by vomiting, though not necessarily associated with any symptoms of indigestion. The above description pertains to migraine in its typical form, which is easily distinguished from common headache, facial neuralgia or neuritis, epicranial myalgia, and specific periostitis.

Antipyrine is efficacious in all these painful affections, which are often due to special causes which one has no right to neglect. On the other hand, the causes of migraine are infinitely less varied and less known; we may conjecture the determining causes of the paroxysm, but we are ignorant of the pathogeny of migraine, as I shall endeavor to show.

Heredity is the only predisposing cause which has been clearly demonstrated; authorities are agreed as to the direct transmission of migraine from parents to children, and it is useless to hypotheate an indirect nervous inheritance originating in neurasthenia, hysteria, epilepsy or chorea in the

parents or ancestry. These family neuroses have no pathogenic relationship with migraine, which constitutes a neurosis by itself, never alternating with the other neuroses, still less with asthma, which is a pneumo-bulbar disease,¹ or angina pectoris, which is due to a lesion of the coronary arteries. Modern pathologists have made much of diathetic influences, and as the diatheses one after another have suffered subversion, there remains only arthritism—that is to say, gout and rheumatism. Arthritism, moreover, has been born of much that was once supposed to belong to it, and its very existence as a diathesis has been rendered somewhat nebulous. If we ask a definition of arthritism, we are told by some that it is “a retardation of nutrition;” by others, “an exaggerated nutrition;” by others still, “a functional disturbance of the nervous system,” *i. e.*, a neurosis, so that we do not seem to get much real light. As it has been demonstrated that gouty persons are not more subject to migraine than other non-gouty persons placed in similar hygienic circumstances, any attribution of this disease to a gouty origin seems meaningless and futile; nor do the results of treatment bear out any such attribution. Certainly, the alkaline and other anti-arthritic treatments have never cured or even helped migraine.

Thus far, then, the attempt to find a general or constitutional cause for migraine has failed, as well as every mode of treatment based on constitutional states. The question now comes up, whether there are any local affections or functional troubles capable of causing hemicrania by acting reflexly on the cerebro-spinal system, or on the vaso-motor nerves. Such a property has long been attributed to morbid states of the digestive organs, and it may seem a little rash to call in question the reality of gastric or dyspeptic migraines.

But just here not a little confusion has crept in. Just because there are no migraines without nausea and vomiting, some medical authorities have concluded that migraine has its starting point in the stomach. But individuals that thus suffer attacks are always victims of megrim, to which the gastric disturbance can only have the relationship of a predisposing cause; and it is just so with persons who testify to attacks coming on after a hearty meal, or after drinking freely of beer. On the other hand, are dyspeptics or individuals affected with organic diseases of the stomach—dilatation,

cancer, ulcer, gastritis—especially subject to migraine? Experience gives a decidedly negative answer to this question.

It cannot be shown that there are any morbid conditions of the stomach which are liable to provoke migraine. Nor do the remedies ordinarily given for dyspeptic and other disorders of the alimentary canal—pepsin, hydrochloric acid, alkalies, bitters, mineral waters, cholagogues, have any effect either in preventing or relieving attacks of hemicrania.

Therefore I can have little belief in the reflex nature of migraine; no more in fact, than in its diathetic or constitutional nature. Migraine, in fact, seems to be linked to a peculiar state of excitability of the cord, and especially of the vaso-motor centres, as the vascular conditions attending this neurosis prove, and as is shown by the results of treatment by bromides, caffeine, quinine, etc., which heretofore have been the best remedies in our possession, and whose tonic and sedative effect on the nervous centres principally implicated is well known. In short, I have long regarded migraine as an independent neurosis, very often hereditary, having little or no relation to vices of general nutrition, or morbid states of the digestive organs.

Starting from these data, and knowing the depressant effects of antipyrine on the excitability of the cerebro-spinal system, I have deemed it rational to subject my patients to the usage of this medicament, of whose calmative and analgesic properties I have now had such striking evidence. Out of 42 patients, the most of them ranged from 18 to 45 years, I count 6 young girls, 3 of whom are chlorotic; 12 married women, of whom 5 are neuropathic; 1 hysterical patient and 2 dyspeptics. Then come 12 young men who are hard students, but not given to excess of study, and 12 older persons, of whom 1 is gouty, 2 are suffering from renal calculi, 4 are rheumatic, 5 have heart disease, and 2 are in general good health. I add that none of my patients with the exception of the two women above mentioned, have any digestive troubles in the interval of their paroxysms; all are, however, victims of migraine, which with most of them is hereditary. All have taken antipyrine from the outset of their attacks; fifteen grains on waking in the morning, and fifteen grains an hour after. In all, without exception, after the second dose, or a little later, the paroxysm, which was wont to last all day, and even through the night, has been arrested, and the patients have been able to resume their studies, or their usual

¹ See *Maladies Simples du Poumon*, by Prof. Sée, Part I.

occupations. In every instance the remedy has been given in half a tumblerful of cold water just before or during the morning meal; the pain has usually disappeared in twenty or thirty minutes, the second dose acting only the part of preventive.

In the interval of the attacks, I have generally given no medicine, and yet in the case of most of my patients, the paroxysms became wider and wider apart; but such patients as were subject to more frequent attacks were enjoined to continue the antipyrine in one daily dose of fifteen grains. Out of these 42 cases I have noted but one where there was any intolerance on the part of the stomach, which, however, was not difficult to treat; in one case, however, there was vertigo, and in another such general distress followed by nervous excitation that I was obliged to suspend the use of the medicine. In all the other patients—38 out of 42—the success was immediate and complete, without any disturbance of the digestion, circulation, or functions of the brain.

III. *Facial neuralgia*.—To complete the series of painful affections of the head which have yielded to antipyrine, I must mention facial neuralgia. I have notes of seven cases of tic douloureux, all of a very grave kind, two of which were completely cured. One resisted antipyrine absolutely, while four have experienced marked amelioration, and appear to be in the way to recovery. These patients had been suffering from tic douloureux from twelve to eighteen years.

During this long and frightful period of suffering, these patients had never been able, without pain, to open their mouths, to speak, to chew their food, to swallow hot or cold liquids, to expose themselves to a current of air, or to enjoy the least respite, even under the influence of morphia or salicylate of soda. These four patients are enabled now, after two months of treatment, to enjoy that freedom from pain which they had not before known for years, and to live like the other members of the family. The treatment has consisted in the daily use of 5 grammes (75 grains) of antipyrine (fifteen grains every four hours, till the entire quantity was taken). I have also relied very much on the subcutaneous injections of antipyrine— $7\frac{1}{2}$ grains dissolved in the same weight of water, and the whole injected for one dose—but as these injections have sometimes been painful, I have lately modified my formula, as follows: I now dissolve my 50 centigrammes ($7\frac{1}{2}$ grains) of antipyrine in 1.50 gramme ($22\frac{1}{2}$ grains) of water, to

which, in order to enhance the effect, I sometimes add 1 centigramme ($\frac{1}{8}$ grain) of cocaine.

These injections act with surprising rapidity and energy. I now rely on these hypodermic injections in all inveterate cases, and during the painful paroxysms combining the hypodermic treatment with the internal administration of 5 grammes (75 grains) a day; the results in this most grave and most intractable of painful disorders have been unprecedentedly gratifying and surprising.

NOTES OF A CASE OF OPTIC ATROPHY AND TEMPORAL HEMI-ANOPSIA: SUSPECTED TUMOR OF THE PITUITARY BODY.

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I am induced to publish the notes of the following case on account of its similarity to one presented recently by Mr. Story, of Dublin, to the Ophthalmological Society of the United Kingdom. In the discussion which followed this presentation, references to other similar published cases were made, and in one of the instances quoted, a post mortem examination had revealed the presence of a tumor of the pituitary body.

Mary A., aged 15, presented herself for treatment with the following statement: As a child, she was subject to headaches, and often complained of dim vision, which would speedily disappear if she rested her eyes. For the past two years the failure of vision had been marked and unrelieved by any period or periods of improved sight. One year ago, while reading, the page became blank, and since that time reading has been impossible.

Examination of the Eyes.—R. E. sees hand move; L. E. 2° . Pupils large, 6.5 m. m. facing window, they reacted slowly to the changes of light and shade; anterior chambers natural; irides blue and alike in shade. The ophthalmoscope revealed in the right eye a small, oval optic nerve, entirely green and devoid of capillarity; out and below an absorbing pigment conus, and on the nasal side an area of choroiditis; lymph spaces along arteries full; hypermetropia, 2.5^{D} . In the left eye a small, oval optic nerve; nerve color green, but still partially capillary; vein and artery each full size; hypermetropia, 2^{D} .

The fields of vision were, as in the diagrams below, quite typical *temporal hemianopsia*. The field of the left eye was taken with a one centimeter square of white; that of the right eye with two candles, the flame of one of which was used for fixation, while that of the other was employed as the test object.

The patient came of healthy Scotch-Irish parentage, and with the exception of whooping cough and measles and the headaches before described, had had no noteworthy illnesses during early childhood. At birth three blue spots (venous naevi) were noted, one over the upper part of the left sternocleido-mastoid, one at the angle of the jaw, and one on the face in front of the ear. When the child was eight years old, the spot in front of the ear began to increase. At the time she was seen there was a purplish

her appetite good in spite of a very distressing nausea which often accompanied or followed an almost constant occipital headache. The urine was normal in quantity and color and contained no albumin nor sugar. The mental faculties were undisturbed, the knee-jerks normal and there was no anæsthesia, hyperæsthesia, nor paræsthesia, although she apparently appreciated the prick of a pin more readily on the left than on the right side. Often during the day-time this patient became very drowsy and slept for hours at a time; on awakening she was cheerful and lively. Her nights were usually good, although occasionally restless. Few days passed without these periods of drowsiness and sleep unless her mind was actively engaged. Excessive sweating, confined chiefly to the face, neck, hands and feet was a marked symptom. When last seen, five

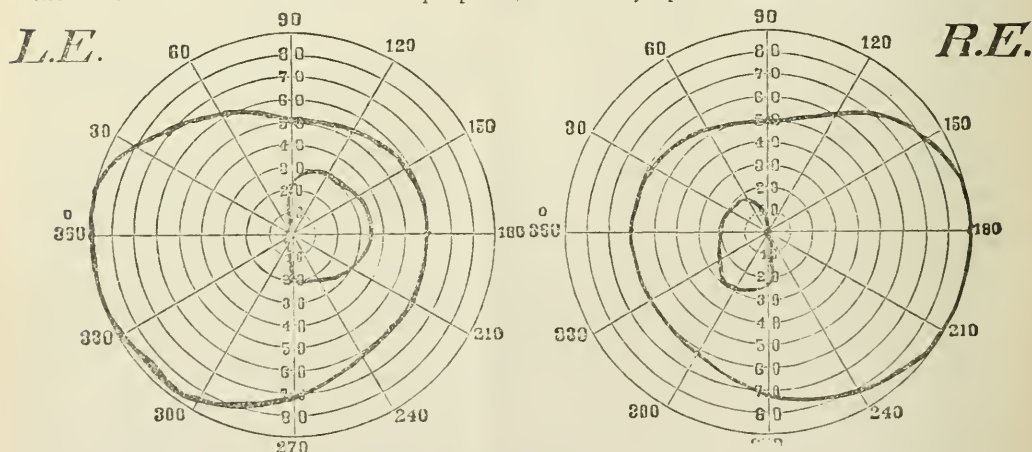


FIG. 1.—Bitemporal hemianopsia. The outer tracings bound the limits of the normal fields for white; the inner tracings show the areas of the fields as they existed.

tumor, doughy and inelastic to the touch, extending from in front of the ear on a level with the zygoma, across the angle of the jaw and into the superior carotid triangle. The growth was ten centimeters in length and eight centimeters in breadth. The left auricle was of a mottled, reddish-purple color. When about ten years of age, this girl began to rapidly grow stout, so that at the time this examination was made, viz., in her sixteenth year, she presented a development unusual for a girl of her years. This growth had been symmetrical; there was no excessive development of the hands, feet or head; neither was there any deformity of the bones, nor indeed of any part except the presence of the tumor before described. Menstruation began in her fourteenth year, and she suffered severely from dysmenorrhœa. The tongue was clean, the bowels regular and

months after her original visit, no change in the ocular symptoms had taken place, except a distinct failure of sight in the left eye.

Treatment.—This has been in the main very unsatisfactory, as it of necessity must have been, except as far as the occipital headaches and nausea were concerned. A host of sedative and depresso-motor remedies had been tried without success, but these two symptoms yielded to successive fly-blisters placed over the occiput and along the nape of the neck. Although deprived of useful sight and apparently doomed to still further depreciation of vision, her health in other respects is well-nigh perfect.

Remarks.—The prominent symptoms of the case just described were optic atrophy most marked in the right eye; temporal hemianopsia; occipital headache, nausea and dysmenorrhœa; a tendency to grow stout

and periods of drowsiness. These symptoms were closely analogous to those present in the case reported by Mr. Story (*Lancet*, July 25, 1887, p. 1283). Dr. Hill Griffith and Dr. James Anderson referred to similar cases which they had seen and placed upon record. One symptom was present in the case which I have just detailed, provided this be an instance of tumor of the pituitary body, which I have not seen in other reported cases or supposed cases, viz.: excessive sweating, especially of the hands and feet. The pituitary body is composed of anterior and posterior lobes, the former of which are made up of a fibrous stroma, which contains numerous round and oval follicles filled with epithelial cells, while the latter are formed of a vascular connective tissue, in which collections of fat granules are found. Tumor formation in this body, while perhaps not of very frequent occurrence, has still been quite often noted. Cysts have been described and reported by Zenker (*Virch. Archiv.*, vol. 12) and Weichselbaum (*Ibid.*, vol. 75). A true adenoma of this region has been observed by Weigert (*Virch. Archiv.*, vol. 65); Weichselbaum (*loc. cit.*), and Ribbert (*Ibid.*, vol. 90). Klebs (*Viertelj. f. prakt. Heilk.*, 125) describes carcinoma and sarcoma. Weigert (*loc. cit.*) has seen gummata and Weichselbaum (*loc. cit.*) has recorded one instance of lipoma which grew from the posterior lobes of the pituitary body. Other instances of new growth of this region will be found in the Transactions of the Ophthalmological Society of the United Kingdom. There is a very curious state first described by M. Marie (*Lancet*, 1886, vol. 1, p. 1030) and named by him *acromegalie*, in which there is an acquired hypertrophy of the upper and lower extremities and of the head, while the forearms, arms and legs remain natural or grow but little. In addition, certain of the bones are misshapen, much as they are in the condition known as osteitis deformans. In a recent paper, Minkowski (*Berlin. Klin. Woch.*, 1887, No. 21) discusses this disease, and instances are there recorded in which enlargement of the pituitary body was found at the post-mortem. It seems then that evidences of overgrowth of tissue may be expected in the cases of tumor or hypertrophy of the hypophysis cerebri, whether this manifest itself merely in a tendency to grow stout or in the aggravated condition known as acromegaly. In the case just recorded no acquired hypertrophy or deformity of any tissue was present, except the tumor of the face, although there certainly was this tendency to grow stout. Inasmuch as the very presence of a tumor in sella tur-

cica in this case is merely a matter of surmise, it is perhaps idle to speculate upon what the nature of the growth might be. At the same time, it is not uninteresting to remember in this connection the tumor of the face and upper part of the neck. This bore the clinical characteristics of a subcutaneous venous nævus, inasmuch as it became distended when the patient stooped over, and again diminished in size when she assumed the erect posture. This growth began to enlarge in the patient's ninth year, at about which time, or a little later, the commencement of her present disabilities occurred. It is not unreasonable then to assume that at the same time an hypertrophy of the tissues of the pituitary body took place, an hypertrophy, moreover, akin in its pathological nature to that of the growth upon the face. Be this as it may, the symptoms in this case have been quite certainly produced by some form of pressure in the neighborhood of the optic chiasma, and from comparisons of other similar reported cases it is not unlikely that this pressure has been occasioned by an overgrowth of the tissues in the sella turcica.

GASTRIC DISTURBANCE FROM OVARIAN IRRITATION.

BY JNO. J. THOMAS, M. D., YOUNGSTOWN, O.

None will deny the influence which uterine or ovarian irritations or congestions are capable of exerting upon the functions of the stomach, and no phenomenon is more frequently pointed to in illustration of the relationship existing between these organs than the vomiting of pregnancy. The illustration is a well worn one, and is so frequently thrust forward that we are prone to overlook the fact that at any period of a woman's life, and during other than the pregnant condition, the most obstinate gastric derangement may be traced to the ovary or uterus. The following report of a case in point may prove of interest:

In the month of August, 1886, I was consulted by Mrs. T., aged 38, married, the mother of two children, the youngest aged 18 years. She complained principally of disturbances of the stomach, nausea and vomiting, diurnal and nocturnal. The patient was spare in flesh, as well as pale and anæmic in appearance; tongue clean and no epigastric tenderness. Finding her very reticent and indisposed to give a full and clear account of her symptoms, and happening to be in somewhat of a hurry at the time, I sent

her away with a prescription for good-sized doses of subnitrate of bismuth with a little pepsine to be taken after meals. In about two weeks the patient returned unimproved. This time she was given nitro-muriatic acid with nux vomica and gentian. I also advised counter irritation over the stomach and liver. In due time she reappeared, feeling somewhat worse. She was then placed upon small doses of Fowler's solution before and Warner's Pil Digestiva after meals. In course of two or three weeks she came again with the same old story of no improvement. By this time the feeble interest I at first took in the case was replaced by a determination to conquer both disease and patient. I questioned her closely, notwithstanding her strong disinclination to answer some of my questions, and insisted upon her submitting to an examination of the pelvic organs. With much reluctance I was permitted to make the discovery of a somewhat anteflexed uterus and an extremely tender left ovary. Here was an explanation why my previous treatment was of no avail. I immediately placed a fly blister over the ovary and began the administration of twenty grain doses of the bromide of sodium three times daily, and in less than twenty-four hours the stomach was at perfect rest. The patient slept undisturbed that night and thenceforth, whereas previously she vomited from once to three or four times every night. The bromide was used for a couple of months and finally discontinued. The only additional counter irritation applied was in the form of the ointment of the red iodide of mercury, a very limited number of applications sufficing to remove all remaining tenderness. The uterine displacement has been given due attention and the patient subjected to a course of tonic treatment with the effect of producing a very decided change for the better in the local and general condition. Not until last week was there any return of the nausea or vomiting, and then only in slight degree. Further counter irritation and a return to the bromide, will, I have no doubt, quickly cause the symptoms to vanish. Previous to the occasion of the third consultation, I had labored under a misunderstanding of the duration of a disorder that made this woman's life almost burdensome to her, and which had caused such interference with digestion and nutrition. Imagine my astonishment at being assured that the complaint was of *eighteen year's* duration, dating from a short period after the birth of her youngest child. At least half a dozen of the ablest and most experienced practitioners in this section had

prescribed for her infirmity—some of them more than once—none of them imagining the symptoms to be reflex in origin. I find no special fault with these gentlemen for committing once or oftener the error I myself fell into three times. In view of the light that now shines upon points once obscure in the etiology of disease, mistakes such as mine are utterly inexcusable. We are apt to grow careless and indifferent and to let slip facts and to lose hold of principles essential to our highest success as practitioners of medicine. Worst of all, those who confide in our skill suffer from our carelessness or indifference.

The books treat very inadequately of digestive disorders due to ovarian irritation. One of the most valuable contributions to the literature of the subject is that by Dr. J. Milner Fothergill, in *The American Journal of Obstetrics*, Jan., 1878. Much of the article is quoted from in the same author's work on indigestion and biliousness.

There is good reason to believe that the writer is not the only practitioner who has ever overlooked reflex influences in the causation of a gastric ailment. Perhaps you yourself, my more or less gentle reader, have more than once fallen into the same error. As regards the digestive organs, the signs of ovarian dyspepsia are negative. The tongue is apt to be clean, and there is no special tenderness in the epigastrium. The stomach takes offence at or rejects one article of diet as much as another. If to this state of affairs be added a decided sensitiveness in the region of one or both ovaries, you are justified in resorting to a blister. Internally, the bromides should be administered. There is no fact in therapeutics so conspicuous as the power of the bromine compounds in diminishing reflex excitability. In cases such as the one I have described the effect is sure and satisfactory. In many cases the vomiting of pregnancy may be greatly ameliorated by the use of one of the bromides. It is more than probable that an altered condition of the circulation within the ovaries is an important factor in the causation of the gastric disorders of the pregnant woman. Quite unaccountably, a possible influence from the ovaries has been almost entirely overlooked in most writings upon this subject. Dr. Bennett has shown the frequency of the association of an ulcerated condition of the neck of the womb with obstinate cases of the vomiting of pregnancy, and another author has noted the simultaneous occurrence of ulcerations of the neck and chronic congestion of the ovaries. Dr. W. Gill Wylie claims to almost invariably find either ulcerations of or an abnormally rigid or con-

stricted condition of the neck of the uterus, and states that upon the conditions being altered the vomiting ceases. Graily Hewitt finds in flexions or versions an explanation of the symptoms. Another observer insists upon spinal irritation or anæmia of the cord being at the root of the difficulty; and yet another, after canvassing the subject most thoroughly, declares all theories false and baseless, and finds refuge in "idiosyncrasy" as being an ample and satisfactory explanation of the causation of this always annoying and sometimes serious ailment. We are all aware of the influence of the cessation of the performance of the function of the ovaries at the "change of life," in producing all manner of nervous disturbance. The entire organism is often thrown altogether out of tune. The varying condition of the circulation within and about the ovaries so affect those branches of the sympathetic supplying the parts as to send forth a jarring influence from which any organ or tissue, however remote, may suffer. Is it probable then, that the sudden cessation of the function of menstruation, occurring as it does after impregnation of the uterus, is unfelt by the system in general?

I did not set out to prove that the vomiting of pregnancy was due to ovarian irritation or congestion, neither to advance a new method of treatment for this ailment; but I propose, as opportunity may occur, to interrogate the ovaries in all cases of irritability of the stomach occurring in the female, whether pregnant or not, where the symptoms are not obviously due to primary disorder of the stomach. If counter-irritants and sedatives prove inefficacious, they will but take rank with the methods and procedures which have from time to time been in vogue, and upon which various practitioners have placed some reliance, but which have signally failed to gain and retain the confidence of any considerable number of the profession.

RUPTURE OF THE HEART.

BY JOHN C. HOLMES, M.D., OF CRANBURY, N.J.

On account of the publication of many exaggerated newspaper reports, and because of the fact that I have received a number of letters of inquiry from physicians, I have concluded to give an account of the following case of ruptured heart which occurred in my own house.

Susan Orque, a colored woman, forty years old, had been a servant in my family

for seven years. During this time she had never lost a day from sickness, and never complained of any cardiac disease.

At 10 o'clock P. M., Aug. 22, 1887, she was found upon the floor of her room. She had done the usual Monday washing and had gone to her room, apparently perfectly well. I was absent from home, and Dr. Symmes, of this place, was sent for. He found her only partly conscious, beating her chest, pulse 100 and very weak, in a cold sweat and with convulsive movements of lower limbs. He administered sulphate of morphia and whiskey; after this the patient revived and became entirely conscious. She said indeed that she was *well*, without any pain, and wished to sleep. Dr. Symmes then left.

I returned home at 3.30 A. M. and found the woman asleep, pulse 80, respiration 20, and no indication of anything like heart disease. I again went to her room at 7 A. M. and found her awake and apparently doing well; she said she was "all right," excepting a slight headache. I was then called away, but at 10 A. M. I was sent for to come home, and was told that the woman had given a gasp and had died in a moment.

Under the circumstances I deemed a post mortem examination necessary, and accordingly sent for Dr. Rice, of New Brunswick, the County Physician, who made the autopsy 24 hours after death. The following conditions were found: rigor mortis well marked; a large amount of adipose tissue, two to three inches thick on abdomen; hypostatic congestion of lungs; rupture of right ventricle of heart, one inch long; pericardium full of blood; valves of heart sound; hypertrophy and dilatation of right side of heart; slight hypertrophy of left auricle; fatty degeneration of entire heart.

The woman had lived just 24 hours after she fell on the night of the 22d. Perhaps a clot had closed the rupture for this length of time, and perhaps the morphia and whiskey held her awhile.

It is singular that this woman had never complained of any cardiac disease, nor ever had any previous sickness.

Tanner mentions a case of rupture of the heart without any previous symptoms of disease. Ziemssen cites a case in which death did not take place until after eleven days.

—Scarlet Fever is epidemic in London. Eleven hundred and fifty three cases had been treated up to September 13, but the type of the disease appears to be mild.

SOCIETY REPORTS.

AMERICAN GYNECOLOGICAL
SOCIETY.

The Twelfth Annual Meeting of this Society was held in the Hall of the Academy of Medicine, New York, September 13th, 14th, and 15th, 1887.

WEDNESDAY, SEPTEMBER 14TH—SECOND
DAY—MORNING SESSION.

The President, in a few remarks, called attention to the death of Dr. John Scott, of San Francisco, Cal., and appointed Dr. Thomas Addis Emmet to prepare a memoir for the published Transactions.

DR. C. D. PALMER, of Cincinnati, O., read a paper on

**"The Therapeutic Value of Some Medicines
in the Treatment of Hemorrhagic
Conditions of the Uterus."**

The author referred to the fact that very few papers on the medicinal treatment of hemorrhagic affections of the uterus appeared in the eleven volumes of the Transactions of the Society. In hemorrhage from the uterus, it is important to remove the cause where this can be found. The object of the paper was to speak of the value of certain internal remedies, and their fields of utility.

No drug is more frequently used than ergot. This is beneficial in many cases, but may aggravate some. It is of service in chronic hyperæmia and in sub-involution. Its effects are less marked in nulliparæ than in multiparæ. In the treatment of uterine fibroids between the use of galvanism and of ergot, the field of laparo-hysterectomy must be a limited one. The hemorrhage from fungoid degeneration and from ovarian irritation is better met by other remedies. In some cases of pelvic peritonitis and pelvic cellulitis, the hemorrhage has been increased by the use of ergot.

Digitalis in appropriate cases is of service. It is reasonably reliable in uterine hemorrhage, due to cardiac trouble. In atonic conditions of the circulation, weak heart and low arterial tension, which tend to induce passive hyperæmia, digitalis may be used.

Cannabis indica has been the subject of diverse claims. The drug varies much in strength. It acts more especially on the nervous system. Its indications are imperfectly defined, and its effects uncertain.

Bromide of potassium is useful in certain hemorrhagic states. It is indicated where there is sexual excitement and ovarian con-

gestion and irritation. It is not so useful where hemorrhage is due to uterine irritation, although in some cases of fibroid tumor the author had found it more useful than ergot.

Arsenic is of service in uterine hemorrhage. It is not prompt in its action, but in appropriate cases it is effective. It acts as a tonic, stimulating all the functions, and especially those of the skin and mucous membrane. In chronic endometritis, with or without fungoid degeneration, a course of arsenic will be of material service. It is of value in the cure of young girls when menstruation appears too frequently and continues too long. In menorrhagia, at the time of the climacteric, it is of service, although its effect is less decided than in the former group of cases. Arsenic is a good remedy in menorrhagia of malarial origin.

Gallic acid is the best representative of the astringent class of remedies, and has been repeatedly tested in hemorrhage due to uterine atony. Its large dose, unpleasant taste and tendency to disorder digestion, limit its use.

It is the custom with many to use iron in the intermenstrual period. Iron tends to promote pelvic congestion and is almost universally injurious. Where there is menorrhagia due to hyperæmia, the muriated tincture of iron is beneficial.

Viburnum prunifolium, hydrastis canadensis and gossypium have been recommended. Dr. Garrigues has reported one hundred and thirty-nine cases of uterine hemorrhage from various affections in which he used gossypium with the result of relieving the hemorrhage in one hundred and twenty-five cases.

The last remedy referred to was hamamelis. If thoroughly tried, this is usually efficacious. The author has employed this drug with satisfactory results for six or eight years. It is not equally potent in all cases of uterine hemorrhage. For active, profuse hemorrhage, it is inferior to ergot; but for slight, long continued flux, where the blood is dark and venous, the hemorrhage being passive in character, it is the remedy *par-excellence*. This condition occurs in flabby sub-involute uteri after delivery or abortion, in some forms of chronic endometritis, in chronic retroversion and in some fibroids. The author has also used it with good effect in several cases of vesical hemorrhage from papilloma. The best preparation is the official fluid extract in doses of a few drops to two drachms. None of the remedies here mentioned were intended to supersede local medication where that was indicated.

DR. FORDYCE BARKER, of New York, said: I believe that every one of the remedies mentioned is of special value in certain cases, and success in treatment depends upon a careful selection of the cases. A drug useful in one class of cases may be inert or injurious in another class of cases. Arsenic is useful where the system is broken down and the patient is approaching the climacteric. It is useful not only from its tonic effect, but also from its effect in controlling vaso-motor disturbance. It is of special value if three or four days before each menstrual period, the patient is put on rather free doses of bromide of potassium. The arsenic is used only in the intermenstrual period.

Where the hemorrhage continues and is profuse, the most valuable remedy is the fluid extract by hydrastis, combined with fluid extract of hamamelis, half a drachm of each being given. Six or eight drops of tincture of nuxvomica may be added if there is an atonic condition.

I have used viburnum prunifolium largely in passive hemorrhage occurring at an early period of gestation, and in threatened abortion. I have found great benefit in cases toward the climacteric in the use of protiodide of mercury, with iron and a small quantity of opium.

There is another class of cases not specially alluded to, marked by profuse hemorrhage in very young girls, perhaps at the first menstrual period. In one of these cases where hemorrhage was exceedingly profuse, I relieved it by introducing a cone of alum wrapped in a piece of linen and passed it into the vagina. This restrained the hemorrhage. In other cases, I have relied on ergot and gallic acid, five drops of the former with five grains of the latter dissolved in mucilage.

DR. LLOYD ROBERTS, of Manchester, Eng., said: I have very little confidence in any drug except ergot in the treatment of uterine hemorrhage. The great point in the use of ergot is to get a good preparation. In cases of hemorrhage at the menopause, where the uterus is flabby, and in the case of young girls, the best results are obtained by giving it in the intermenstrual period. In malarial hemorrhage, I have found quinine better than arsenic. Gallic acid is the next best remedy to ergot. I think that the good effects of gallic acid are due to its local action. Except in cases where the hemorrhage is due to congestion of the ovaries, I should think that the use of bromide of potassium would be of little benefit.

DR. W. BALLS HANDLEY, of Melbourne,

said: I do not see how the remedies referred to are going to act in restraining hemorrhage. If their use is to be supplemented by operative measures, it is hard to say what does the good. Take a case of fibroid tumor: the growth is surrounded by muscular fibres. There does not seem to be the slightest impression in the minds of those who have spoken, that if these drugs can cause contraction of the muscles, they may cause the tumor to be forced towards the peritoneal cavity. I have given ergot and I cannot say that I have had the slightest benefit from its use. We must consider the natural history of these affections. Some fibroids increase very slowly, while others grow very rapidly. I have never seen the growth of one of these stopped by the use of ergot. I have thought that I have had some effect from the action of ergot locally applied, a piece of cotton being saturated with the fluid extract.

I would speak of one remedy, that is the tincture of the sesqui-chloride of iron. Some of these women are so anæmic that they go on bleeding simply because there is no power of contraction. In these cases the preparation referred to, in doses of half a drachm three times a day, is of value.

DR. J. A. S. GRANT (BEY), Cairo, Egypt, said: Two years ago I was called by a doctor to see a patient who had a tumor. Uterine hemorrhage recurred every ten days. I found a history of syphilis, and as hæmostatics had been thoroughly tried for months without effect, I decided to use mercury; stimulants and cinchona bark were also given. The hemorrhage ceased, and the tumor, which was as large as a child's head, gradually diminished in size, and in three months the woman was able to return to work.

DR. H. P. C. WILSON, of Baltimore, said: When I exclude cases of sub-mucous fibroids, cases of granulations and cases of polypi, the number of instances of uterine hemorrhage is very small. I have very little confidence in any remedy as a hæmostatic in these cases. The most trouble is experienced in young girls commencing menstruation. In these cases attention should be paid to the general health, the bowels should be regulated and exercise enjoined.

DR. JAMES R. CHADWICK, of Boston, said: I will speak of one remedy which I have found peculiarly efficacious, and that is Chian turpentine. I have used this in hemorrhages from all causes with surprising results. In one case a young lady had been losing blood for the greater part of two years. Dilatation had been done and curetting had been employed on several occasions. I could find no

definite cause for the bleeding. She was given six grains of Chian turpentine three times a day. Menstruation at once became regular and has remained regular. I think that ergot given between the flows is of more service than when given during the hemorrhage. During the flow I am in the habit of giving aromatic sulphuric acid.

DR. WM. L. REED, of Glasgow, said: I would merely refer to a drug which was formerly used. In certain cases where no apparent cause could be found, and where ordinary hæmostatics failed, I have found alum of service given in doses of twenty grains a day. When the immediate attack has ceased, I give sulphate of magnesia with sulphate of iron. I have great confidence in arsenic where there is disease of the endometrium. I prefer the iodide of arsenic.

THURSDAY, SEPTEMBER 15TH.

DR. ROBERT BATTEY read a paper on

Battey's Operation: Its Matured Results.

In August, 1872, the author performed his first operation for the removal of the functionally active ovaries for the relief of otherwise incurable troubles. Up to the present time there have been no statistics as to the ultimate effect of the operation. Reports have been given showing the immediate results, but none showing the results on the affection for which the operation was performed. All the cases reported in this paper have been traced carefully up to the present time. They were all the subjects of a complete Battey's operation, and had all been operated on a year, or longer. The name "Battey's operation" was retained, as it expresses the idea of the induction of the change of life artificially for the relief of disease, and this idea is included in none of the other terms, such as spaying, oöphorectomy, etc. Fifty-four cases were reported in the present paper. Of these, thirty-three were cured, eight were much improved, five were slightly improved, and eight were not at all improved. In fifty of these cases a complete menopause was induced, and in four there was a continued pseudo-menstruation. The detailed histories of a number of typical cases were then given. The following conclusions were then presented:

1. The change of life is the most important factor in securing the complete result of this operation.

2. In exceptional cases the cure almost at once follows the operation, but in the vast majority of cases the patient must pass through the ups and downs incident to the

change of life, before the restoration to health is complete.

3. The length of time required to pass through the nervous and physical perturbation attendant upon the change of life is variable. It may be one year, or it may be three or five years.

4. Of the cases operated on, a few were no doubt badly selected, and the proper selection of cases is a problem yet to be solved.

5. Patients who have become addicted to the habitual use of morphia, opium, chloral or alcohol, can not be restored to health until the pernicious habit is abandoned.

6. Cases which are the proper subjects of this operation, if allowed to suffer, eventually reach a stage where they become absolutely incurable by any operation.

7. In a number of cases the patients were in no wise benefited by the operation. In several of these the indications seemed clear and unmistakable.

8. In some cases, neuralgic pain remained. How much this was due to an unabsorbed ligature was a question to be considered.

9. A careful analysis of the cases seems to show that the removal of the tubes with the ovaries had no influence in the establishment of the menopause. The only effect of their removal being on the disease of the tubes themselves.

10. The operation is not an infallible one; the percentage of failures recorded is a notable one; but when it is remembered that the cases included are only those otherwise incurable, each case cured is a positive gain. A like percentage of cures in cases of cancer of the uterus, or of cancer of the breast, would be an achievement of the greatest magnitude.

In reply to the various questions asked of Dr. Battey, in the discussion which followed the reading of his paper, he said: I would say that I do not restrict the term Battey's operation to the removal of the ovaries. The removal of the ovaries is not a necessary constituent of the operation. Battey's operation consists in the induction of the menopause, no matter in what way it is brought about. The removal of the ovaries does not always bring about the menopause; the removal of the ovaries plus the tubes does not invariably cause the menopause; the removal of the ovaries, plus the tubes, plus the uterus does not always bring about the menopause. In my experience the ovaries are always diseased, but this is simply an accident of the operation. The operation is not done for the removal of diseased ovaries. Battey's operation is no

normal ovariectomy. I entirely repudiate that term. As a rule, I remove only the ovaries; but in a small proportion of cases, I remove the tubes, but only when the tube is the seat of positive disease, such as pyosalpinx or hydrosalpinx. The condition of the uterus varies in each case. I do not in-

sist upon visible changes in the ovary to justify its removal. I rest for my justification on the urgent necessities of the case and on the fact that nothing else effective has been proposed. I do not operate until all other measures have failed.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Placenta Prævia.

Dr. Nixon writes as follows to the *Med. Press and Circular*, August 24, 1887: Placenta prævia, complete or partial, is very seldom met with in midwifery practice. Dr. Ramsbottom states in his work that out of 48,996 cases of labor attended by him and his brothers in the Royal Maternity Charity from the year 1820 to 1850, they only met with 51 complete, and 31 partial, extrusions of the placenta.

The following is only the third I have met with during twenty-eight years' practice, and as it contains some points of interest for my younger brethren, perhaps you will give it space in your journal:

On March 23d, 1887, at 10.30 P.M., I received a note from a nurse in a neighboring district, requiring my attendance at once in a case, as she stated, of abortion. On my arrival I found my patient anæmic, almost pulseless, and a voice hardly above a whisper. Judging by her state that a recurrence of the hemorrhage would be fatal, I almost gave up all hopes. On inquiry I ascertained that she was seven months *enceinte*, and that this would be her tenth child, and that she had felt the life in it during the day. I gave her some brandy and ammonia, and waited until her syncopal state was removed before I proceeded to examine her. I found that the nurse had used the tampon, and applied cold applications which had lessened the hemorrhage, but still there was a good deal of weeping. Lubricating my hand and wrist with carbolized oil, I introduced my fingers, and was surprised to find the os nearly fully dilated, and a soft fleshy mass protruding. I at once diagnosed placenta prævia. On consideration, I came to the conclusion that the only chance for her life was immediate delivery, for if she had another attack of hemorrhage the case would be hopeless. Having given her a dose of ammonia and liq. ergotæ (Long's), I proceeded to introduce my left hand under the impression that I

would have no more difficulty in passing it through the thin edge attached to the uterus, than in my former cases, but I found myself very much mistaken. I could find no thin edge; there was nothing but a solid mass, which took me an hour to work my hand through. I at last succeeded in entering the uterus, and without much difficulty performed podalic version, there being little liq. amnii. I found a great tension on getting hold of one of the child's feet, but after a time I succeeded in bringing down the left leg.

I expected that the case would be immediately terminated, for I have found as a general rule from a quarter to half an hour is only required to terminate a case of turning. I used, as I always do, most gentle traction for the purpose of letting the breech pass as slowly as possible, with the object of making room for the head, so as to give the child a chance for its life.

I had the left leg just emerging from the orifice of the vagina, when to my horror it (the foot) came away in my hands, leaving the tibia and fibula bare. I had then to reintroduce my hands and arm, and under the circumstances found a greater difficulty in seizing on the right foot, but on bringing it down the foot parted in the same manner. I found it almost impossible to hold the two extremities together, or make the slightest effort for the propulsion of the child. Fearing laceration of the vagina from the exposed bones, I wrapped the extremities in a piece of calico and tied them tightly together. I then got hold of one of the knees, but all my efforts were useless in advancing the labor. I came to the opinion that evisceration was the only remaining resource, but at this stage my patient requested me to desist, as she wished to see the clergyman. I was not sorry, as I had been four hours on my knees, and giving her a dose of ergot in the hope of its producing pains, as the extremities had again receded, I retired until the clergyman left. On my returning, I was rejoiced to find that there were some slight pains, and I was enabled to place my finger

into the child's anus; after a time I succeeded in placing a blunt hook in place of my finger, which was a relief as it was cramped. I then, having more leverage, at length brought down the abdomen, and on its emerging I was graciously saluted with a number of jets of water, the child being in a state of decomposition, and must have been dead some days.

How the mother could imagine having felt it alive so recently is a mystery. The head was quite soft, the bones overlapping; the hands were on both sides of the occiput, and I expect the delay in the delivery was due to the elbows resting on the pelvis, as I have found the same to occur in other cases of version. The placenta came away without any trouble, but in all my experience I never saw one like it. It resembled a thick steak being two inches at the thinnest edge, and three in the middle; it had a most unhealthy color; the cord was a finger thick. There was a fleshy tumor contained and attached to the placenta, which appeared to me as a blighted conception. There was little or no hemorrhage, but a great deal of collapse on the termination of the labor, brandy, ammonia, and ergot, however, set my patient all right. The labor was not terminated until 5 o'clock the following morning. No bad effects followed, except debility, which nourishment removed, and the foetid lochia, which disinfecting injections cured. One thing is certain in this case, that if I had abided by the nurse's statement the patient would have died of blood-poisoning, as in a case to which I was called some time ago in consultation, a decomposed child was left too long *in utero*, and the result was the patient's death.

Extirpation of the Cricoid Cartilage for Enchondroma.

Böcker, of Berlin, reports in the *Centralblatt für die gesammte Therapie*, June, 1887, the case of a man, aged 62, on the cricoid cartilage of whose larynx there was a hard tumor as large as a hazel-nut. After performing tracheotomy, examination with the finger showed that the tumor was not movable, but embodied with the flat and also curved surfaces of the cricoid cartilage. The operator then introduced a tampon canula, and split the larynx to the hyoid bone, sawing through the thyroid cartilage, and extirpating the cricoid cartilage, leaving the arytenoid cartilages behind. The tumor proved to be an enchondroma, with the formation of spongy bone-substance in its interior. The patient recovered from the operation, but

was obliged to wear a permanent canula, as the vocal cords otherwise approximated on inspiration. Deglutition was unimpaired, and the patient was able, by stopping the aperture of the canula, or by using Brun's canula, to speak, although the voice was raw and hoarse in quality. At the end of a year the patient remained without any indications of a return.—*Therapeut. Gaz.*, July, 1887.

The Stimulating Action of Atropine.

With reference to the employment of atropine as an antidote in morphia poisoning, which was condemned by Lenhartz at the last meeting of the Society of Naturalists, Binz has instituted a number of experiments in which the strength of the breathing was measured by the quantity of expired air. From these it results that the respiration which is slowed by morphia is quickened by atropia, and besides, the general reflex excitability is increased. The convulsions which are observed in animals in morphia poisoning, do not come into the practical part of the question, for morphia in man is not a convulsive poison; most cases of death are due to direct paralysis.—*Centralblatt f. d. med. Wissensch.*, July 30, 1887.

Eczema at the Menopause.

M. Cheron recommends the following treatment:

1. Take at each meal, in colored water, a coffeespoonful of the following:

Arseniate of soda.....	gr. vij
Distilled water.....	3v

2. Take twice as a purgative:

Citrate of magnesia.....	3j-3jss
Syrup of gooseberries.....	3j
Water.....	q. s.

To be taken in two doses, at 15 minutes interval.
Diet: vegetable soup or weak tea, after the first stool.

3. Apply very gently every night this ointment:

White precipitate.....	gr. xv
Vaseline.....	3j
Essence of roses.....	ʒ ij

4. Every eight or ten days inject, subcutaneously, six to ten drops of

Nitrate of pilocarpine.....	gr. ij
Distilled water.....	3j

The latter is contra-indicated if there be disease of the heart or large arteries—*Canadian Practitioner*, September, 1887.

Unnatural Intercourse Between a Dog and a Man.

Brouardel, at a meeting of the Society of Legal Medicine (August 8th, 1887), reported the following observation of a physician of Orleans who desired to remain unnamed. This physician was called to a young servant, eighteen years old, who was said to have received a wound from a fall. The stable, where he was said to have fallen, had traces of blood upon the ground, but nothing was seen to explain the origin of the wound, which proceeded from the anus and was $\frac{1}{3}$ – $\frac{1}{2}$ an inch long. Finally the young man confessed that he had been in the habit of letting a hunting dog, of a fine fiery disposition, have intercourse with him. While he had been thus engaged, he was called into the house and sought to separate himself from the dog, but could not, and in the greatest despair, tore the penis of the animal out with all his might. In doing this the anus was torn just as the perineum is torn by the passage of the child's head through the vagina. —*Deutsche Medizinisch-Zeitung*, August 22d, 1887.

Diabetes.

At the Ninth International Medical Congress, Dr. Pavy, Senior Physician to Guy's Hospital, read a paper on Diabetes, of which the following is a brief abstract:

In this disease, which has always been regarded as an inscrutable one, there are still many points open for earnest study and patient investigation. The nature of the disease is that of faulty disposal and assimilation of food, especially of starch, dextrine, glucose and cane sugar, and each has an equal action, when ingested, in causing the condition of diabetes.

Normally the carbohydrates are disposed of in the portal vein, from whence they are carried to the liver and there assimilated. Experiments in which defibrinated blood or oxygen have been injected into the portal vein have been followed by marked evidences of sugar in the urine. Similar results have been produced in animals by forced respiration, thereby supersaturating the blood with oxygen. Vaso-motor paralysis of the hepatic vessels, by causing an excess of blood, prevents the proper deoxygenation of the blood, and similarly causes sugar to be present in the urine. This condition allows the carbohydrates to be converted into sugar and pass through into the general circulation.

In the celebrated experiments of Bernard, in puncturing the floor of the fourth ventricle, he also noticed a vaso-motor paralysis

of the hepatic vessels. It is noticeable that in those cases of vaso-motor paralysis of the chylopoëtic system where there is a red tongue the disease is more severe, undoubtedly owing to the fact that the paralysis has extended more generally throughout the circulatory system.

In health, there is only a faint trace of sugar in the blood and urine. The latter is always a reliable index as to the amount of sugar in the blood. In diabetes, the sugar reaches the blood directly, without going through the process of assimilation in the liver. In health, sugar is stopped before it enters into the general circulation, but in diabetes it is found in the blood directly in proportion to the quantity of carbohydrates taken. Sometimes even in health there is sugar in considerable quantity in the urine, in cases where there has been taken very large quantities of the carbohydrates, showing that there is a normal limit to the assimilative power of the liver, which, if exceeded, will result in a diabetic condition. The liver is a fat, rather than a sugar-producing organ, converting animal starch into sugar and then into fat. The liver is different from other organs in that it has small arteries and large veins. The contents of the portal vein should be in a decidedly venous condition, otherwise we will get sugar into the general circulation.

Diabetes is of neurotic origin, and it is well established that nervous conditions influence in a material manner the condition of the patient. The test for sugar in the urine should be a quantitative one.

In selecting urine for examination, it is necessary to procure both an evening and a morning specimen. It frequently occurs that sugar is only present directly after the taking into the body of carbohydrate foods. It is owing to the fact that specimens of the urine are procured at different times and under different conditions of diet that physicians differ so often in the diagnosis of diabetes. Among the various tests for sugar probably the most accurate is the copper test in the form of Fehling's solution. The great objection is that this solution will throw down a precipitate on boiling, which is very liable to mask the test. In order to obviate this I have had pellets made of the solid ingredients of this solution, in an anhydrous form, such as can be at any time dissolved in water for use.

It is well to note, in passing, that in diabetes we sometimes find albumin in the urine, and this is often present just in proportion as the patient improves or gets worse

A test for albumin, which has no known fallacy, is that with citric acid and the ferrocyanide of sodium. The objections to the nitric-acid test are that it may precipitate either uric acid or the oleo-resins. In the above test, if a pellet of citric acid is dissolved in the urine and boiled, we may then get a precipitate of uric acid, but upon the addition of the ferrocyanide of sodium the solution invariably clears up unless albumin be present.

In considering the disease itself, we find it has different grades and intensity, but diabetes may be said to exist when the assimilative power of the liver is below the ordinary. When a person first comes to have diabetes, as has been stated, it is through faulty assimilation; but as the disease progresses, the sugar is formed from the tissues themselves, as is proved by its constant presence when the patient is upon a strictly meat diet.

Age influences greatly the occurrence of the disease. Out of 1360 cases tabulated, forty-five per cent. occurred between forty and sixty years of age. Age also affects prognosis; young subjects rarely recover, the disease ordinarily terminating in two years. In older people the prognosis is more favorable, many recovering. One reason, possibly, for the tendency of children to do badly is that they take unsatisfactory care of themselves, while elderly persons are oppositely inclined.

Diabetes sometimes commences in a very mild form, and may exist a long time unrecognized. How do we know it is not recognized? It is said that bootblacks in hotels become expert in recognizing diabetics by the white stains on their shoes and clothing caused by coloring matter from their urine.

Then, too, diabetes runs in families in a very marked manner. One of the most striking instances of this was in a family which came under my observation, where the grandmother, the mother, and four out of her five children died of diabetes.

Recently I have found many cases beyond the middle period of life having pain in their limbs, which was formerly called neuralgia; they also have an irregular gait, somewhat ataxic. They sometimes feel as if they wanted to "gather themselves together," so that they may walk without giving their friends the impression that they have been taking too much. Again, they have the peculiar symptoms of pains in their extremities and "throughout the bones," which are much worse when they get warm in bed. This probably is, or analogous to, a peripheral neuritis.

In treating young subjects we must try merely to stay the disease; we cannot stop it. If we take away the sugar, the patient temporarily improves, and believes himself cured; but he is borne up only by false hopes.

In young subjects it seems to have a progressive character, not unlike progressive muscular atrophy, or of locomotor ataxia. For elderly patients we can do much. Appropriate diet is absolutely essential. Sweets, pastries, puddings and bread must be interdicted; while meat, eggs, poultry, butter and cheese may be taken. In regard to milk, it must be remembered that it contains lactic sugar, and, therefore, also cannot be taken.

In regard to bread, the gluten and almond breads are preferable, especially the latter, which contains fifty per cent. of fatty matter, and only seven per cent. or eight per cent. of carbohydrates. The medicinal agents which I give are opium, morphia, and codeia, which I think exert a restraining influence over the disease.

If the sugar disappears from the urine I commence to give my patient two ounces of bread daily; if, after a few weeks or months, I still find no sugar, I give him three ounces of bread, increasing in this manner until I give him six ounces, with which quantity he must remain content. If the bread causes the sugar to re-appear, it must not be taken.

We have seen that if there is sugar in the urine, it must be proportionately so in the general circulation. An excess of sugar in the blood predisposes to disease. The patient is then "ripe for anything wrong."

Dr. Pavy, on being asked by Dr. Herrick whether he considered the condition of the urine the objective point in the treatment, or if he aimed his treatment directly to the abnormal condition in the portal and hepatic circulation, replied that he looked upon the lessening of sugar as an evidence that the assimilative power for the carbohydrate was improved. The urine is an index of sugar plus the power within.—*N. Y. Med. Record*, September 17th, 1887.

The Operative Treatment of Serous and Purulent Pleuritic Exudations.

Most of this interesting paper by Immermann (*Deut. Med. Wochen.*), is taken up with the consideration of the question, "When is one justified in operating?" The question is answered under four heads; namely, (1) the duration of the illness, (2) the amount of the exudation, (3) the state of the temperature, (4) the character of the exudation. Leaving these, which are an-

swered much in the usual fashion, I shall simply try to describe his method of operation as shortly as possible. It is a system of drainage by a single tube acting as a siphon, and is, in fact, an incomplete form of Dr. Robertson's drainage system, described by him in this journal. An airtight india-rubber tube filled with aseptic fluid and clipped at the end, is introduced into the chest cavity by slipping it quickly through the lumen of a trocar, previously introduced and fitted with a stop-cock, momentarily opened to let the india-rubber tube pass in. The trocar is then drawn out of the chest, leaving the tube in. A clip is placed on the tube pretty close to the chest wall. The clip at the lower end of the tube is then removed and the trocar slipped off the end of the tube altogether. The tube is fixed by a bandage, and then the clip, still left near the chest wall, removed. The fluid in the pleural cavity flows gently out through the siphon, and the lung rises up and fills the vacuum as it forms. The fluid flows into a receptacle set on the floor—a bottle partly filled with disinfected water, and with its cork perforated by a glass tube, or better, with a double tube, one for discharging and one for sucking, etc., so as to dislodge the coagula that are apt to block the tube. As the discharge diminishes a small flask takes the place of the bottle, and the patient may walk about with this little flask in his pocket.

The tube may be used as an irrigator as well as an aspirator in cases where the discharge is offensive.

The results are excellent. One patient, aged 39, in less than two weeks after the operation was able to be up and sit or walk. There was then a scanty serous discharge which, in the course of the following month, got always less. The tube was gradually withdrawn from the chest and snipped off below, and a complete cure resulted.

In some cases the operation is useless, *e. g.*, when the chest walls are much sunken, the lung bound down by adhesions, or otherwise prevented from expanding, and when there are old firm coagula in the pleural cavity. This last mentioned hindrance is, however, often obviated by the clots breaking up and forming a sort of emulsion, which finally becomes a serous discharge.—*The Med. Chronicle*, August, 1887.

Mental Overwork in Schools.

Mental overwork and the bad hygienic condition of the schools of large cities have

aroused a great deal of interest and discussion among French physicians.

At a meeting of the Academy of Medicine at Paris, August 9, 1887, the subject received full consideration. Resolutions introduced by MM. Trélat and Hardy were discussed, and were referred to M. Brouardel to be embodied in one. The latter subsequently read the following resolutions:

1. The Academy of Medicine calls the attention of the public authorities to the necessity of modifying the present system in our schools so that it shall conform to hygienic laws and to the requirements of the physical development of the pupils.

2. It thinks that boarding schools and colleges should be established in the country; that a large open space ought to be reserved for recreation; that the class-rooms should be improved as regards light and air.

The course of study should be simplified. The Academy especially insists upon this point, that the time allotted to sleep should be lengthened for young children.

Moreover, for all the pupils, the time devoted to study and in the class-rooms, that is to say, the time during which the pupils are seated, should be reduced, and the time for recreation and exercise proportionately increased.

The Academy considers it absolutely necessary to submit all the pupils to daily exercise in physical training adapted to their age—such as walking, running, jumping, formations, calisthenics and gymnastics, fencing of all kinds, sports, etc.

The Academy voted nearly unanimously for the resolutions, with the exception of the last paragraph which, however, was carried against two or three dissenting votes.—*Le Concours Médical*, August 13, 1887.

BOOK REVIEWS.

Practical Lessons in Nursing.—Maturity, Infancy, Childhood. By Dr. John M. Keating, M.D., Visiting Obstetrician and Lecturer on Diseases of Women and Children, Philadelphia Hospital, Philadelphia, etc. 8vo., pp. 221. Philadelphia: J. B. Lippincott Co., 1887. Price, \$1.00.

Dr. Keating's book will be welcomed by those interested in the rearing of children, be they doctors, mothers or nurses. The manner in which the subjects are treated makes it one of the most valuable works of its kind with which we are familiar. Its suggestions—whether of advice or of warning—are so sensible, its directions are so plain and prac-

tical, and the line drawn between what parents and nurses may undertake and what they should refer to a physician is so clearly defined, that we do not hesitate to recommend it to our readers to be recommended by them to their patients.

Vaso-Renal Change versus Bright's Disease. By J. Milner Fothergill, M. D., Edin., Physician to the City of London Hospital for Diseases of the Chest, etc. 8vo, pp. 219. New York: G. P. Putnam's Sons, 1887. Price, \$2.50.

This book has the characteristics of most of Dr. Fothergill's works. It contains a valuable thought, not altogether novel, presented with great assurance of its correctness, and supported by citations of the author's observations and opinions, as well as those of other medical men. Its literary style is in keeping with the title, which is more sensational than we believe appropriate for a medical work. It is entertaining reading, although not entirely convincing, and is marred by certain errors of taste, such as the following allusion to an unsolicited conversation with a "lady friend of an old patient" (pages 145-146): "Now the manner in which these remarks were said, made all the difference between a very aggravated form of impudence and an interesting conversation devoid of offence; and making a strong impression on the lady's mind."

The whole account of this conversation is so entertaining that we regret we have not space to reproduce it. A more censurable breach of taste is to be found in the part of the book which the author playfully calls "L'Envoi," where he makes a comparison between himself and the Royal College of Physicians, which we regret to say is disparaging to the latter. The publisher's part of this book is admirably done: paper, printing, illustrations are beautiful.

Syphilis. By Jonathan Hutchinson, F.R.S., LL.D., Consulting Surgeon to the London Hospital, etc. Small, 8vo., pp. xii, 532. Philadelphia: Lea Brothers & Co.

This is one of a series of "Clinical Manuals for Practitioners and Students of Medicine," published in England and reprinted in this country. It is by no means the equal of some of the other members of the series, containing but a small amount of direct discussion of the subject and a large amount of padding in the way of "cases."

The book contains a number of interesting observations and valuable practical sug-

gestions in regard to syphilis. But, unfortunately, Mr. Hutchinson is one of the few eminent students of syphilis who still adhere to the theory of unicism, regarding the simple venereal ulcer (chancroid) as due to the same poison as the initial lesion of syphilis (hard chancre). This heresy taints all his teachings. A characteristic illustration of this may be seen in the book before us (page 99), where he gives this advice about the treatment of venereal sores: "The best plan is to give ether, and then very deliberately employ the Pacquelin's cautery in the most remorseless manner." If our readers wish to lose their patients and to shut themselves out from learning anything in regard to the true nature of syphilis, we advise them to follow this recommendation. If they wish to learn about syphilis and to treat it correctly, we would advise them to get any one of several excellent books on venereal diseases by American authorities.

A Practical Treatise on the Diseases of the Hair and Scalp. By George Thomas Jackson, M. D., Instructor in Dermatology in the New York Polyclinic, etc. 8vo, pp. 356. New York: E. B. Treat, 1887. Price, \$2.75.

The author of this work states, in his preface, that five years ago he was in need of a complete treatise upon the diseases of the hair, and, finding none of recent date, he began the studies which have resulted in the present volume. These studies have been very thorough, as may be seen from the very extensive bibliography with which the book ends, and also from the amount of information which is crowded into the volume. It would be impossible, with the space we can spare, to analyze its contents, and we content ourselves with recommending it to our readers as by far the most complete and satisfactory work on the subject with which we are acquainted.

LITERARY NOTES.

—The *Century* for October contains the usual array of interesting articles and admirably executed pictures. College men and physicians will be interested in a paper by Alexander Johnston on Football, in which the game is warmly and strongly advocated.

—The American edition of *The Illustrated London News* for September 24th is a very handsome and instructive number. "Ayoub Khan, the Exiled Afghan Prince," "The Burning of the New Theatre at Exeter," "The North Sea Trawling Fleet," are among the illustrations in this issue.

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N. A. RANDOLPH, M. D., } EDITORS.
CHARLES W. DULLES, M. D., }

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STUDIES IN THE PUBLIC SCHOOLS.

In another part of this number of the REPORTER we publish an abstract of an interesting paper on the subject of the strain to which many children are subjected by their school duties. This is a subject worthy of the attention of all men, and especially of medical men, who are concerned in everything which affects the health of the community. It has not been altogether neglected in this country, where many medical men are members of the board of directors who govern the schools. But it is a subject which deserves even more attention than it gets. In spite of the wise measures which have been adopted in many localities to arrange judiciously the duties of scholars, and to improve the conditions under which they must be performed, there is still room for improvement.

We are well aware that it is not easy to suggest a way to make this improvement. It is easier for one who is neither school-

director nor teacher, to say that scholars should not be forced along in large classes, without regard to their differing attainments and mental capacities; but it is not easy to say how this is to be avoided, especially in public schools. Still the effort to do something in this direction must not be abandoned. One way to do something will be to educate those who regulate such matters to the understanding that wisdom does not come with much knowledge, and that knowledge does not come with many studies. It is an error of our times to think that such studies as drawing, chemistry, languages, etc., are proper to all scholars. Experience shows that for the most of them these studies are a mere waste of time. We believe that it would be a good thing if the common schools confined their attention to the teaching of reading, writing and arithmetic, with history, geography and manual training, and—as an accomplishment—literature. If half the time wasted on useless studies—that is, useless as they have to be studied in the public schools—were devoted to teaching those who have been taught to read, what they can and ought to do with this attainment, we believe the next generation would call us blessed. No matter is more important, and none seems to receive less serious attention than this of directing the reading of the young; and it is a matter which ought not to be left for colleges, and high schools, and girl's seminaries, but which ought to be taken up wherever and whenever the art of reading is acquired.

If the studies in the public schools were limited to such branches as we have indicated, we believe it would not be difficult to arrange them in such a way that they would not be a burden to any scholar, and that they would permit of the division of schools into smaller, more individualized classes. It would also permit what we believe to be a second important desideratum, namely, the shortening of the school hours. We believe that it is detrimental to the degree of health to which each scholar might attain to be confined for five hours a day at study and recitation.

Up to the age of fourteen or fifteen years the young human animal should have the longest possible time for play. The school hours should be arranged so as to provide not more than four hours of book study, and an hour, or more, of play under the supervision of the teacher. This play should be so guided that it would furnish well-regulated exercise as well as amusement. As far as the studies are concerned we believe that the best possible preparation for active life in the United States would be a fair knowledge of the branches mentioned above, the most important of them being reading and literature—that is, training how to read. For we believe that a boy or girl who can read well, and who has been trained to a taste for good books and good newspapers, can after that accomplish anything he chooses in this country. A thousand instances in our history testify to this fact, and we believe that millions could be adduced to demonstrate that after years of study, as now arranged, a scholar may retain nothing of value except the knowledge how to read and to do the simplest ciphering.

THE TREATMENT OF HEART DISEASE.

Under the above head Dr. Thomas Oliver makes some valuable observations on various heart remedies, some new, some old, in the *Lancet* for July 30th.

In most forms of heart disease rest in bed is more or less a necessity, but this may be carried too far; in fact, physical exercise, gymnastics and massage have given some excellent results.

When the walls of the heart are feeble, and the propelling power is failing, there is no doubt as to the propriety of the cardiac tonics. First in importance is *digitalis*. This drug is indicated especially in failure of compensation. The cases in which digitalis acts most satisfactorily are those of mitral regurgitation, where the lesion has not been too long in existence, and where slight dilatation of the left ventricle is present. In aortic regurgitation, on the contrary, there is a general feeling that digi-

talis is contra-indicated. Dr. Oliver, however, does not share this feeling. He does not believe that, as some authorities teach, on lengthening the period of diastole greater reflux takes place into the left ventricle, and thus not only arterial and capillary anæmia, but also paralysis of the heart from over distention is favored. His experience has been that in aortic regurgitation, as in other forms of cardiac disease, the patient is likely to do well the nearer the beats of the heart are brought to the normal. Under digitalis, any slowing in the heart's action which may ensue is not only accompanied by improvement in the contraction of the cardiac muscle fibres, but also by increased arterial tension—which means not only the capillaries generally are better filled with blood, but also that the coronary arteries, too, are better supplied, and, consequently, that the heart is better nourished. The ill effects which Dr. Oliver has seen to follow the use of digitalis have been more gastric than cardiac. But as digitalis is a drug which raises arterial tension by causing contraction of the peripheral arterioles, and thus throws an additional burden on the heart, he would not use it in cases where he suspected fatty heart, or extreme dilatation of the left ventricle; nor would he consider its employment called for in any case of cardiac disease, no matter what the lesion in which arterial tension was already high.

In *convallaria* we have an excellent substitute for digitalis in the treatment of many cases of aortic regurgitation, and it is not contra-indicated in mitral regurgitation. Dr. Oliver has found it to relieve cardiac depression where digitalis had failed. He regards it as a pure cardiac tonic, acting directly on the heart by improving the tone of its fibre. It is generally well borne by the stomach.

Belladonna is not used in the treatment of heart disease as much as it deserves to be. In cases of mitral regurgitation, its efficiency is most marked. Excellent results have been obtained from belladonna in cases in which digitalis and other drugs caused violent sickness. Belladonna in such cases gives relief to the difficulty of breathing, to the

gastric irritability, and to the erethism of the endo-cardium.

Caffeine has given good results, particularly in mitral stenosis. Administered with convallaria, it raises arterial tension and increases diuresis.

Kola paste, in two drachm doses night and morning, acts as a prompt and powerful cardiac tonic and nutrient, and promotes diuresis. Cases of mitral and aortic regurgitation have derived much benefit from it, and dropsy has disappeared under its use. In the headache consequent on cardiac disease and contracted kidneys, it has also done good.

Next to digitalis, nay, in many respects superior to it, in Dr. Oliver's estimation, is *strophanthus*, which is one of the most powerful cardiac tonics we possess. A few doses of the tincture are generally sufficient to produce, in patients who are the subjects of aortic or mitral regurgitation, a feeling of well-being and comfort, followed by complete relief to difficulty in breathing. In functional cardiac irregularity its effects are quick and lasting, while in many cases of advanced mitral regurgitation the difficulty of breathing is soon relieved, the pulse improved, and the quantity of urine increased. Similar results have been obtained in the treatment of aortic regurgitation. Dr. Oliver recommends the tincture made from the seeds. Three minims of the ethereal tincture is a sufficient dose.

Sulphate of sparteine is one of the new cardiac remedies of which it is proper to speak highly. The dose is one to three grains. Under its use the weak heart has manifested a new vigor, arterial pressure has been raised, the coronary arteries have been better flushed, and the cardiac nutrition thereby improved; diuresis has increased, and dropsical effusions have disappeared. The action of this drug has seemed to Dr. Oliver surprisingly like that of digitalis.

Barium chloride raises arterial tension, and thus acts as a diuretic, with half-grain doses night and morning. Cases of aortic regurgitation have had their pulse-rate re-

duced, the pulse rendered fuller and firmer, and the amount of urine increased.

Venesection, Dr. Oliver thinks, has fallen too much into disuse. "In several of my cases of aortic and mitral regurgitation," he says, "I have not only succeeded in warding off impending death, but by removing blood from the veins, have placed the patient in the enjoyment of good health for months to come, repeating from time to time, as necessity arose, abstraction of blood from the arm."

In the treatment of angina pectoris, nothing has answered so well as the inhalation of a drop or two of *nitrite of amyl*. It often gives better results when given internally, beginning with two minims and increasing to ten, fifteen or twenty, combined with ten minims of sal volatile and ten of laudanum.

In the treatment of the insomnia of heart-disease, we have two reliable and safe drugs—*paraldehyde*, in doses of fifteen to thirty minims, and *urethran*, in doses of ten grains and upwards. Urethran is less unpleasant than paraldehyde, and produces calm and placid sleep where opium and its allies are unsafe, and where chloral cannot be given without running the risk of inducing cardiac failure.

—Dr. Frank H. Gardiner believes that decaying particles in the mouth as far back as the pharynx vault taint the breath exhaled very little, if at all. Mouth-breathers have a bad breath when the tonsils are enlarged, or when cheesy masses exist in the tonsillary mucous folds. Certain gastric derangements taint the breath only when gases are eructated through the mouth. The principal cause of bad breath is decomposition in the intestinal canal, the retention of faecal matters in the transverse and descending colon, and the absorption of gases into the circulation, finally exhaled by the lungs. Catarrh (nasal, pharyngeal, laryngeal, or bronchial) causes bad breath. Medicines or aliments which undergo chemical changes below the oesophagus may, by rapid absorption through the stomach-walls, or immediately below, give to the breath the characteristic odor. This bad breath is often a source of serious annoyance to patients, and the fact that it has more than a local cause is too often ignored by the physician who, therefore, fails to cure it.—*Med. Herald*, June, 1887.

FOREIGN CORRESPONDENCE.

GIESSEN, GERMANY, Aug. 25, 1887.

Probably the one great operation which will stand to the credit of ophthalmic surgery of the nineteenth century is the recent successful engrafting of the cornea of the rabbit in the cornea of the human subject by Prof. von Hippel, of Giessen.

This operation is of more than ordinary interest, for by it we are enabled to give useful vision in individuals who are now hopelessly blind. While the successful case was one in which the patient had a certain amount of vision, yet the results obtained prove that other individuals now without vision may be benefited. Your correspondent, who has recently been intensely interested in the success of this operation, determined to have a personal interview with Prof. Hippel, and see the patient upon whom the operation had been performed, as well as to elicit certain details in the *modus operandi* which are never given in an article descriptive of any operation. Therefore my visit to Giessen, an old university town, in the western part of Germany, was not without profit to myself, and I will, as well as I can, give your readers a brief outline of the result of that visit.

Giessen was made famous by the works of the chemist Liebig, and since his day has kept its reputation as a medical school on account of the corps of professors, which has added much to the keeping up of the reputation given it by the labors of the great chemist. The isolation and lack of amusement in this town make it a place where the student can find a paradise for study. There is nothing here to distract his attention. On this account the "privat-docents" are among the best qualified teachers in Germany, and many are the great men of the Empire who first drew their sustenance from the paps of this university.

The eye clinic of this institution is probably not the least famous of the many celebrated ones in Europe.

Dr. Guorg Brandeburg, first assistant, to whom I owe much for his kindness and courtesy, informs me that last year the eye clinic was visited by 2034 new patients, and from 450 to 500 major operations were here performed. The modified Graefe is the accepted operation for cataract enucleations by the German method, scissors and forceps alone being used to remove the eye-ball. Strabismus operations are done by the Graefe method, dilatation of strictures of the lachry-

mal canal with Bowman's probes, small size. Tattooing of the cornea is done at one sitting. Ulcers of the cornea are treated with ung. hydrarg. ox. flav., gr. $\frac{1}{2}$ to $\frac{3}{4}$, and atropia, and the actual cautery, probably the best and most efficient way of treating this disease. Buraw's operation for trichiasis is unknown, and when suggested for a case which was brought before us, was successfully applied. The after dressing of cataract patients is by bandages (gauze) stiffened by starch and sublimate, and dark rooms. The "rational method" has not yet reached this section of Germany. It was suggested, and in all probability the results will be given your readers at some future time by Dr. Brandeburg.

Prof. von Hippel has been giving his attention to corneal transplantation for the last ten years. He has experimented upon fowl, animal and man. These experiments are not numbered by five or six, but by hundreds, and it was only the outgrowth of this long line of experimentation that he was at last able to give to the profession the crown of his labors—a successful and wonderful operation. The patient is a young, healthy peasant girl, 19 years old, who suffered with a leucoma of the cornea of the right eye, obscuring vision to such an extent that qualitative perception of light only remained. The leucoma simplex obscured the central portion of the pupil, leaving, however, a circle of clear cornea at its outer margin, probably two mm. wide. The instrument devised by Prof. von Hippel for performing this operation is most ingenious. The trephine is driven by a clock-work and the cylinder is graduated so as to regulate its cutting depth in the cornea. The leucomatous cornea opposite the pupil was removed by this instrument. The eyelids were separated by an ophthalmostat, then under the influence of cocaine the trephine was placed on the cornea perpendicular to its plane, the cylinder so graduated as to cut a certain depth, 0.7 to 0.9; this cylinder is then put in motion by a spring clock motion much after the manner of a Dudgeon's sphygmograph; the hand simply steadies the instrument against the probe; after the circular incision is made comes the most important and delicate part of the operation, *i. e.*, the dissection of the leucomatous tissue from Descemet's membrane. This is done by grasping the inner lip of the incised tissue and with the greatest care and precision this tissue is removed down to the basement membrane lying in juxtaposition to Descemet's membrane. If, after the removal of

this circular piece of cornea, it is found that Descemet's membrane bulges forward through the circular opening, which in almost every case it does, a paracentesis of the anterior chamber is made at the corneo-scleral margin, relieving the intra ocular pressure.

The rabbit selected from which to obtain the graft is a young, healthy doe. The eye, which is thoroughly cocaineized, is drawn forward by an assistant who has inserted under the superior and inferior recti muscles two strabismus hooks; the eye-lids are kept open with an ophthalmostat; the drawing forward of the globe enables the trephine to be inserted and watched more accurately in its incision; the cut is made through cornea and *Descemet's membrane*; this graft is then inserted in the incision made in the patient; a fine probe running through the cylinder of the trephine is pushed downward, forcing the graft into place; after the removal of the trephine the upper eye-lid, which is drawn forward and downward, is pressed against the inlaid tissue, all being held firm by a pressure bandage, delicately adjusted, the patient of course lying on his back. After *three* days the bandage is removed, and the eye examined. If the graft is *in situ*, it will probably be somewhat hazy; if the edges have not turned upwards, a successful result may be prognosticated.

Prof. von Hippel will read an exhaustive paper on this subject, dealing with the details and giving his experience and his deductions in a paper before the Ophthalmological Society, which convenes, September 15th, at Heidelberg. I may add in conclusion that the second instrument made to perform this operation is now in possession of your correspondent.

L. WEBSTER FOX.

—Since the erection of the Brooklyn Bridge, a number of individuals have intentionally jumped from it into the river below, but, on August 1st, a young man who was assisting some workmen engaged in painting the iron-work accidentally fell from the bridge. He struck the water, one hundred and twenty feet below, chest first, and though he was unconscious when rescued, he soon recovered his senses under appropriate treatment. He was taken to the Chambers Street Hospital, where it was ascertained that he had received a fracture of the sternum, but beyond this and one or two slight bruises, he was apparently uninjured. According to the last accounts he was doing perfectly well. —*Boston M. and S. J.*, August 11th, 1887.

NOTES AND COMMENTS.

Selection of Health Resorts.

Dr. P. D. Rothwell, of Denver, Colorado, Prof. of Medical Chemistry and Climatology in the Gross Medical College, Denver, says that the physician who thoughtlessly writes a prescription for his patient, and sends him away with medicine that will only tax the eliminating powers of the system without in any way tending to eliminate the cause of his patient's trouble, is certainly guilty of a great wrong. The physician who in an off-hand manner advises his patient to go to such and such a health resort without a careful study of the climatic conditions of the health resort selected and a knowledge of the actions of such climatic conditions on the patient before him, is guilty of a greater wrong. To prescribe a proper climate for, say a consumptive, requires far more skill than to jot down the names of a few drugs to be compounded by a pharmacist and taken in certain doses. The former takes under consideration the sex of the patient, the age, education and tastes, companionship, pecuniary ability, the progress of the disease, susceptibility to æsthetic and psychical influences, and also the *purity, dryness, temperateness* and *brightness* of the atmosphere in the health resort to be selected.

The latter may not call forth any more mental effort than what is thus indicated: "This patient has a cough; I will give him one-eighth grain of morphine in a teaspoon-full of syrup of tolu and see how it works." The former requires a knowledge of life and its surroundings and sends the patient where constant factors are at work either for his weal or woe; the latter is often associated with the presumption of a quack and tends mostly to woe for the patient. The prescription calling for drugs invokes an agent to be used at certain intervals; the prescription calling for a change of climate calls to the person's aid factors that are always at work. The subject that should receive the greatest amount of study receives the least, and, as a consequence, many are sent to health resorts that would be better off at home, and many more are allowed to dally along with drugs at home that should be sent to places carefully selected.

Writers on health resorts are very often persons that have been benefited by residence in the localities praised, and may be excused for coloring the picture with the glow of returning vigor. Some write with

the characteristics peculiar to the newspaper correspondent employed by railroad corporations to encourage travel to portions of the country penetrated by their roads. Neither of these sources should be depended upon for useful information. Physicians of a scientific turn of mind, and, as a consequence, interested in the truth for truth's sake, should furnish the best information to those in need.

Colorado's fame as a health resort is widely known. Consumption is the trouble for which persons have come here and been benefitted. This article refers to that trouble only. Considerable has been written in reference to our climate and theories advanced in relation to its efficacy in the cure of consumption, some of which tend to mislead and make a mountain of explanation out of a mole hill of facts. The real pith of the matter is left out.

A most important factor to be remembered is the *diminished atmospheric pressure* owing to the altitude. Denver, for instance, is 5,200 feet above sea level; Colorado Springs, 6,080 feet, etc. Sending a patient from the level of the sea to either of these places is to a certain extent like putting him in a pneumatic cabinet from which some of the air has been exhausted. He will find the air thinner and of course will have to breathe oftener. To the patient whose lungs have not deteriorated too much, and to the one who has never developed the use of the lungs as they should be used, this will be a most useful indication. But to the one whose lungs are rapidly breaking down, whose reserve force is at a minimum, this extra work will hasten the process of dissolution; and it will do so before the unfortunate feels any benefits from the "balmy air and refreshing mountain zephyrs." The indications are plain. The diminished atmospheric pressure, too, encourages the blood to the surface of the body, tending to keep the skin—our everted lung—in better condition and at the same time relieving the congestion of internal organs—two essential points in the treatment of consumption.

The *purity* of the atmosphere of Colorado is largely owing to the absence of decaying vegetable matter, marshes, etc. Our soil is mostly a coarse, sandy loam into which moisture sinks rapidly, and upon which the native grasses dry and are preserved instead of decaying. Ozone, too, is freely developed in our mountain regions and thus adds to the stimulating effect of the atmosphere, and is opposed to the growth and multiplication of the comma bacillus.

Dryness of the atmosphere is almost essential to the improvement of the consumptive. Colorado atmosphere possesses this feature in a marked degree. Dryness does not favor the comma bacillus. Our climate is dry because the great mountain ranges attract the clouds where the moisture falls as rain or snow; in other places the nature of the soil where rain or snow falls is such as to prevent the moisture being long retained. Where the atmosphere is dry there cannot but be rapid changes of temperature. We have this, but there are so many benefits from the dryness that we are content to part with those that come from a more temperate atmosphere. A patient sent from the damp climate of Maine, say, cannot but be benefitted by the dry air bath into which genial climate invites him (other things being equal). To say that there are no winds in Colorado would be untrue. There are high winds sometimes. But dry air (comparatively) in motion, even though rapid, cannot reduce the temperature of the surface of the body as moist air in easy motion. This helps to preserve the temperateness of the atmosphere in winter and spring.

The amount of sunshine enjoyed in Colorado is very great. This might lead to excessive heat on the plains of our State, but for the fact that the great radiation caused by a few hot days is sure to cause currents of cool air from the mountains, that are not so very far away. During the very hottest of the recent days in Chicago and New York, when the hospitals were full with those that were prostrated by the heat, Denver was enjoying a temperature of 57° F. If the heat becomes oppressive a few hours' ride on the cars will take a person to cool mountain resorts, refreshing streams and sublime scenery.

To those unable to enjoy the luxury of hotels, and are able to work, light employment on ranches is available. This should not be lost sight of. Cases in which the disease has not made much progress would be far better off on a ranch with some light work than hanging around third-class hotels and sleeping in rooms four by ten.

There are many that come to Colorado depending entirely upon the climate, and do not call upon a physician here till they are compelled to. Such persons should be most carefully instructed by their physician in the East, before making such a change in their surroundings. That they are so instructed, I doubt; for they are sometimes found sleeping in just such rooms as above mentioned and daily expecting the Colorado climate to come into their rooms and heal them.

As stated before, to know whom to send here and when to send them requires more study than to write a prescription. Ours is a glorious climate—it has benefitted thousands in the past and has healing in store for millions in the future. Powerful for good, these rich blessings should not be prescribed without proper consideration of what the patient needs and how our climate is calculated to meet these needs.—*Denver Med. Times*, September, 1887.

Exophthalmia and Diplopia in Consequence of Empyema of the Sinus Frontalis.

Magnus (*Kl. Mon. f. Aug.*) reports a case of this nature, occurring in a woman, aged sixty-three. There was an elastic swelling at the upper and inner angle of the orbit on the right side, which extended far into the orbit, but did not project much beyond the orbital margin. There was no irritation of the lids or conjunctiva, and the motility and vision of the eye were normal. At times there was marked increase of the secretion from the right nostril. One month later the skin over the tumor became red and swollen, and after the use of hot applications fluctuation appeared and a small quantity of thin pus was let out. The inflammatory symptoms then rapidly subsided. Six months later the eye began to protrude downward, forward and outward, the exophthalmia rapidly increased, and the tumor itself became more prominent. A puncture of the latter let out a quantity of thin pus, and a diagnosis was then made of empyema of the frontal sinus. The mobility of the eye was much interfered with, but the vision and the fundus remained normal. An operation was then decided upon, and it consisted in chiseling away a portion of the anterior wall of the sinus until an opening as large as a mark-piece was made. About 60 grammes of pure pus were removed, and the finger could then be passed for about 7 ctm. directly backward. The thickened mucous membrane of the sinus was scraped away, and the cavity cleansed with carbolic acid. It was then tamponed with iodoform gauze. The diplopia ceased in three days, and the exophthalmia rapidly subsided, but the wound did not entirely close for about nine months.—*N. Y. Med. Journ.*, Aug. 13, 1887.

The Special Therapeutic Indications for the Use of Theine.

Thos. J. Mays, Professor (Adjunct) of Diseases of the Chest, Philadelphia Polyclinic, writes as follows: From its physiological

action, it is quite obvious that in theine we possess an agent which has the power of paralyzing sensation without affecting motion, and that it does this with a great degree of certainty and without any appreciable injury to any part of the body, even when administered in large doses. It now remains for clinical medicine to demonstrate and to establish how far this analgesic property can be utilized, and, with this purpose in view, the greater portion of the following pages will be devoted to the task of pointing out the special pathological conditions and to that of the citation of cases in which the drug is indicated.

In order to obtain the full effects of theine, it is not necessary to inject it deeper than immediately beneath the skin. Of deep injections I am not able to speak intelligently, since I was always satisfied with the results which are derived from superficial injections. Dr. Castle relates his own personal experience with one deep injection, in which the drug certainly exerted a marked influence on the brain, owing, probably, as has already been stated, to the fact that the whole dose found direct entrance into the circulation, and was at once carried to the great nervous centres.

Again, theine, as a rule, is surprisingly prompt in exerting its analgesic action. I have on a large number of occasions witnessed patients who had too much pain to move an arm, or who were too stiff to stand erect, swing their arms and straighten their bodies in less than five minutes after its introduction. It is not always so prompt, but this is probably due to the smallness of the dose. I have seen cases where no benefit had been derived from one-third of a grain, which, on the dose being doubled, improved at once. Therefore, when a single dose fails to act favorably, it is always advisable to increase, even if this has to be done to a large extent. I have repeatedly injected as much as two and one-half grains without experiencing anything except the best results. I would not hesitate to go even beyond this limit. To one patient who was suffering from the most intense neuralgia of both lumbo-sacral and left cervico-brachial plexuses, which was accompanied by sleeplessness, spasms of the muscles of both legs and of those of the left arm, I gave two and one-half grains of theine subcutaneously in four different localities along the spine, with instantaneous relief to the pain and the induction of sleep during the following night. This amount was injected daily for twenty-one days in succession, at the end of that time

he was almost entirely free from pain, improved in appetite and in sleep, and felt better in every way. In another case of locomotor ataxia I injected three grains of theine in different spots along the spine every other day, chiefly for the purpose of relieving the pain and contractions in the extremities, as well as the constriction around the base of the chest. It removed all these difficulties at once, and made the patient feel more comfortable than before. Another feature which recommends theine to favor is its prolonged influence. After pain has once been relieved by it, it is very rare to find the same returning inside of ten or twelve hours, and oftener not until twenty-four hours, and then, in all probability, not in its original intensity. I am referring now to obstinate cases of pain. Where the pain is more unstable, it is not rare to find that one or two injections relieve it permanently.

No prolonged irritation and no inflammation have ever been produced, during my experience, at the seat of its injection. It gives rise to some burning at first, which disappears in the course of a very few minutes, and is replaced by a marked area of anæsthesia. Most of the burning is undoubtedly due to the comparatively large amount of water which is necessary to dissolve a drug of a solubility as low as that of theine. When it is prepared with benzoate of soda its solubility is markedly increased, and I have therefore used it for more than a year according to the following formula:

R.	Theine,	
	Sodium benzoate.....	āā....3j
	Sodium chloride.....	gr. viij
	Distilled water.....	āāj

M. Sig.—For hypodermic use. Six minims equal one-half grain of theine.

Finally, in regard to the employment of a particular kind of theine I would say that everything which at present falls within the commercial description of both drugs is principally made up of theine; hence, very good clinical results are obtained from that which is found in the market, although it is very obvious from my experimental deductions in regard to the differential action of theine and caffeine, that the best results are obtained from the genuine article, which is now manufactured and furnished by Merck, of Darmstadt, Germany, and which I altogether employ at the present time.

In order to avoid annoyance and disappointment, it is highly important to constantly bear in mind the pathological conditions which only are amenable to the influence of theine. It must be borne in

mind, first of all, that its function is solely that of pain-relieving; and while it performs this office to perfect satisfaction, it also fails to give permanent relief to obstinate and protracted pain unless it is aided by remedies which tend to improve the nutritive state of the affected nerves or which are capable of removing the diatheses upon which the painful affections depend. A neglect of this simple rule frequently led to failures in my earlier employment of the drug.—*The Poly-clinic*, September, 1887.

Hay Fever.

From a study of forty two cases of hay fever, Roe (*New York Medical Journal*, Sept. 3, 1887), is led to the following conclusions:

1. That all cases of hay fever have their initiatory lesion in a diseased condition of the tissues of the nasal fossæ.

2. That the disease of these tissues induces, in the ganglionic centers connected with them, an abnormal activity, which is reflected to other tissues and organs.

3. That the sensitive areas in the nose are not confined to any particular locality, and that there are no zones in the nose that when irritated invariably produce the same manifestations.

4. That the direction in which the irritation is reflected is, like an electric current, always along the line of least resistance, and that from the same region it may be reflected in one direction at one time, and in the opposite direction at another time.

5. That the disease in the nose may produce disease in other portions of the respiratory tract, which may become independent centers of irritation.

6. That the affection distinctly recognized as hay fever is due to the effect of a local irritant, brought by the atmosphere in contact with the sensitive regions of the air-passages.

7. That the affection is not *per se* a neurotic disease, nor necessarily associated with a nervous temperament, although persons having a highly nervous temperament or a neurosis are much more susceptible to the influence of a local irritant.

8. That the neurotic condition which is often regraded as a cause of hay fever is itself often developed as the result of the local irritation.

9. That by carefully correcting all abnormal conditions found in the nasal or other portions of the respiratory passages, and the use of such systemic medication as may be required to remove any associated or consequent general derangement, we need not fail to cure hay fever.

CORRESPONDENCE.

EDS. MED. AND SURG. REPORTER:

Sirs:—Upon my return from my summer vacation, I find three numbers of the REPORTER awaiting me. Among the contents, I find a note on "Medical Epitaphs," by Dr. Keating.

If the Doctor will refer to Watson's Practice, edition 1858, page 846, he will find the same case recorded by Dr. Mead.

Dr. Bombaugh says that at the Old Men's Hospital, Norwich, England, may be seen the following: "In memory of Mrs. Phebe Crewe, who died May 28, 1817, aged 77 years, who, during 40 years practice as midwife in this city, brought into the world 9730 children."

Also at Wolstanton:

"Mrs. Ann Jennings.

Some have children, some have none;
Here lies the mother of twenty-one."

Also at Heydon:

"Here lieth the body of Wm. Strutton, of Paddington, buried May 18th, 1734, who had by his first wife 28 children, and by a second wife, 17; own father to 45, grandfather to 86, great-grandfather to 97, and great-great-grandfather to 23; in all 251."

Dr. Bombaugh also gives an illustrated epitaph from Williamsport, Pa.:

"Sacred to the memory of Henry Harris, born June 27, 1821, of Henry Harris and Jane his wife. Died on the 4th of May, 1837, by the kick of a colt in his bowels. Peaceable and quiet, a friend to his father and mother, and respected by all who knew him, and went to the world where horses don't kick, where sorrows and weeping is no more." Yours respectfully,

CHAS. H. COCKEY, M. D.

Baltimore, Md., September, 1887.

Consultation with Licensed Homœopaths.

EDS. MED. AND SURG. REPORTER:

Sirs:—I have a question I would like to see discussed by the readers of the REPORTER. In our State we have a law of registration which doctors must comply with before they can legally practice medicine and surgery in the State. By complying with this act they are legal practitioners within the meaning of the statutes. If the patient of a homœopath desires me to meet his physician in consultation, and I refuse to go because he is an irregular, *i. e.*, is not a subscriber to the code of ethics, has not the patient legal ground for an action against me for damages? Suppose that, as a fact, if I had met the doctor in

council, and changed the treatment, the patient would have been benefited thereby, and would have been a gainer. Now, if I deprive a patient of the benefit of whatever skill I may have because I refuse to recognize as a qualified practitioner one whom the statutes define as a legal practitioner, am I not legally liable for personal damages to the patient? I believe that, in a court of equity, a refusal to counsel with a legalized practitioner for no other reason than that the other doctor has not subscribed to, and reasonably complied with, our code of medical ethics, will leave us liable to actual and exemplary damages. Yours respectfully,

MILTON CHASE, M. D.

Otsego, Mich.

[We have taken legal advice on this question, and are informed that unless there is a special statute in any State, compelling a physician to consult, it is his natural right to decline to do so for any reason which appears to him to be sufficient.—EDS. REPORTER.]

The Conjugal Question—The Man's Side.

EDS. MED. AND SURG. REPORTER:

Sirs:—Dr. Rees's letter, in the REPORTER of October 1st, is interesting. But among what daughters of Eve can her lot be cast, that she tells such a chilly tale! My own limited experience is precisely the reverse; and as it tallies with that of men with much wider fields of observation, I feel sure there is some ground for saying a few words on the other side. Individuals are very differently endowed with the sexual appetite. There are frigid, sapless, Cassaubons, whose *uneasiness*, to use your correspondent's euphemism, reaches a climax only when the moon is full, or, who, like Tristram Shandy's father, attend to these little family concerns with the winding of the hall-clock on the first Sunday of each month. Mated to batrachians of this sort, there are women whose appetites are starved, and whose lives are rendered miserable. This is not alone the case where there is great discrepancy in years between husband and wife, but I have known of it in apparently well-consorted couples; and there have come to my professional knowledge two instances in which the woman sought, and found, elsewhere the gratification she could not obtain at home. To talk of a *healthy* woman, after the birth of one or two children, passively accepting her husband's attention as a duty, and often an unpleasant one, is to us men particularly naïve. It is more common in women than in men for the appetite to grow with what it feeds on; and

it may be safely said that in them passion does not reach its full development until later, often not before the fourth decade. My sympathy in this matter is entirely with the men, as I honestly think that in a large proportion of the cases—possibly the majority—they are the sufferers. There are men, of course, with huge, unbridled appetites—Solomons, for whom polygamy is the normal state; but such are as much the exception as are the women your correspondent describes.

Yours respectfully, TOBIAS SLOP.

Homeopathy.

EDS. MED. AND SURG. REPORTER :

Sirs :—A practitioner of the homœopathic faith, signing himself "*One of Them*," asks several questions in the August 13th number of the REPORTER, which, with your permission, I will endeavor to answer specifically first, and then in a more general manner. His questions are:

1st. "Has any system of medicine yet arrived at the stage in which it can claim to be acting purely on principles, and not at all empirically or experimentally?"

Answer. The homœopathic system makes this claim.

2d. "Supposing the principles of the old practice to be mainly right, does it follow that those of homœopathy are all wrong?"

Answer. Yes, if those of the homœopathic school are contrary to those of the "old practice," which, it is admitted, are mainly right.

3d. "If a homœopath, in some emergency of his patient, which in his judgment calls for a mechanical or immediate action, resorts to a cathartic, has he proved himself a traitor to his principles?"

Answer. Certainly he has, for such "resorts" are not in accord with "*similia similibus curantur*," a creed which should apply to every possible emergency.

Now, there should be reason and common sense in all things. Let us get down to the essence, to the merits, of the whole question. We of rational or progressive medicine, or, if you will, the "old school," regard that only as the true system of medicine, which is progressive, which evolves, which knows no *pathy*, *ic*, or *ism*, which adopts no exclusive creed. We aim simply to be physicians, following no system but truth. We accept and adopt anything and everything, no matter whence it comes, which will stand the test of common sense and scientific experiment, investigated by the usual ordinary principles of positive science. The reason we have not long ago accepted the doctrine

of homœopathy is because it is unreasonable, and unable to stand the tests we apply to every candidate for endorsement. It is true, and we confess it with humiliation, that in the early period of our history a most ponderous cloud of ignorance covered what is known as the "old school," but it was the *only* system which was *progressive*, which made any progress, which was anxious to progress, which did not, and would not, circumscribe itself within the confines of any such ridiculous creed as "*similia similibus curantur*," which may have suggested the well-known nursery rhyme:

"There was a man in our town, and he was wondrous wise;

He jumped into a bramble bush and scratched out both his eyes.

And when he saw his eyes were out, with all his might and main,

He jumped into another bush and scratched them in again."

We have made more genuine progress in the last thirty or forty years than was made in the preceding twenty centuries, not considering the discoveries of Harvey and of Jenner. There is not an important principle, fact or theory; not an important medical discovery; not an instrument of merit; nothing of sound, practical utility within the whole range and compass of the science and art of medicine and surgery, which did not have its birth and origin in the so-called "old-school." If homœopathy is increasing, as some claim that it is, it is certainly not because it is correct as a doctrine. Where it is in the ascendancy—if indeed there be such a place—it may be that the practitioners thereof practice *both* systems, as so many of them profess to do in this part of the country. I would like to ask "*one of them*" how a homœopathic adherent can conscientiously practice the old-school doctrine if he believes it to be wrong? And what his opinion is of the man who advertises that he practices both homœopathy and allopathy?

Yours respectfully,

H. V. SWERINGEN.

—DR. J. R. FORCE, of San Antonio, Texas, writes that he is "an allopath of the first water," but challenges those who criticise homœopathy to meet the argument that vaccination and Pasteur's practices of preventive and curative inoculation are homœopathic in principle. He also finds support of the homœopathic law in the fact that corrosive sublimate will cause inflammation of the bowels, and that Prof. Pepper recommends small doses of this salt for the treatment of the same condition. He also cites

the action of belladonna in health and in disease. His letter would indicate that he practices homœopathy at times with such success as to lead him to have some confidence in it.

—T. T. B., of Philadelphia, writes a letter in reply to that published in our issue of August 13, which is very similar to that of Dr. Schweringen, and in addition makes two good points: one is that the financial success of many homœopathic practitioners is no evidence of the correctness of their principles; the other is that a careful study of Hahnemann's work would probably cure an incipient leaning toward homœopathy in any candid and intelligent mind.

Close of the Discussion.

The details of our own opinion in regard to homœopathy have been pretty fully presented by our correspondents. The sum of them is that, as *a system*, it is contrary to every principle of scientific study or achievement, and that it is deservedly rejected by the great mass of honest and wise men who constitute the "old school," and deserted by the shrewd members of the very sect which flaunts its name. As a method of practice it cannot be denied to have a certain success, but this is in spite of the false theory upon which it is founded, and not because of it.

We also agree with our last correspondent, T. T. B., in recommending to any candid and intelligent mind a study of the doctrines of homœopathy as published in the writings of its founder. It is, to a certain extent, a waste of time to argue with one who has not learned in this way what homœopathy really is, and we think it would be an utter waste of time to argue with one who had this information and still believed in homœopathy.

—EDS. OF THE REPORTER.

—To detect turmeric in powdered drugs, the following method has been suggested: Upon a piece of filter-paper place a pinch of the substance suspected, and saturate with ether to extract the coloring-matter. When dry, add one drop of potassium hydrate to the stain, and, if turmeric be present, a red color, changing to brown, is produced, which is destroyed by acids. With care, less than 1 per cent. adulteration can be detected in this way. In testing rhubarb for turmeric, a pinch of borax and hydrochloric acid is added to the stain, and if turmeric is present a red stain is produced.

—*Chem. and Druggist*, July 30th, 1887.

NEWS AND MISCELLANY.

Dr. Quain Still Alive.

The death of Mr. Richard Quain has given rise to strange misapprehensions. Dr. Richard Quain, far better known in general society, and still we are glad to say in good health and in active pursuit of his professional duties, has naturally been confounded with his deceased cousin. Hence, Mrs. Quain has received numerous letters of condolence; friends have called at Harley Street to ask when the funeral is to take place, and others have been startled, most agreeably so, of course, at seeing the genial physician walking about in full health and spirits after his reported decease. The confusion, sufficiently great on account of the identity of Christian as well as surnames, is increased by the tendency of the general public to call every member of the profession "Doctor," so that we hear at the clubs that "not Dr. Quain, but the other Dr. Quain is dead." "Mr." Quain was the great writer on anatomical subjects; "Dr." Quain is the author of the *Dictionary of Medicine*.—*Brit. Med. Journal*, September 24th, 1887.

Butterine or Margarine.

The House of Lords determined on Friday evening last to retain the name of margarine as a right and proper designation for a certain substitute for butter, and which has for several years been selling under the illusory name of butterine. A large trade has been done among the poorer classes in this sophistication, and although it may be wholesome and nutritious, it is a fraud upon the public to sell it as butter, and which is done to a large extent in all the more populous neighborhoods. More than one noble lord argued that because a trade of several millions a year was now carried on in the manufacture of this article it would be wrong to interfere with it in any way. But this line of argument will seem to most of us to cut both ways, as the greater trade the greater the fraud practiced on those among the community who are unable to distinguish between the spurious and genuine article; and the large sale of which greatly interferes with that of the genuine article, butter—the trade mark, in fact, of the dairy industry, and it is only just to this industry that it should be protected against infringement of its trade mark. It should no more be in the power of the cheesemonger to supply his customers with a "bogus butter" than it is that of the

publican to sell sugar and water for beer as brewed and sent to him by the brewer. It was argued that margarine is a false name, but if it be so, then we reply that butterine is decidedly falser. This imitation of butter has, no doubt, the substance oleomargarine for its basis. It is subjected to certain chemical and mechanical processes, it is colored and made pleasant to the eye and to the taste, but still it is not butter, and has no right to hang on its skirts as if it were the genuine article, and after all is said about it, it is simply ox-fat, and should be labelled imitation butter, and thus made to stand on its own merits. There is no doubt that the use of a title for a substance which is wholly different from butter is an act of injustice, since it must, more or less, injuriously interfere with an important branch of industry. On this ground alone the farmers are fairly entitled to protection, while the housewives of the working classes have a right to know that butterine is not butter.—*Med. Press and Circular*, Aug. 10, 1887.

The Influence of Tobacco on Health.

In the course of upwards of a thousand observations on the influence of tobacco on the health of workmen, women, and children engaged in tobacco manufactories, Madame Walitzkaja found that the inhalation of an atmosphere laden with tobacco dust determined nervous troubles of a particular type. Dilatation of the pupils was frequent, together with cardiac enervation, exaggeration of the reflexes, tremulousness of the hands, and dyspnoea. The work people are subject to headache and fainting fits, gastralgia, etc. After the nervous system the respiratory function is that most commonly interfered with, but phthisis is not frequent. Experiments on animals proved these symptoms to be due to the tobacco and not to other causes.—*Ex.*

Driven Crazy by Inhaling Acid Fumes.

Dr. Howard A. Lever, Health Officer of the town of Flushing, L. I., has filed his report on several cases of insanity which have recently caused much trouble in College Point, L. I. Two of the men, Montz Beyer and Charles Schwartinger, are raving maniacs in Poughkeepsia Asylum. It was alleged that the fumes of the acids used on the preparations of rubber in the works where the men worked had affected their brains. In his report Dr. Lever confirms this theory, saying that, in his opinion, the inhaling of the volatile fumes of bisulphate of carbon was the direct cause of all of the mental de-

rangement. The Board of Health has ordered the proprietor of the works to take greater precautions against the escape of the fumes, and to post notices of the dangerous character of the work, so that the employees may be on their guard.—*Ledger*.

An Unsatisfactory Verdict.

The *Oldham Standard* of July 30th contains the following:

A very singular verdict of a coroner's jury is reported from Failsworth. A girl, who was stated to be "in good health at noon," fell on the kitchen floor while washing on Monday evening, and died. A companion was actually waiting at the time to go with the deceased to Hollinwood Wakes, when she heard a scream, and saw the girl lying upon the floor. A doctor was fetched, who pronounced life extinct, but he was not called at the inquest, and the jury, on the above evidence apparently, returned a verdict of "sudden death from natural causes." If an inquest is any use at all, it surely should be to find out as far as practicable the cause of remarkably sudden deaths.

We have inquired into the circumstances attending the above-mentioned death. The deceased was a girl of 18 years of age, and had always enjoyed excellent health and strength, and had worked up to 5.30 P. M. on the day of her death. She then, it appears, suddenly fell down, and died almost immediately. A medical man was sent for, who found the deceased quite dead, with blood oozing from the mouth and nose. Upon this he stated to the police constable, who inquired into the case, that he believed the death had arisen from natural causes. This again was reported to the coroner by the constable, and repeated at the inquest before the jury, who, upon this haphazard statement, founded the verdict; the medical man who was called in at the time of the death not even being required to give evidence. As a means of ascertaining the cause of death, the inquiry certainly was a useless one; for under no heading could the death be registered, except under that of "cause ill-defined or unknown," a column in the Registrar General's returns which we hope will soon cease to be required. Had the coroner and jury appreciated the importance of the duties that devolved upon them, they would certainly not have remained content under the circumstances to have returned such a verdict as "sudden death from natural causes." The means of ascertaining the exact cause of death were at hand. The medical man who was called in at the time of the death,

after making a proper examination of the body, should have been called to give evidence, and then the jury would have been enabled to return an accurate verdict "in accordance with the evidence," instead of a useless one, founded upon the second-hand opinion of the parish constable.—*Brit. Med. Journ.*, Aug. 20, 1887.

Medicine in Spain.

We are prone to think that the Spanish physicians are too inert to trouble themselves about any subject of public importance. This idea is strengthened by the hesitancy of the Spaniard to rush into print with crude and imperfectly digested theories. Yet it was Carron, a Spaniard, who sacrificed his life to solve the life-history of the "wart" disease, and our contemporary, *Revista, Balear*, No. 19, 1887, contains a summary of the medical report on the epidemic of cholera that visited Valencia in 1885. This report was presented to the Mayor and Council of the city, and is a very elaborate and carefully prepared account of the epidemic, such a report as any country might be justly proud of. The report consists of three parts: the first is occupied in the consideration of the position of the city of Valencia and so forth. The second part consists of the preventive and remedial measures adopted, and the third describes the administrative measures recommended for adoption on the recurrence of a similar epidemic. The very fact that Spaniards do not print much, should cause us to carefully consider what they do publish; men who are unaccustomed to write for publication seldom take up the pen unless they have something very valuable or very unusual to tell.—*The Med. Press and Circular*, August 10, 1887.

A Dangerous Toy.

On August 25th, a boy six years old, living in Philadelphia, came to his death under somewhat singular circumstances. The child, in company with an older brother, was playing on the sidewalk in front of his father's provision store, about 2 o'clock in the afternoon, each boy having a tin fife, about 18 inches long and one-fourth of an inch in diameter, upon which he was blowing. Daniel started to go into the store somewhat hastily, and in doing so tripped and fell on his face, the tube being forced into his throat nearly half its length, when it was broken, the jagged edges at the break severing the wind-pipe and arteries. The child was picked up, the tube removed, and the sufferer car-

ried to a neighboring drug store; but death from hemorrhage resulted in a few minutes after the accident.

Fashion and Dress.

To what trying experiences, to what appalling discomforts have a large portion of the male sex been exposed during the past extraordinary weeks of heat, on account of the inexorable fashion which demands the persistent use of the black tall hat, the black frock coat, the gloves, and the umbrella. It seems, after all, curious in the extreme that men should thus consent to make martyrs of themselves because of the dictates of fashion. Fashion in dress, with few exceptions, has been, and probably always will be, unphysiological. Now-a-days a business man only wears even a white waistcoat in an apologetic sort of way, and yet every one is agreed in regard to the suitability and comfort of these garments in hot weather. Why, then, should we condemn ourselves to mundane purgatory, and sacrifice health, good temper, and energy in the process? Health and fashion, it must be conceded, stand widely apart, having apparently rival interests. Fashion in many respects, indeed, resembles a butterfly which flutters into the presence of a pack of schoolboys. Every one follows it, helter-skelter, each doing his best to secure it. The butterfly flutters on and suddenly disappears, no one knows where; then comes the reckoning. Fortunately, however, the general law of mortality peculiar to organic bodies is operative also as far as fashions are concerned. Fashions die out and succumb to the effects of time, but for long afterwards it is possible to trace their effects. There is much cause for regret that nineteenth-century wisdom has not been able to devise for the nobler members of mankind a more rational fashion in dress; in hot weather a man swelters in his apparel, in cold weather his clothing affords him the opportunity of acquiring the habit of shivering, and in each case he has only fashion to thank for the result.—*Med. Press and Circular*, July 20th, 1887.

Diphtheria in Animals.

The report by Dr. George Turner, which has just been issued by the Local Government Board, on the subject of the existence of a disease in animals bearing a striking analogy to diphtheria in human beings, is a step further on the path which was first started when the possibility of infection be-

ing conveyed from animal to man, and *vice versa*, was recognized. From Dr. Turner's observations, it would seem that a certain reciprocity exists between man and animals in the inter-communication of this particular disease. Epidemics of diphtheria in human beings have been accompanied by special forms of disease in poultry and domestic animals, and in certain cases the latter has preceded the former. In this way Dr. Turner is disposed to explain outbreaks of diphtheria under circumstances which would seem to render infection from human beings impossible. Now that the results of Dr. Turner's painstaking observation have been made public, further evidence bearing on the subject will doubtless be forthcoming, and light will be thrown on a matter which, however probable, is so far based only on a concatenation of probabilities. Patient and conscientious workers in this field of observation have a rich harvest before them, and the progress already accomplished cannot fail to act as a powerful incentive to further research.—*Med. Press and Circular*, August 10th, 1887.

Legalized Brutality.

Much indignation has been excited at Ilkeston by the case of a child aged 7, who was charged with stealing a silver watch and guard. The child was ordered to be birched. We do not know to whom that duty was entrusted, but it seems to have been carried out with great inhumanity. The following is the certificate of the surgeon to whom the child was taken after its release:

ILKESTON, July 14, 1887.

James Buckbury, aged 7, was brought to me on July 7th, suffering from lacerated wounds over the side and belly, which had been that day inflicted by the policeman's lash. The wounds which I counted were over fifty in number, and had penetrated deep into the cellular and muscular tissue, those on the belly being especially deep. The child was very feverish and sickly. Its little heart was in a most excitable condition, and it complained of acute pain. I prescribed some soothing medicine, and some ointment, etc., to dress the wounds. I have been attending the child since. He is progressing favorably, and the wounds are healing nicely. For a few days he complained of occasional twitches of internal pain, pointing to slight pleurisy. It seemed to me a monstrous thing that a child of such tender years should be beaten in such a brutal manner. I understand also that the child

was arrested and taken out of his bed at one o'clock in the night, and kept in a solitary cell until bail was given next day. I sincerely trust that all this inhuman treatment to a puny little child of seven will leave no blemish on its constitution. Every medical man knows, however, that epilepsy and chorea, and many other convulsive affections, can be often traced directly to a beating or a fright during early childhood.

(Signed) JOHN J. TOBIN,
M. B., M. Ch. (Royal Univ., Ireland.)

When adult garroters are subjected to corporal punishment, the previous intervention of a surgeon is required, and it would seem to be desirable that some precaution at least should be taken against the excessive punishment which seems to have been inflicted in this instance.—*Brit. Med. Journ.*, July 23, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from September 25, 1887, to October 1, 1887:

Lieutenant-Colonel A. K. Smith, Surgeon, granted leave of absence for one month and fourteen days, to take effect upon his being relieved from duty at U. S. Military Academy. S. O. 223, A. G. O., September 24, 1887.

Capt. R. W. Johnson, Assistant Surgeon, granted leave of absence for twenty-one days, to be taken advantage of, so that he will return to his station at latest by the middle of October, 1887. S. O. 204, Divs. Atlantic, September 23, 1887.

First Lieutenant W. D. Dietz, Assistant Surgeon, leave of absence extended one month. S. O. 223, A. G. O., September 24, 1887.

First Lieutenant Wm. L. Knudler, Assistant Surgeon, ordered to accompany Light Battery "F," 4th Art'y., from Ft. Snelling, Minn., to the International Military Encampment at Chicago, Ill. S. O. 97, Dept. Dakota, September 20, 1887.

Changes in the Medical Corps of the Navy for the week ending October 1, 1887:

Assistant Surgeon V. C. B. Means, ordered for examination preliminary to promotion.

Passed Assistant Surgeon E. Z. Derr, detached from Navy Yard, New York, and to the "Nipsic."

Passed Assistant Surgeon Richard Ashbridge, detached from Naval Academy, Annapolis, Md., and to await orders.

Passed Assistant Surgeon A. H. Russell, ordered to the Naval Academy, Annapolis, Md.

Passed Assistant Surgeon C. G. Herndon, detached from Naval Dispensary, Washington, D. C., and to the "Enterprise."

Passed Assistant Surgeon Geo. Arthur, detached from the Museum of Hygiene, Washington, D. C., and to the Naval Dispensary.

Passed Assistant Surgeon S. H. Griffiths, ordered to the Museum of Hygiene, Washington, D. C.

Medical Inspector J. C. Spear, leave of absence granted until July 1, 1888, with permission to leave the United States.

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ORIGINAL DEPARTMENT.

LECTURE.

SOME MORBID CONDITIONS OF THE URINE.

BY DR. F. W. PAVY, F.R.S., OF LONDON.¹

I must first of all express the honor I feel in being invited to meet with you this evening, and next to apologize for impairment of voice due to cold, and for being under the influence of fatigue from travel.

I am before you to say a few words upon certain morbid conditions of the urine, and my hope is that we may compare notes of observations in the old world with observations in the new world. I shall first of all refer to albumin. Albumin in the urine with us was formerly regarded as a matter of the most serious import, but we are now beginning to recognize that a certain amount of albumin in the urine is not always of grave import. My own practice lies very largely with urinary diseases, and patients coming under my care always have the urine examined by an analyst; and I am frequently meeting with a certain amount of albumin in the urine, without its presence being attended with anything that would lead me to suspect that a grave condition exists. In association with diabetes, it is not at all uncommon to find, when the patient first comes under observation, a certain amount of albumin in the urine; but when the patient is put under treatment for the diabetes, it is not infrequently found that the

albumin disappears in the course of a few weeks. In these cases of albumin in the urine, we must look to the general condition of the patient to see whether or not there are other indications of the existence of grave renal disease.

There is another condition which I presume has been brought before the profession in America, in which albumin exists at a certain time of the day, and not at others. I have suggested for this condition the term *cyclic albuminuria*. I have studied these cases for some years past, and I should think that they occur in this country as well as in the old world. I know that they occur in Germany, for the matter has been taken up there and followed out. This condition is observed in persons who are excitable and of a nervous disposition, and as a rule in young persons, although I have met with some cases in the middle-aged. The albumin is to be met with at one time of the day and not at other times. These cases are recognized, as it were, only by accident. Sometimes the urine is examined on account of some pain in the loins, but most frequently these cases are discovered through examinations for life insurance purposes, or for some branch of the civil service, as is required by the Bank of England. So long as the individual maintains the recumbent posture, no albumin will be detected, but in one and a half or two hours after rising the maximum quantity of albumin will be found. As a rule, the quantity of albumin declines toward evening, and on going to bed it has entirely disappeared. Sometimes a trace of albumin is to be found in the afternoon and evening, but the first urine passed on rising in the

¹ An address delivered before the County Medical Society of Philadelphia, September 19, 1887.

morning contains no albumin whatever. These cases seem to be of no serious import. I suppose that the presence of albumin depends on the condition of the vessels. I suppose so, but certain it is that these cases are not associated with any constitutional condition. I now come across quite a large number of them.

I shall next refer to *sugar in the urine*. This is another morbid element which has varying degrees of importance. In young persons it is of the gravest import, while in elderly persons it is not so serious. In early life I have known cases to go on for years, but this is the exception; the usual duration is about two years. Ultimately they all terminate unsatisfactorily. After the middle period of life, however, sugar in the urine has a very different significance. In young subjects we have a disease which seems to be of a progressive nature. Notwithstanding whatever we may do for it, there is something which insidiously progresses in the system and leads ultimately to a fatal termination. But after the middle period of life a good deal depends upon the patient himself. Under proper management the disease may, as a rule, be held under control and the patient live for years in a satisfactory condition, but to accomplish this, rigid measures of treatment must be carried out.

One may express in a very few words, and without advocating any idea or theory, the precise nature of *diabetes mellitus*, or sugar in the urine. I should speak of it as a defective or faulty assimilative action—a faulty chemistry. The elements of the food which we take undergo chemical change in the system, by which they are rendered useful. A certain group of principles entering largely into the composition of our food is the carbohydrates. These principles in diabetes do not undergo their proper chemical change and thus become eliminated from the system. What do we observe in a state of health? A person takes one of the carbohydrate group, it makes no difference which—starch, grape sugar, cane sugar, dextrine, or sugar of milk—they all behave alike in the system, and it is so changed as to be rendered subservient to the requirements of the system. In a state of health, we see nothing more of them. Not so in diabetes. In the diabetic these carbohydrates are no longer consumed. There is a faulty disposal of them. Received into the alimentary canal and afterward absorbed, they do not undergo their proper transformation, but pass off from the system in the form of sugar in the urine; so that I say, looking at these two conditions,

a condition of health and a condition of diabetes, we may describe diabetes as a faulty disposal—a faulty transformation or assimilation of the carbohydrate elements of our food. In diabetes, in proportion as these carbohydrates are taken, so will be the amount of sugar in the urine. This I can say without any hesitation whatever.

In order to follow a case of diabetes satisfactorily, I consider that a quantitative examination of the urine should be made, and, for myself, I feel quite in the dark as to the progress of a case unless I have this quantitative examination. In my own practice, I keep an analyst who examines the urine of patients—a night and morning specimen—and directly I get the analytical report, I can read off exactly the condition I have to deal with. Without this, I should be perfectly in the dark as regards the progress or the severity of the case. It does not do to rely on the specific gravity. I have met with a specific gravity of 1040, without any sugar in the urine. Medical men are often concerned over the specific gravity of the urine. The patient may have been put under treatment, but still the specific gravity keeps up to 1032 or 1035, although the urine is free from sugar. Under these circumstances, I say to the medical practitioner—do not concern yourself with the specific gravity. If the urine is free from sugar, the high specific gravity is a favorable sign, as showing that the kidneys are equal to good work. If the kidneys were diseased, there would be a low specific gravity. The high specific gravity may be kept up by the passage of only a limited quantity of water, and by the nitrogenous diet which the patient is taking adding to the elimination of urea. On the other hand, a low specific gravity may sometimes be met with where there is a considerable quantity of sugar in the urine. I have met with a specific gravity of 1009 or 1010, and yet the urine contained a considerable quantity of sugar. These have been mixed cases of diabetes insipidus and diabetes mellitus. They are proved to be mixed cases by the fact that when the patient is put under proper dietetic treatment, the sugar disappears, but the quantity of urine keeps up. I myself do not attach so much importance to the specific gravity as is done by certain medical men.

In testing the urine for sugar, my opinion is that the copper test is by far the best. We all know that Fehling's solution is the test generally employed, but there is this disadvantage about Fehling's solution, it does not keep well; after being kept some time, it

throws down a precipitate without the presence of sugar. This has led to many mistakes in diagnosis. I have frequently had patients sent to me with the statement that they were suffering with diabetes mellitus, when the only trouble was that a faulty Fehling's solution had been employed. Some years ago, I directed my attention to the question whether or not the ingredients of the Fehling's test could not be put together in the form of a pellet, and the solution be made as required. Certain difficulties were experienced at the outset, but these have been overcome. The pellets, as now made, consist of sulphate of copper in the anhydrous form, Rochelle salt and potash. It is necessary to separate the sulphate of copper from the potash. This is done by first putting in the die sulphate of copper, then a little Rochelle salt, next the potash, and finally more Rochelle salt. The pellet, after being made, is surrounded with waxed paper and kept in a well-stoppered bottle. If properly prepared and handled with care, the cork not being left out of the bottle, these pellets will keep indefinitely. There is this advantage about the pellet—it will never deceive you, for if it is allowed to absorb moisture, it at once becomes unfit for use, the oxide of copper being thrown down in the form of a black precipitate.

In the treatment of diabetes, I attach the greatest importance to diet. I do not consider that you can get on with the management of these cases unless you exclude as far as possible these principles of which there is a faulty assimilation. If sugar appears in the urine, it must previously have existed in the blood. I know from frequent examinations that the blood contains a trace of sugar, which may be represented in figures as from 0.5 to 0.8 part per 1000. In harmony with this condition of the blood, there has been a trace of sugar in the urine.

The ammonio-cupric test is the one I employ as a quantitative test. It consists of Fehling's solution with the addition of ammonia. With the Fehling's solution there is, on the addition of saccharine urine, a precipitate of the suboxide of copper, and for quantitative purposes, this precipitate interferes with the determination of the exact time when complete reduction has taken place. While the presence of ammonia does not interfere with the reduction, it keeps the reduced suboxide in solution, and we get the decoloration without the formation of any precipitate whatever. The addition of ammonia gives a more intense blue color to the Fehling's solution, and this is brought by the reduc-

tion to the color of water without the formation of any precipitate. With the apparatus in perfect order, the quantitative determination can be made in two or three minutes. This test is so delicate that ordinarily, to perform it satisfactorily, you have to dilute the urine 1:20, and where it contains much sugar, 1:40. I usually determine the proportion of sugar per thousand of urine, but if it is desired to determine the number of grains per ounce, this can be done by multiplying the quantity per thousand by 0.4375.

In examining the urine of a diabetic, I generally desire that a night and morning specimen be brought. When a person lives as people ordinarily live in England—that is to say, taking a meal on rising in the morning, breakfast; a meal in the middle of the day, lunch; and a meal in the early part of the evening, dinner—the urine passed on going to bed contains considerably more sugar than the urine passed in the morning. When a person dines in the middle of the day and sups shortly before going to bed, then the conditions are reversed—there is less sugar in the night water than in the morning water. Over and over again, by the quantitative examination of the urine, I have detected errors of diet where the patients have had the greatest desire to keep to what was right. A person who has been passing only a little sugar, brings a specimen which contains a large quantity of sugar. Under such circumstances we must look for some error in the preceding meal. In one case this proved to be blanc-mange which had been made with corn flour. Blanc-mange for the diabetic should be made with cream and gelatine or isinglass. In another case a patient had been passing very little sugar, when suddenly the quantity increased. Careful questioning revealed no error in diet, until it was learned that the patient had substituted for the bran biscuits which he had been using, others said to be “just as good,” which examination showed to be made of the whole meal. I refer to these cases to show the value of the quantitative analysis.

In the treatment of these cases, the exclusion of the carbohydrate elements of the food should be as complete as possible. In the case of a person in the middle period of life, I first put the patient upon a strict diet. Very often the sugar for a time lingers in the urine. It is materially diminished, but has not disappeared. I may also say that I have, in addition, recourse to opium, codeia, or morphia, for I believe that these drugs have an important influence in controlling the disease; or, to put it in other words, they re-

store the assimilative power. Certain it is that under the influence of these drugs and strict diet, sugar after a time disappears from the urine; and after the urine is kept free from sugar for a few months, I find that the individual has a certain amount of assimilative power over the starch of bread. I test this by giving him a couple ounces of bread. Frequently there is no reappearance of sugar. If there is no return after this has been continued two or three weeks, I increase the quantity to three ounces per diem. Then, if there is no return, to four and one-half ounces; and, finally, to six ounces. Then the person is in the position of a small bread eater. I recommend patients to be content with that. They can very well give up potatoes and sugar, but to give up bread is a serious matter with many people. When a person can take six ounces of bread per diem, he is not in an unfavorable condition. Many of these persons can continue to take this quantity of bread with no return of sugar in the urine. If, however, they go further and resume their ordinary diet, there will be a reappearance of sugar. The urine must be taken as the guide. Treating the case in this way, my experience is that, after the middle period of life, these patients do exceedingly well.

I must apologize, Mr. President, for the crudeness of these remarks, for I have had no time for preparation. I thank you most heartily for the attention which you have given me. I cannot close without thanking you and your countrymen for the cordial reception given to myself and my confrères by everyone with whom we have come in contact.

AN UNRECOGNIZED CAUSE OF MANY THROAT AILMENTS.

BY MR. LENNOX BROWNE, F.R.C.S., LONDON.¹

In accepting the very flattering invitation of your President to speak a few words to the members of the Philadelphia County Medical Society, it appeared to me both more becoming and more profitable to offer you some practical remarks explaining the *rationale* of some of the commoner throat ailments, than to attempt to magnify the office of the laryngoscope by the relation of rare and wonderful cases. I was the more inclined to this view because I was well aware that, through the assiduous industry and well-known skill of your President, and other members of your Society, you have for some

years been kept thoroughly posted in all that is new in laryngology.

It is now some ten years since first I sought an objective explanation of the condition known as *globus hystericus*, and since I commenced to make a systematic examination with the laryngoscope of every patient who came to me with this symptom. The result was communicated in a paper to the Congress of Laryngologists held at Milan in 1880. I found that but very few cases indeed are of an hysterical character—that is, of the nature of a phantom sensation—though uterine or ovarian disorder is a not infrequent predisponent, or, at least, concomitant of the throat condition in the female sex.

Extending the term *globus hystericus*, I find that, with hardly an exception, all and every other subjective sensation in the throat is symptomatic of an objective cause. The chief of such feelings are those of a heat, a prickling, a swelling, a weight, a straw, a hair, or other foreign body. A few patients—one especially, a hale farmer—have complained of a feeling of intense cold, which is sometimes relieved, sometimes aggravated, after food-taking. In some instances there is actual pain, with spasm, cramp, and a sensation of choking, and not infrequently there is cough; this symptom varies in degree from a slight hacking, to the loud hyæna-like bark known as nervous laryngeal cough. Many of the cases of so-called laryngeal vertigo, or, as I prefer to call it, of laryngeal epileptiform seizures, are capable of explanation and cure, on the lines I am at present taking.

On examination of the throat of a patient with symptoms such as I have described, one may or may not see chronic congestion and relaxation of the fauces and uvula, enlargement of the tonsils or obstruction by caseated material of the orifices of the crypts, granular pharyngitis, or even laryngeal hyperæmia. Where any one of these conditions is present, treatment thereof may or may not give relief; but none of them represents the class to which I would draw your attention, namely, that in which there is no generally recognized morbid state of local significance.

The results of laryngoscopic investigations in my hands have shown that there is:

1. A varicose, and even truly hemorrhoidal condition of the veins at the base of the dorsum of the tongue, sometimes at the under surface and sides, in which last case it may be symptomatic of mitral insufficiency, or of severe hepatic derangement, or even of cerebral lesion. There is often a similar varicose state of the vessels in the superior surface of the epiglottis.

¹ An address delivered before the Philadelphia County Medical Society, September 19, 1887.

2. An enlargement of the circumvallate papillæ at the back of the tongue, causing the epiglottis to be hindered in its movements—imprisoned, as your President first called it.

Just drawing attention to the fact that the structure of these glands is very similar to that of the tonsils, I may mention that in a few instances I have seen actual blocking of the orifices, similar to the condition known generally as chronic follicular tonsillitis.

I may also note that it is not possible to see these things either with a tongue depressor or in the laryngeal mirror as ordinarily employed. Many observers, especially beginners, seem to consider that their sole aim is to see the vocal cords, and, if these are sound, they write down, "larynx normal:" but they omit to look well to the frame-work. To see this condition of lingual varix and glandular hypertrophy, the mirror must be placed quite high up in the throat.

Where, as is often the case, there is no actual or noticeable enlargement of the thyroid gland, it will be observed, on passing the hand gently over the front of the throat, that there is a distinct fullness of the thyroid isthmus. If the least pressure be made at this situation, the patient—not necessarily a female—will complain that the abnormal sensation is at once excited, and, on being questioned, will admit that when it occurs the collar is felt to be too tight for the neck.

Inquiring into the general health, and happily failing to find any of the more serious lesions to which I have alluded, it will be noted that habitual constipation and a generally defective circulation are both frequent symptoms; while in others there will be concomitant evidences of a varicose diathesis, as rectal hemorrhoids, varicocele, or varicose veins of the extremities.

In females the menstrual flow is often morbidly frequent or excessive, and there are other evidences of an enfeebled vaso-motor control. Abuse of alcohol and tobacco are excitants of the condition; and in the cases of singers or public speakers, defective methods of filling the lungs—forcing the lower registers upward, or other functional fault which may lead to undue strain on the palatopharyngeal muscles and engorgement of the vessels in this region—are fruitful predisponents.

In this connection, I may refer to the accurate explanation offered by your fellow-citizen, Dr. Carl Seiler, of the etiology and pathology of chronic pharyngitis when occurring to voice users.

Some of those obscure cases which come under our occasional notice, of the presence

of small quantities of blood in the mouth, or of the taste thereof on rising from sleep, will be explained by the leakage of one or other of these enlarged and hemorrhoidal venous capillaries in the region now under consideration.

A few words as to treatment. If the case is not of long standing or of aggravated character, correction of the main constitutional cause—cessation of the faulty method of voice production, or prohibition of a vicious habit or indulgence—may be sufficient to effect a cure, but this is rarely the case. Of remedies, I give chalybeates and aperients with digitalis or ergot, as may be indicated. Locally, astringent applications, especially of chloride of zinc or perchloride of iron, are by no means without avail; they can be applied by the patient himself. Gargles as ordinarily employed are useless, and occasionally are productive of exacerbation of the symptoms. Not so if employed by the method known as that of Von Troeltsch. Of lozenges, I find those of muriate of ammonia much more active in leading to resolution of the venous congestion, than those of red gum, rhatany, etc.

Recent investigations show that the astringent properties of tannin have been exaggerated. Where the uvula is relaxed, the snipping of an elongated portion, especially if other functional or constitutional faults are corrected, may lead to a cure; but in a certain proportion of patients in which the promises of the specialist as to the good effects to be gained by the procedure are not realized, the cause of failure will be found in non-recognition of the varicose vessels. Treatment of these is best effected by the galvanocautery point, and it is necessary to seal each individual enlarged vessel. For this purpose it may be necessary to make more than one application. Lastly, there is often a hyperæmic tumefaction of the vessels, glandules, and submucous tissues of the pharynx, nasopharynx, and turbinated bodies; these will also be treated by galvanocautery.

In conclusion, I would say that in case it may be objected that the conditions I have described are but representative of an advanced chronic congestion, I do not deny that such occasionally may be the case. In the majority, however, there are no such antecedents; and where the two exist, the practitioner will fail to cure his pharyngitis, or what not, until he has recognized and treated the varix.

And it is in this light that I have ventured to call attention to the subject as one that is not generally recognized, for beyond a short

communication at Milan by my deceased colleague, Llewelyn Thomas, I have seen no allusion to it in any books or archives, and no notice is taken of it by the great teachers of Vienna. I therefore make no apology for having occupied your time with considerations that may at first appear trivial, or of exaggerated importance.

COMMUNICATIONS.

ROMAN FEVER.

BY GREGORIO FEDELI, M. D., OF ROME.

Rome, the historic and monumental city, the seat of the fine arts, which in every age has attracted the admiration and interest of foreigners, paid little attention, under the old régime, to matters of cleanliness and decency. Nor was the science of public hygiene understood; for in those days there was little fear of this unhealthy locality. At present there is much uneasiness in the minds of travelers; and yet the improvements introduced have been such that the sanitary condition of Rome is second to that of no other city in the world.

A plentiful supply of pure water has been secured, and arrangements have been made for its diffusion in every part of the city. Drains have been enlarged and multiplied, and constructed in accordance with the regulations of modern science. New quarters of the city have been built, and vineyards, gardens and other hotbeds of disease have been destroyed. Wide streets have been opened across the city, the houses in unhealthy localities torn down, and arrangements made for the systematic cleansing of the public ways. There could scarcely fail, therefore, to be an improvement in the hygienic conditions of the city, and consequently in the health of its inhabitants. And then, what is to be said about the benefits resulting from the embankment of the Tiber? Would that it were possible to make that point understood.

Taking these facts into consideration, travelers ought to be re-assured as to the sanitary conditions of the city. Unhappily there are not a few who are not tranquilized. When they come to our city they tremble lest they should be attacked by illness, as if they were in a pestilential climate. If soon after their arrival they are disturbed by some trifling indisposition, immediately they think, "I have taken Roman fever!"

The idea that there exists an especial form of malarial disease, called "Roman fever," I believe has come to pass through the ignorance of foreign physicians practicing in Rome, who are ignorant of the clinical forms prevailing in our climate, and hence make erroneous diagnoses, and adopt wrong treatment, founded upon their respective national methods. Complications and aggravations in the malady follow, and often when the patient is going to die to the erroneous diagnosis of typhoid or typhus fever is added that of Roman fever, and just before death it is called *pernicious fever*. Thus has arisen a conception of an imaginary disease—Roman fever—a disease unknown to Roman physicians. This fact naturally aroused the attention of the scientific medical societies, and at various times they undertook to determine if such a disease as "Roman fever" exists.

The Roman Committee of the Italian Medical Association first discussed the subject, when its members were gathered together to deprecate the irregular admission of a group of foreign medical practitioners into the sanitary affairs of Rome. At this time the real causes of infectious diseases among strangers in Rome were stated with accuracy. These diseases are not due to their residence in Rome, where there exists no special or endemic malady which can be properly denominated Roman fever. Infectious typhoid fevers very rarely occur among the Roman population.

When the writer read before the Royal Medical Academy a paper on the "Therapeutic Properties of the Eucalyptus Globulus," he touched upon the dreaded climate of Rome, and upon the existence of the so-called Roman fever, which is so greatly feared and considered especially incidental to foreigners. The assembly applauded at this point, and in two subsequent sessions treated the interesting subject at large, looking upon it in all its bearings. The conclusion was reached that the general condition of health in Rome might be considered to be normal, and not inferior to that of other large cities, and that there exists no malady peculiar to the soil of Rome.

At the General Congress of the Italian Medical Association, held in Turin some years since, the conclusion was reached that the climate of Rome is one of the best among the principal cities of Europe.

In order to emphasize the assertion that Roman fever is a purely mythical idea, I would further affirm from my own personal knowledge that such a theory never entered

into the heads of the foreign physicians who practiced in Rome many years ago. And yet, at that epoch, Rome was not in as good hygienic condition as it is now. But the crowning proof of the salubrity of our city is the fact of its indemnity from cholera, even when the neighboring cities were seriously infected with this disease, and when a large number of emigrants were coming from these infected districts to Rome.

The climate of Rome has always been regarded as salubrious. Its mild temperature during the winter season is nevertheless subject to rapid changes dependent upon the character of the season—the prevalence of more or less rain; the relative humidity caused by the greater or less domination of the south and south-east winds, which suddenly succeed the dry winds from the north.

The atmosphere is clear and the sky blue; the sun warm, especially in the higher parts of the city, in the public walks, and in the country. Those who do not guard against the effect of such changes are readily attacked by colds, and then by fever of a rheumatic character; bronchial catarrh, pleurisy, pneumonia, catarrh of the digestive organs, sub-acute and also acute arthralgia, arthritis, etc. These forms of disease are also often complicated with malarial and sub-continuous fever, and these often degenerate into typhoid.

A large part of the strangers who come to our Italian metropolis arrive there in a suffering condition, either fatigued by the long journeys they have taken, or affected by the various changes of climate, lodging and method of life incident to their condition as travelers, and operating with greater force during the winter season. This being so, there is not always sufficient care to secure the needed rest, especially as they are anxious to see our historic city in the shortest possible time. So they rise early and set to work, paying little attention to their enfeebled condition.

Before leaving their hotel (and they frequently give preference to the cheapest) they fill their stomachs with coffee, tea and milk, bread and butter, eggs, etc.; and then, either in carriage or on foot they travel the city, visiting churches, museums, galleries, antiquities, etc., and constantly increasing their fatigue. They return to their hotel in the early afternoon heated, wearied, and perhaps also perspiring; and feeling the need of food they eat whatever is set before them, and drink quantities of water. And although our water is exceptionally pure, still I think that in our climate it is desirable to use wine

with moderation. After the meal they exercise again until the approach of evening; that is to say until the sunset makes the air cooler and damper, and therefore especially to be avoided. Others do even worse. They do not return to their hotels for their midday meal, but when they find themselves tired and heated they enter the shops where fruit and other food is sold and eat with avidity. Others go to a café and satisfy their appetite with pastry and anything else which they may fancy, and then continue their excursions until the sun goes down.

It is impossible that such an incorrect and irregular mode of life, continued for a greater or less space of time, should fail to produce functional disorders. Ordinarily the digestive apparatus is the first to suffer; intestinal pain, diarrhoea, often dysentery, thirst, want of appetite and general discomfort are the first symptoms. In order to subdue these morbid manifestations, some people think it wise to use remedies and prescriptions which they have brought with them; or they go and consult an apothecary, asking for a remedy to stop diarrhoea. The apothecary satisfies their desires, giving them a medicine which he considers suitable. This remedy often calms the abdominal troubles, so that the sufferer, thinking himself cured, gives himself no further uneasiness and goes on with his excursions. But the improvement does not continue long. In a short time, with the increase of discomfort, fever preceded by chills is developed; there is aggravated diarrhoea and the stomach is swollen and sensitive to pressure; the tongue is reddish at the edges and coated with white fur; there are pains in the head, thirst, muscular pains, nausea in trying to take food, etc. In other cases there is added to the above mentioned symptoms, irritation and hyperemia of the tonsils, bronchial catarrh and cough. These symptoms justify the diagnosis of rheumatic fever, rheumatic gastric fever, or enteric fever; or, still better, a rheumatic fever, with acute or sub-acute catarrh, gastro enteric, bronchial, etc. In consequence of the recent study of micro-organisms, the diagnosis of fevers has undergone modifications, and the division between ephemeral and continuous fevers has disappeared, and there has been substituted a gradation of typhoid fevers.

These maladies of long continuance are often associated with intermittent malarial fever, the symptoms of which rarely escape the experienced eye of the Roman physician. Such complications, if not recognized and properly treated, may endanger life. This is the rock upon which foreign practitioners

are stranded—they do not know how to distinguish these complications. In consequence, they have conceived the idea of "Roman fever."

The maladies prevalent in Rome are generally of a rheumatic and catarrhal, rarely of an infective type. If the latter prevail among strangers in the city, it is not the result of the climate, *per se*, but of their irregular mode of life, and of the disadvantages of not being subjected to a rational method of treatment.

Now, it may be asked with reason, what then is the rational treatment of these diseases among foreigners? The first thing to be done is to remove the causes which have favored the malady. If rheumatic causes, and dietetic errors have been the chief factors in determining this, diaphoretics, laxatives, sedatives, possibly oily mixtures, tepid baths, corrective draughts, a well-regulated diet, etc., should be prescribed. This mild method of treatment has almost always been found successful in these cases, which I have rarely seen degenerate into infectious, or, as they are now called, typhoid fevers. Their course has been mild and brief, ordinarily not lasting more than two weeks. In more serious and complicated cases the therapeutics must be modified. In cases of sub-acute or acute bronchial catarrh, bronchitis, pleuritic pains, pleurisy, pneumonia, the curative treatment should be directed towards the modification of the phlogistic condition, so as to assist the resolution of the malady.

Experience shows not only that polypharmacy cannot well be borne in our climate, but also that it is positively hurtful to the patient. It is a grave error, under these morbid conditions, to permit the use of alcohol and other stimulants, as is often done by those who in their efforts to help their patients, do not take sufficiently into account either the causes which have produced the illness or the climate which has augmented it. The old sentence, *medicina tota prudentia est*, is often forgotten, and instead of regarding the physician as *naturæ minister*, he considers himself the *Imperator*.

The forms of disease which I have mentioned are those which ordinarily prevail among the strangers visiting Rome, diseases common to every country. Among those, however, who are established in Rome, or who reside there the greater part of the year, or who spend the winter season there, these forms of disease do not often occur. It does happen, nevertheless, that some among these fall ill in consequence of abusing their

strength and exposing themselves to influences which have their natural results in rheumatism, tonsillitis, bronchial catarrh, etc. When young and delicate individuals, or those suffering from constitutional disorders, are attacked by these maladies, the consequences are often deplorable. But no fact is better established than that the greater part of the strangers residing in Rome improve in health, the sufferings for which they have sought its favorable climatic influences diminishing, so that they depart showering benedictions upon Rome and all Italy.

There is then no such thing as "Roman fever;" the illness of a few among the many visitors who come to our city is owing to conditions peculiar to themselves, and not to the climate of Rome, or that of any other city. They fall ill wherever the forces of nature fail.

PREScription-WRITING.

BY WINSLOW ANDERSON, M.D.,

Assistant to Chair of Chemistry and Materia Medica,
Medical Department, University of California, San Francisco.

Success or failure in life often depends on a want of attention to the *minutiæ* appertaining to one's chosen vocation.

Out of several thousand prescriptions examined at any of our leading drug-stores, very few will be found to correspond to the maxim of the Greek physician, Bithynus Asclepiades, upon whose foundation we have been building our prescriptions for nearly 3000 years, "*curare cito, tuto et jucunde*"—cure quickly, safely and pleasantly.

Prescription-writing seems to be a lost art. Possibly the fault can be ascribed to those medical schools in whose curricula it does not receive its merited attention.

Leaving aside the chirography and hieroglyphics of special coinage, and the phraseology indigenous to the alumni of the Æsculapian Temple, which are generally so legible that if a drug clerk can read one or two words in the *recipé*, he will be obliged to guess at the rest, put up the prescription and compliment himself on the success of his translation.

The most frequently committed errors in prescription writing may be classified under four heads, viz:

1. Improper admixture of Latin and English.
2. Improper use of genitive endings.
3. Faulty and ambiguous abbreviations.

4. Incompatibilities.

1. You frequently observe a Latin noun with an English adjective, and *vice versa*, even in printed prescriptions in medical works. Also one drug in Latin and the next in English, as shown in the following copy :

R Quininæ sulphate..... $\bar{3}j$
 Acidi hydrochlorate..... $\bar{3}ss$
 Syr. liquorice..... $\bar{3}j$
 Aquæ, q. s. ad..... $\bar{3}iv$
 M. Sig.—Teaspoonful every 3 hours.

2. Genitive case.

As Latin is the language used for prescriptions, owing to the many well-known advantages it possesses over all other languages for this purpose, it is well for physicians to bear in mind that all the names of the medicines, with all their adjectives, used in the body of the prescription should be put in the genitive case when the quantities of them are expressed.

With very few exceptions, the following simple rules will be found universal for pharmaceutical names :

(a.) All nouns ending in *a*, form the genitive in *æ*.

(b.) All nouns ending in *us*, *um*, *os*, and *on*, form the genitive in *i*.

(c.) *As* becomes *atis*, *is* becomes *idis* or *itis*, *o* becomes *onis*, *x* becomes *cis*.

(d.) All other pharmacopœial nouns form the genitive in *s* or *is*.

Improper use of genitive :

R Sodii bicarbonate..... $\bar{3}j$
 Bismuth subcarbonate..... $\bar{3}ss$
 Liq. calcis..... $\bar{3}j$
 Aquæ, q. s. ad..... $\bar{3}iv$
 M.—Take one teaspoonful after each meal.

3. Abbreviations should be correctly used or not at all. To be sure, the temptation is very great when we are busy, but it should be remembered that a drug clerk cannot divine what is wanted and has the prescription only to go by; and perhaps the life of a human being depends upon an improper abbreviation; therefore we cannot be too careful. Several deaths in this city have been attributed to the stupidity of apothecaries' clerks or criminal carelessness of the prescriber.

The following *original* prescriptions were written by a physician of this city, who enjoyed a lucrative practice for many years and is now deceased. They illustrate the dangerous habit of ambiguous abbreviations and peculiar hieroglyphics :

No. 1.

73114
 Chloral. $\bar{3}j$
 Potass. bromid. $\bar{3}ss$
 Extracti valerianæ fluidi. $\bar{3}j$
 Tincturæ gentianæ..... $\bar{3}ss$
 Syrupi aurantii..... $\bar{3}j$
 Aquæ, q. s. ad..... $\bar{3}iv$
 Misce et fiat solutio.
 Signa —One tablespoonful at night.

TRANSLATION OF NO. 1.

R Chloralis..... $\bar{3}j$
 Potassii bromidi..... $\bar{3}ss$
 Extracti valerianæ fluidi.
 Tincturæ gentianæ..... $\bar{3}ss$
 Syrupi aurantii..... $\bar{3}j$
 Aquæ, q. s. ad..... $\bar{3}iv$
 Misce et fiat solutio.

Signa —One tablespoonful at night.

DR.

These and many other imperfect abbreviations should be carefully avoided :

Hydroc. may mean acidum hydrochloricum, or acidum hydrocyanicum. Hydra. chlor. may be either hydras chloralis or hydrargyri chloridum. Sulph. will stand for sulphas, sulphidum, sulphuris, sulphuratum or sulphurous, and so with many others.

4. Incompatibility in prescribing is of much greater importance than is generally supposed. Pharmaceutically considered, it gives rise to many annoyances little thought

of. For instance, solutions of borax and tincture of the chloride of iron, or syrup of acacia and iron will coalesce, forming a jelly-like mass, which cannot be poured or handled in any way. The patient to obtain his medicine must break the bottle.

No. 2.

79064
Rt. over
By nit
Ext. h
By mix
F. & V
All
' K

Therapeutical incompatibility prevents a proper physiological action of the drug given. Many times we are disappointed in the action of a drug, all the while forgetting that it is our own fault, having combined it with some antagonist. Alkaloids, for example, are precipitated by alkalies and rendered inert by tannic acid or vegetable drugs containing tannin, forming insoluble tannates. Tinctures contain resins, spirits contain oils, hence are *not* miscible with water, and yet fully one-half of all prescribers will use water as a vehicle for tinctures. Fluid extracts are generally miscible with water.

Chemical incompatibility is the most important, as dangerous compounds are formed. Hydrocyanic acid or potassic cyanide with metallic hydrates or carbonates will form poisonous compounds. So will potassic iodide with potassic chlorate.

We have all witnessed syrup of squills and ammonia carbonate mixed, with the sequence of blowing the cork out or breaking the bottle, due to the formation of CO₂.

Pepsin should be given with acids and not with alkalies or carbonates.

Plumbic acetate is incompatible with zinc sulphate. In prescribing potassic iodide with bichloride of mercury, you form iodide of mercury, the strength depending upon the amount of the one or the other salt present. Poisonous compounds are formed by mixing together arsenic, iodides and a salt of mercury, and yet this is a standard mixture employed by many physicians.

Many prescriptions I have seen were composed of tinctures and vegetable drugs containing more or less tannic acid and preparations of iron; several of them would give you very good writing inks.

The following is one of our *legible* prescriptions, written by a prominent physician. It might be much improved upon as far as compatibility and simplicity are concerned:

No. 3.

78739
Infus: lb. digit. 3v
(P) 3v
Acton. annat. 3v
Syrup. morph. 3v
Tinct. alb. 3v
Syr. sennæ
Morph. 3v
W. C. 3 horas
1/2 L. 3v

Dr. L. Dr. S.

TRANSLATION OF NO. 3¹

B Infusi (foliorum?) digitalis. 3v
Ammonii chloridi
Spiritus ætheris nitrosi. 3ij
Antimonii tartarici. gr. j
Syrupi sennæ
Syrupi morphinæ (?)..... 3v q. s. ad. 3v
Misce et fiat solutio.

Signa.—One teaspoonful every three hours.

Dr. —

[¹The difficulty of translating the prescription may be appreciated by the fact that we would make the fifth ingredient *syr. scillæ* and not *syr. sennæ*, as the author does.—EDS. REPORTER.]

Prescriptions for liniments containing tincture of iodine, aqua ammonia and soap liniment, often used, will make iodide of nitrogen, which is explosive under certain conditions.

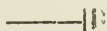
Gargles of chlorate of potassium, tincture of the chloride of iron and glycerine will explode if warmed.

Silver nitrate with creosote, occasionally used for steam atomization, may explode. Potassium chlorate with sugar or glycerine, tannin with permanganate of potassium, oxide of silver pills, chromic acid or nitro-hydrochloric, with oils and fats, sulphur or sulphides with chlorate of potassium, all form highly explosive compounds and should be avoided.

The stronger acids should be prescribed alone with proper diluents. Potassium iodide, chlorate and permanganate, corrosive sublimate, lead acetate, silver nitrate, the cyanides and nitro-glycerine should all be prescribed in simple solutions, and *mono* rather than *poly* pharmacy adopted.

Many rare gems of curious composition could be given, but want of space and prudence forbid.

In conclusion I would urge medical men, students and professors to pay more attention to prescription writing. The time has happily gone by when it was considered learned and wise to write so that nobody could read it. Master the genitive endings, and by all means avoid abbreviations that are ambiguous and unintelligible. Oftentimes the only means a pharmacist, or indeed the public, has of judging of the qualifications of a physician is by his prescriptions.



OBLITERATION OF THE ORIFICE OF THE NOSE—OPERATION—RELIEF.

BY GILBERT YOUNG, A.M., M.D., OF PHILA.

The following case presented such a marked degree of deformity, and was so much relieved by a simple operation, that I think it not unworthy of being placed on record.

The patient, Mrs. —, was about forty years old when she came under my care. She had contracted syphilis twelve years before, and in consequence of ulcerative lesions of the face, had suffered a deformity of the most pronounced character. Not only was her countenance so changed that her nearest friend could not have recognized her, but also great destruction had taken place within the nasal cavity.

The nasal bones and inferior turbinated, on both sides, as well as the cartilaginous septum and lower half of the bony septum, were completely gone—no opening or semblance of one remaining over the original site of the anterior nasal aperture.

An orifice, about three-quarters of an inch square, existed in the palatal processes of the superior maxilla, just posterior to their anterior, inferior juncture. Through this square hole the finger could be passed high into the nasal vault.

The soft palate, uvula and tonsils had not sloughed; but from the amount of aphonia present, I concluded there had been serious impairment of the vocal cords. An examination of the larynx was, however, rendered almost impossible, from the fact that the opening of the mouth of the patient, which was naturally small, had, by the inroad of the disease at this point, become diminished at least one-third of its original extent. The skin, too, of the entire central portion of the face, including the lower part of the forehead, the original site of the nose, both cheeks, and the upper lip, presented a thickened, corrugated, pink-and-white, streaked, cicatricial appearance.

Again, the patient was cachectic, requiring—perhaps from a neglect of sufficiently prolonged, early, constitutional treatment—frequent recurrence to alteratives, in order to keep her fairly well. Added to this, having for twelve years been so long required to breathe entirely through her mouth, her fauces were so irritable that she suffered of late, among other inconveniences, from most alarming attacks of spasm of the glottis. These were repeated so many times daily and nightly, and were so prolonged, that she was gradually wearing out, and an immediate operation of some kind seemed demanded for her relief.

On the second of June, without anesthesia, I made as long a vertical incision in the median line, over the site of the nasal fossa, as its space permitted. The tissues were about half an inch thick, and very hard. With my left index finger passed up through the opening in the bony palate (before mentioned) as a guide, I next made a horizontal incision on a line with the floor of the nares, at right angles with the first.

Into the opening made by pressing apart the two triangular flaps, I inserted a No. 20 (American scale) soft catheter, passing it well back into the posterior nares, and bringing its outer end, chimney-like, up to the forehead, fastened it there with adhesive plaster.

After wearing the catheter about a month, of course cleansing it frequently, the artificial canal to the anterior nares seemed well healed, and since then my patient has worn a well-fitting metal tube, with great comfort.

As an immediate result of this trifling operation, there was at once, has since been, and I hope will continue to be, an almost complete relief from the very distressing attacks of spasm of the glottis which she previously suffered.

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Special meeting, September 19, 1887.

The President, Dr. J. SOLIS COHEN, in the chair.

The discussion upon Dr. PAVY's address on "**Some Morbid Conditions of the Urine,**"¹ was opened by

DR. JAMES TYSON, who said: It is needless to say how much indebted we all feel to Dr. Pavy for his remarks, and in the brief time allowed for discussion I desire first to say that I think we, in America, have passed through much the same transition in our views as to the import of albumin in the urine as has taken place in England. The fact is thoroughly recognized that albumin may be present without any serious import; but the explanation of these curious albuminurias is still unsatisfactory. There are a certain number of them which are clearly the result of diet, and may be called alimentary albuminurias, but that all cases cannot be thus explained is shown not only by the cases alluded to by Dr. Pavy, but also in those in which the urine on rising is free from albumin, but in which within an hour afterward the urine passed is albuminous, although no breakfast has been taken.

The crucial test for the determination of the gravity of an albuminuria is the presence or absence of casts. I have found that in these harmless albuminurias tube casts are invariably absent; and where there is a constant association of albumin and tube casts, it, of course, means renal disease, no matter how slight the general symptoms may be.

With reference to sugar, we also entertain much the same views. In my hands Fehling's solution has proved the most satisfactory test, although open to the disadvantages alluded

to by Dr. Pavy. Much, however, may be done to preserve it; if the bottle is kept corked and in a dark place, the solution will keep for a much longer time. I have also obtained satisfactory results in this respect from a Fehling's solution in which mannite was sub-tituted for the tartrate of potassium and sodium. I have found that the pellets made in this country rapidly spoil.

In reference to the treatment we largely agree. I am inclined to believe that certain sugars, and especially certain fruit sugars, are better managed by the diabetic than others. Thus I think that a patient may eat an apple, or even an orange, without much disadvantage, whereas the use of grapes is always attended with an increase in the quantity of sugar. The same is true of milk sugar. I am satisfied that milk is a good diet for most diabetics, although, of course, it is not a cure. The dietetic treatment is, for the most, efficient; but, so far as my experience with drugs goes, I am satisfied also that the preparations of opium, and especially codeine, are the most efficient adjuncts to the dietetic treatment. They are, however, open to the objection that they produce constipation, which almost always aggravates the other symptoms of diabetes.

DR. J. W. HOLLAND said: The remarks of the previous speaker have reminded me of my experience with glycerine as an organic medium in Fehling's solution. This makes a solution which keeps for a considerable time, although not indefinitely. At the Jefferson College laboratory we employ two solutions of definite strength, one containing the sulphate of copper, and the other Rochelle salt and the caustic potash or soda. These are mixed in equal quantities when it is desired to employ the test.

In the use of Dr. Pavy's quantitative test, I find one small objection—which can be obviated by extreme care—that is, if the solution is boiled in an ordinary capsule the ammonia will be driven off and reoxidation of the copper follows. If a flask is employed the ammonia will not escape so rapidly.

One form of pellet lately brought to my attention is the indigo-carmine pellet. This seems to keep indefinitely. It is composed of sodium carbonate and the sulphindigotate of sodium. It is a very sensitive test—even more sensitive than Fehling's solution.

DR. KLEEN, of Carlsbad, was introduced, and said: I had two years ago, under my care at Carlsbad, a most singular case. Mm. X., of Gothenburg, fifty years old, then consulted me, telling me that she was suffering with diabetes, that the illness had acci-

¹ See page 503 of the REPORTER.

dently been discovered the year before, and that she had then visited Carlsbad (1884) and consulted Professor Seegen (who since that time has retired from practice).

Mm. X., when I saw her, presented no symptoms of diabetes or of any other illness, except some nervous debility. I gave her a considerable quantity (100 grammes) of cane sugar, collected the urine for some hours, and afterward for twenty-four hours, but found no glucose in it. I did not succeed better after she had dined copiously on rice and other amylaceous food. I then pronounced her free from diabetes. I still kept the case under observation, however, and at last found, upon examining the urine two hours after a meal, which had ended with a large portion of sweet fruits (mostly pears), a small quantity of reducing substance. Both Fehling's and Nylander's (bismuth) solutions showed reactions corresponding to the one we got, with urine containing 0.1–0.2 per cent. of glucose. When testing the urine with polarization by the spectroscope, I found, to my utter surprise, a slight deviation *to the left*. The urine did not contain a trace of albumin. I was at a loss what to think of it, and submitted it to the test of fermentation. The same day, however, I received a letter from Prof. Seegen, stating that when the patient was under his care, her urine had contained much larger quantities (as much as 3 per cent.) of reducing substance, and that he had found that substance to be *levulose*. At the same time Professor Seegen sent me a supply of glucose, asking me to submit the patient to a test of her toleration of that substance. So I did, and found that portions of 100 grammes or more did not produce more than very small quantities of reducing substance in the urine—that substance, to judge from a very slight deviation to the left in a good instrument, being levulose.

Worm-Müller has proved that glucose, administered in large doses, passes to a certain (small) extent unchanged into the urine, even in healthy persons, while it passes to a much larger amount into the urine of the diabetic patient. He has also found that all the different species of sugar, administered in large doses, in a certain (small) proportion pass *unchanged* into the urine even of healthy persons, while in the diabetic patient at least some portion of them passes into the urine *transformed into glucose*. He believes in this latter circumstance to have found a difference, also, between persons suffering from real diabetes and those whose urine, while under ordinary

diet with the common reagents, presents traces of glucose, or only now and then, under peculiar circumstances and in a passing manner, contains somewhat larger quantities of it.

This coincides with my own experience so far as it hitherto goes. Like all physicians who occupy themselves with researches in this direction, I find every year persons whose urine shows traces of sugar, and now and then—especially after strong emotions, after alcoholic excesses, or after very rich meals of mixed food (but generally, not after meals *exclusively* consisting of amylacea or of cane sugar)—in a passing manner, somewhat greater quantities of a substance which shows *all* the qualities of glucose. In these doubtful cases, I usually give a large quantity of cane sugar; and afterward often find no glucose—or only slight traces of it—in the urine, till I have boiled it with mineral acid, and thus converted a portion of the cane sugar that has passed over into glucose, whereupon I will find the well-known reaction of glucose. I consider these cases to be distinct from true diabetes, though it seems to me highly probable that they indicate a tendency to that disease, which others of larger experience than myself have also noticed—for instance, Professor Frerichs.

In the present remarkable case of levuluria, I found that some portion of cane sugar passed unchanged into the urine. It seemed to me to be of great interest to find out how Mm. X. reacted against the other species of sugar, especially against levulose, which, with some reason, could be expected to pass over in larger proportion than in quite normal persons. I therefore had the wish to administer a large amount of honey (which is a mixture of glucose and levulose), and also to make a test with milk sugar; but Mm. X., who had heard that she should avoid sugar above all things, and who had an interest in her own case, only partly of the same nature as my own, did not wish to be submitted to further experiments, especially as I could not promise that they would be without some momentary influence on the urine. I can, therefore, only give the above description of the case, such as is always given by Professor Seegen, who first discovered it, but I am not without hope of being able in the future to give fuller information upon it.

I am decidedly of the opinion that the case is not, clinically speaking, strictly one of diabetes. If the substance had been glucose, it would have ranged among the large number of the above-named glycosurias con-

tinuing unchanged for a great number of years in healthy or nearly healthy persons. I was rather astonished at seeing Professor Seegen state that the urine once contained as much as three per cent. of levulose, but cannot doubt the accuracy of this most excellent observer. That the quantity has diminished so very much without any dietetic treatment, makes the case even more interesting than it otherwise would be. I allowed Mm. X. a tolerably good supply of starchy food, advised her only to avoid excessive use of them, and I have lately heard that the urine only now and then contains small quantities of reducing substance.

In the discussion on Dr. Lennox Browne's address on

"An Unrecognized Cause of Many Throat Ailments,"¹

Dr. CARL SEILER said:

I quite agree with the speaker, that the *globus hystericus* is rarely of purely imaginary origin. Some chronic inflammation of

the upper part of the upper air passages usually accompanies this distressing condition. As he truly says, pharyngitis is one of the most common causes of this symptom. At the same time the pharyngitis is to my mind, as a rule, the consequence of remote causes which may be looked for in one of three different directions—in a disturbance of the gastric system, in a disturbance of the respiratory function of the nose and naso-pharynx, and, finally, and most commonly in public speakers and singers, in a faulty use of the organ of voice. This latter condition is frequently met with in those who simply use the voice for ordinary conversation. The constant irritation thus produced leads to hyperæmia and chronic inflammation, which extends upward, rather than downward, into the trachea. In the treatment of the condition described, I think that little can be accomplished by the application of remedies to the apparent seat of the disease, but that the cause must be looked for and removed.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Traumatic Tetanus Cured.

Dr. Mayer makes the following communication to the *Allgemeine med. Central-Zeitung*, August 6th, 1887:

P. Reckert, nineteen years old, of strong physique, wantonly wounded himself on the point of his left forefinger in trying to break a china plate with his hands. On the evening of the third day after the wounding, the patient noticed, after being wet through by a cold rain, that he could no longer open his mouth. As this was accompanied during the night by painful contractions of the muscles of the neck and back, I was consulted next morning, and found the patient in the following condition: The teeth of the upper and lower jaw were firmly pressed together, so that I was only able with an effort to get the handle of a spoon between them. The expression of the face was grinning, as in risus sardonicus, through distortion of the muscles of the angles of the mouth. Swallowing was very difficult; speech stammering. From the mouth saliva constantly dribbled. The pupils of both eyes were very much contracted. At times there were very painful convulsions in all the muscles, so that the whole body was as rigid and immovable as a statue. During these convulsions breathing was very difficult and entirely superficial. About thirty such

convulsions occurred in the first twenty-four hours, though of different duration and intensity. After these symptoms, it could not be doubted that we had to deal with traumatic tetanus, which had been occasioned by cold. The patient, for the first fourteen days, was put upon fifteen grains of bromide of potash and fifteen grains of chloral alternately every hour, so that he took 180 grains a day of each. From the second day of the treatment the patient fell into a slumberous condition, while at the same time a diminution in the frequency and violence of the convulsions was noticeable. After fourteen days opisthotonos completely disappeared, and there only remained for some days longer a waxy rigidity of the chin muscles. From this time on the chloral was discontinued, but the bromide was continued in the same doses four weeks longer. On the forty-eighth day after being taken sick the patient was dismissed from treatment as completely cured, but for six months general weakness of the body and inability to work persisted.

Investigation into Cholera Infection Received Through the Blood.

The following are the conclusions arrived at by Prof. Guido Tizzoni and Dr. Guisepino Cattani, in a preliminary communication to the *Centralblatt f. d. med. Wissensch.*, August 13th, 1887:

1. That it is possible to obtain in animals infection in an acute form through

¹ See p. 506 REPORTER.

the injection of even a small quantity of the poison of cholera into the blood whenever the animals concerned yield the same conditions which are necessary for artificially calling forth infection in other ways

2. That by injections alone, even copious ones, of cholera poison into the blood, no result is obtained.

3. That the comma bacilli that are injected into the blood are preserved there some time, and are still capable of culture after twenty hours.

4. After the lapse of a certain time, whose length varied in the different experiments, and after which the comma bacilli were no longer demonstrable in the blood, they still persisted in the peritoneal serum and in the organs, but, especially, in experiments covering some time, in the spleen.

5. The negative results which the contents of the intestines, the bile and the urine afford, prove that the comma bacilli that penetrate into the blood are not expelled from the latter in this way.

6. Although it may be further assumed that if death can be brought about through a small quantity of cholera poison, as was the case in our experiments, that this increase may occur in the blood; and, although upon the above-designated grounds it could not be proved, whether this increase occurred directly in the blood, or in other fluids of the organism, or in the organs, yet at the very least one may be permitted to doubt very much, contrary to the achievements of Hueppe, that this increase necessarily takes place in the intestinal contents as the place of least resistance.

7. Finally, we cannot avoid directing attention to the facts indicated by us of the constant passage of comma bacilli from the blood into the peritoneal serum, as well as of their presence in this fluid, even when they are no longer demonstrable in the blood itself, which would be sufficient to explain how, in acute cases of cholera, arising in the natural way, the comma bacilli, which have penetrated into the blood, pass from this at once into the serous fluids. We have proved this in one case by culture of the cerebrospinal fluid itself.

Methylene Chloride as a Narcotic.

In a long paper upon this subject in the *Deutsche Medizinal-Zeitung*, August 22, 1887, Eichholz and Genther sum up their conclusions in the following propositions:

1. The preparation hitherto sold as methylene chloride is a mixture of chloroform and methyl alcohol.

2. This mixture of chloroform and methyl alcohol is to be preferred to chloroform for the production of narcosis.

3. The pure methylene chloride produces narcosis just as quickly and just as profoundly as both of the above named preparations, but is not so lasting in its action.

4. The action of the pure methylene chloride upon the circulation and respiration is, moreover, not so dangerous as the other two preparations.

Transmission of Tuberculosis by Flies.

Drs. Spillmann and Haushalter have made a communication to the French Academy of Sciences from which it appears that the common house fly probably plays an important role in the carrying of tubercle bacilli. These observers have been struck by the great numbers of flies who are in the habit of collecting about the spit-cups of consumptive patients in hospital wards. Having taken some of the flies, they placed them under a bell-glass, and after the flies had died they examined the excrement which had been left in the form of blackened tracks upon the sides of the glass, and found without difficulty numerous bacilli, which were also seen in the intestine. Now, as the flies are known to die under the walls, tapestries and carpets, after the drying of their bodies the tubercle bacilli become free again in the dust and can infect inhabitants of the room.

The authors therefore conclude that flies, as carriers of contagion, should be kept from phthisical spit-cups by covering the latter with a lid, and that flies should be carefully kept away from food and drink.—*Le Concours Médical*, September 3, 1887.

The Value of Turkish Baths in Diseases of the Circulation.

In a recent paper Frey records his experience as to the value of Turkish baths in patients suffering from disturbances in the circulation. He first of all determined the normal effects of such baths by observations on himself with special reference to their influence on the pulse, arterial tension, respiratory capacity, renal excretion, and body weight generally. According to these observations, the quantity of blood in the body is lessened by the free excretion which takes place through the skin and lungs; the body weight is reduced; and the work of the heart is in this way lightened, at the same time that its substance is better nourished by the improved quality of the blood supplied to it. The peripheral arterioles of the

body, too, become dilated and filled with blood, thus effecting a corresponding emptying of the vessels of the internal organs. At the same time albuminous bodies, and still more fat, become more rapidly broken up, the loss in weight being thus explained. Lastly, as the result of the alternate warm and cold douching, the vaso motor energy of the vessels is increased, thus rendering them more capable of resisting any strain thrown upon them.

The good effects of the Turkish baths in disease find their explanation in these physiological considerations. Thus the diminution in weight is well illustrated in cases of *obesity*. By such patients the baths are extremely well borne. The only precaution necessary is that the cold douche ought not to be used in such cases, as the sudden shock produced, acting on a heart overloaded with fat, or the fibres of which may already have become fatty, may readily prove dangerous. In all cases it is important to have regard to this rule—that the sweating stage ought never to be continued after the pulse rises above 100. The diastole of the heart then becomes too short to allow sufficient time for the heart to nourish itself; and under such circumstances the effect of the bath is to weaken rather than to strengthen the cardiac action.

In cases of *aortic and mitral disease* dependent upon rheumatic affection and not the result of atheroma, the baths are also well borne. This effect is most marked in cases in which compensation is disturbed, with anasarca of limbs, failure in secretion of urine, and dilated right heart. So far from the pulse gaining in frequency under the influence of the bath, after the first ten to fifteen minutes it generally falls, remaining between 90 and 100 as soon as perspiration commences; it becomes softer, less tense, more dicrotic in character; visible arteries, *e.g.*, the temporal, are seen to distend; and respiration becomes freer, deeper, and sometimes even more slow. In the after treatment the cold douche is in the first instance to be avoided, a douche at the temperature of the body being used instead. The bath can be repeated daily, or on alternate days, according to the strength of the patient. As improvement goes on recourse is gradually had to colder douches, then finally the coldest of all may be freely used. The tone of the heart and vessels is in this way greatly improved.

In cases of *chronic Bright's disease*, where there is hypertrophy of the left ventricle, œdema of the legs, increase in albu-

min, and some failure in the secretion of urine, the baths also prove useful. It is necessary to have care in the use of the cold douche. By *emphysematous* patients, on the other hand, the Turkish bath is not well borne. In their case the use of the vapor-bath proves far more efficacious, and is often extremely beneficial. Lastly, in all conditions characterized by disturbances in the circulation dependent upon weakness, local or general, *e.g.*, œdema of the lower limbs or around joints, the result of general weakness, paralysis, rheumatic affections, etc., the Turkish bath proves of great value. It is, indeed, under such circumstances that the full effects of the baths in improving nutrition, and raising the general vaso-motor tone, are best observed.—*The Practitioner*, July 1, 1887.

Localized Facial Sweating.

Dr. Rice reports the following case to the *Brit. Med. Journ.*, August 20, 1887:

In the *Journal* of July 9th I see reference made to two cases of localized facial sweating. As it is there spoken of as being exceedingly rare, it may be interesting to your readers to know that I have a patient under my care at the present time who suffers from it in a marked degree. My patient is gouty, and he first noticed the affection after a sharp attack of gout some seven years ago, which appears to have affected his right ear, making him deaf for some time. The sweating is profuse, and comes on at any time; in fact, is generally present, the sweat pouring off the upper part of the right temple, and, when he is lying on his back, running into the right ear. Curiously enough during the present summer he has had suppuration of the right parotid, which at the present moment is not quite healed. In both the cases mentioned the sweating was preceded by parotid abscess; in mine the sweating preceded by many years the abscess. There appears to be no loss of sensibility in the skin from which the sweating proceeds, neither is the hair over the surface affected. It would be interesting to know of any further cases, and of the combination of localized sweating and parotid abscess.

Experiments on the Preventive Inoculation of Rattlesnake Venom.

Dr. Henry Sewall gives a detailed account of his experiments upon preventive inoculation of rattlesnake poison in the *Journal of Physiology*, August, 1887. The following is an abstract of his paper:

The venom used in these experiments was obtained from three specimens of the *Masasanga*, *Crotalophorus tergeminus*, one of the smallest of the rattlesnakes. The average length of the reptiles was about two feet. In order to obtain the poison the snake was allowed to bite the side of a porcelain dish while being held round the neck by a loop fastened to the end of a stick. The number and variety of the experiments performed were narrowly limited by the small amount of venom obtained. After the first extraction of poison, only one snake gave an additional amount; nor did artificial feeding with chopped meat induce a further secretion.

It was sought to artificially excite the secretion by stimulating with an induction current the exposed poison gland and its nerves. The results, on the whole, were negative, though in one instance stimulation of the gland was followed by a slight flow of venom into the capillary tube inserted in the poison duct, and each application of the electrodes caused a greatly accelerated blood-flow from the cut muscles which had covered the gland. The total amount of venom obtained was estimated to be about six small drops, though as part of it dried after extraction an accurate measure was impossible. The six drops of venom were dissolved in about 88 drops of glycerine, as recommended by Weir Mitchell¹, so that each drop of the glycerine-venom contained .068 drop of the pure venom. The venom was clear and greenish-yellow in color and decidedly acid in reaction. In preparing for an inoculation, the requisite number of drops of glycerine-venom were allowed to fall into a porcelain capsule and diluted with distilled water to such an extent that each animal should receive 15 minims of the mixture.

Mitchell and others have found that pigeons are peculiarly sensitive to the influence of rattlesnake poison, and these birds were therefore uniformly used in the experiments. The inoculations were made under the skin of the back by means of a hypodermic syringe.

In no case did death follow injection so rapidly as described in some of the experiments of other workers on this subject; this result may have been due either to the high dilution of my poison, or to its intrinsic composition. There appeared to be two well-marked periods within which death followed after inoculation with the venom;

the shorter time was about 3 hours, and the longer 15 to 20 hours.

The first symptom of the action of the poison was invariably a weakness in the legs, inducing the pigeon to sit down or to move with a tottering gait when forced to rise. Complete paralysis of the legs follows a larger dose of the venom. The general health and appetite of the bird may remain apparently unaffected while the legs are nearly completely paralyzed. Another symptom of the poisoning is the apparently excessive lachrymal secretion. When a fatal dose of poison is given, the paralysis extends from the legs to the wings; the head rests upon the floor; the mouth is open and the respiration gasping, and, after a longer or shorter period of clonic convulsions, the pigeon dies.

Mitchell draws attention to the marked effect which the inoculation of rattlesnake venom has in rendering the blood incoagulable, in producing extensive extravasation from the blood-vessels and in hastening putrefactive decomposition with the formation of very offensive odors. None of these results could be verified, perhaps on account of the dilute condition of the poison with which this work was done.

Previous observers seem to agree that snake venom may be kept indefinitely without diminution of its virulence; but, in the absence of quantitative experiments to the contrary, I think my own results are valid as showing that rattlesnake venom preserved in glycerine undergoes a gradual deterioration in its power. On consulting the tabular statement of the experiments on prophylaxis (for which see the original), it will be seen that on Nov. 7th the fatal dose of glycerine-venom was two-fifths drop; on Dec. 2d it had risen to two-thirds drop; and on May 19th nearly one drop was injected into a pigeon without producing death. A yellow color, such as is occasioned by fat, marked the skin for a considerable area round the needle punctures. In some of the experiments the pigeons inoculated with the same amounts of venom were divided in two lots, those of one being preserved in a room kept fairly constantly heated to about 60° F., while the others were caged in an unheated room in which the temperature frequently descended to 50° F. The poison seemed to affect more seriously those pigeons preserved in the cold room.

A review of the foregoing table of experiments shows that repeated inoculations of pigeons with sub-lethal doses of rattlesnake venom produces a continually increasing re-

¹ "Researches on the Venom of the Rattlesnake." *Smithsonian Contrib. to Knowledge*, 1861.

sistance towards the injurious effects of the poison without apparent influence on the general health of the animals. On December 3d, when the fatal dose of glycerine-venom is less than $\frac{2}{3}$ drop, $4\frac{1}{2}$ drops, or about 7 times the fatal dose, were injected without the least effect into pigeon I. The efficiency of resistance against the venom gradually fails in the absence of fresh inoculation, as is witnessed in the case of pigeon I which is perceptibly weakened by the inoculation on January 6th of 3 drops of glycerine-venom, a little more than one month after $4\frac{1}{2}$ drops had been injected without effect. Also on April 29th, nearly five months after the next preceding inoculation of 2 drops of the poison, III and IV were killed by inoculation, the one with 3 and the other with 2 drops of the poison. That the prophylactic effect of the repeated inoculations is persistent over the interval of five months is shown by the example of pigeon II, which on May 6th is uninjured by a fatal dose of the poison, and thereafter rapidly recovers its powers of resistance against the ill effects of inoculation with doses of venom much in excess of the fatal amount.

BOOK REVIEWS.

Insanity: its Classification, Diagnosis and Treatment. By E. C. Spitzka, M.D., President of the New York Neurological Society, etc. 8vo, pp. 423. New York: E. B. Treat, 1887. Price, \$2.75.

One of the most interesting questions which have engaged the attention of alienists within the last few years has been the significance to be attached to the term "Monomania." In this discussion Spitzka has borne a most important part, and he may well regard with gratification the general acceptance at present of views which he contended for against the vigorous opposition of a considerable number of specialists in insanity. We congratulate him upon the appearance of the book before us, which presents the sum of his opinions on this as well as other phases of insanity in his characteristic sharp, crisp style. Spitzka's opinions are positively expressed, which is a great advantage to the reader when, as we believe is the case here, an author's opinions are sound. This book contains an admirable summary of the present knowledge in regard to insanity, and is a valuable contribution to the literature of the subject. We hope the next addition may be as creditable to the publisher as this one is to the author.

Differential Diagnosis of the Diseases of the Skin. By Condict W. Cutler, M.S., M.D., etc. $6\frac{3}{4} \times 5\frac{1}{2}$ in., pp. viii, 139. New York: G. P. Putnam's Sons, 1887. Price, \$1.25.

This little book contains in parallel columns the symptoms of diseases of the skin which are liable to be confounded one with another. As an illustration of the way in which this is done, we may cite the presentation of "Measles," the symptoms of which are confounded with those of scarlet fever, r  theln, small-pox, roseola and erythematous syphilide. The statements of the author are founded upon the teachings of well known dermatologists and are no doubt reliable. We believe the book is calculated to be helpful to those to whom the diagnosis of diseases of the skin is a puzzling matter; but it cannot take the place of good, systematic books on dermatology.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—The first number of the *Revue Internationale Scientifique et populaire des Falsifications des Denr  es alimentaires* appeared September 17, 1887. It is published in Amsterdam, and edited by Dr. P. F. Van Hamel Roos, with the aid of a large number of co-editors in Europe and in North and South America. The object of this new journal—one number of which is to be issued every two months—is to diffuse information in regard to adulterations of food; what they are, how to detect them, and how to prevent or stop them. Such a worthy object must insure the sympathy of all good physicians and good citizens.

—Ginn & Company, of Boston, announce that it has been decided to establish a "Journal of Morphology," devoted principally to embryological, anatomical and histological subjects. Cordial promises of support have been received from many of the most eminent investigators in this department. The Journal will be edited by C. O. Whitman, Director of the Lake Laboratory, Milwaukee, Wis., and will be issued in two numbers a year, of 100 to 150 pages each, with from five to ten double plates. Subscription price, \$6.00 a year. Single numbers, \$3.50.

—Messrs. Longmans, Green & Co., have established a Branch House at No. 15 East Sixteenth Street, New York. Among their recent publications they announce, "*The Health of Nations.*" A Review of the Works of Edwin Chadwick, C.B., with Biographical Dissertation by B. W. Richardson, M.D., and "*The Commonwealth,*" A Series of Essays on Health and Felicity for Every-Day Readers, by Benjamin Ward Richardson, M.D., F.R.S.

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N. A. RANDOLPH, M. D., } EDITORS.
CHARLES W. DULLES, M. D., }

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THE NATURE OF TETANUS.

At the last International Medical Congress several papers were read, and interesting remarks were made, on the nature and treatment of tetanus. Certain of the speakers were inclined to accept the theory of the microbic origin of this disorder, and some seemed inclined to the view recently advanced by Verneuil that tetanus is naturally a disease of horses, and that it is communicated to man by association with them.

The first of these opinions has not a little evidence in its favor, although it is far from proved, and stands in apparent opposition to well-known clinical experience. Prof. Gaston, of Atlanta, took occasion to state some of the objections to the microbic theory of the nature of tetanus; and we think it worth while to make some comments of our own upon it.

The strongest arguments in favor of this theory depend upon the results of experiment. About a year ago, Rosenbach, of

Göttingen, read a paper before the Fifteenth Congress of German Surgeons, in which he gave a summary of what had been done by others before him, and added an account of some experiments of his own. Carle and Rat-tone succeeded in producing tetanus in eleven out of twelve rabbits by inoculating them with the contents of acne pustules.

Nicolaier believed that the germ of tetanus was to be found in the earth, and he produced symptoms like those of tetanus in rabbits by inoculating them with the soil of a garden. Rosenbach took material from the frozen and gangrenous foot of a man suffering with tetanus, and inoculated two Guinea-pigs, which developed symptoms of tetanus and died in about twenty-four hours. Material taken from the seat of inoculation in these animals produced similar symptoms in four new Guinea-pigs and eleven mice. Cultivations of a bacillus, which Rosenbach isolated, proved active at his hands as far as the fourth generation. These experiments are, however, not so conclusive as some have thought. In the first place, the animals experimented upon are so sensitive to experimental inoculation that we cannot safely argue from them to human beings. In the second place, the specific germ described has never, so far as we know, been found in the tissues of human beings, and in the animals experimented on it has been found in entirely inadequate numbers. Again, the clinical history of tetanus is often irreconcilable with the germ theory, cases occurring idiopathically—without any presumable supposition of inoculation—and some developing so rapidly, and terminating in so short a time, as to preclude the idea of germ development sufficient to account for the phenomena. Nicaise has reported a case caused by dashing a glass of cold water in the face of an infant; and many of our readers have no doubt seen cases of trismus nascentium in which no germ infection could be rationally imagined. Other cases occur which cannot be explained except by attributing them to the effect of cold. Such a case came under the observation of the writer not long since. Still other cases seem to be, at least in part, the result

of strong mental impressions acting upon neurotic subjects. In fact, we believe that none of the theories offered in regard to the nature of tetanus is so weak and purely hypothetical as the germ theory.

The "equine theory," as it has been called, has found little acceptance outside of France, where it first saw the light. It rests upon assumptions which will not bear the most ordinary scrutiny. It may be that one or two French surgeons have found that patients with tetanus have been associated with horses, as grooms or stable-men; but we have no idea that such association could be traced to even a small proportion of the cases occurring all over the world. Certainly, the babies affected with trismus nascentium could hardly be put in the same category with the stable-men alluded to. Dogs are very prone to tetanus; but we believe no one has ever suggested that men get it from dogs.

On looking over the whole subject, we must come to the conclusion that we have as yet no sound theory as to the nature of tetanus, and must take care to avoid a hasty acceptance of plausible hypotheses in regard to it. Meanwhile, we must patiently study the phenomena of this disorder, in the hope that some day the difficulties which surround it may be overcome, and a correct opinion be established.

COLLEGE OF PHYSICIANS AND SURGEONS.

The new edifice for the College of Physicians and Surgeons, for the erection of which the late Wm. H. Vanderbilt gave half a million of dollars, was formerly opened on September 29, with addresses by Dr. J. C. Dalton, the President; Dr. C. B. Agnew and Dr. Barnard, of the Board of Trustees. The building stands opposite the Roosevelt Hospital, and extends clear through the block from Fifty-ninth to Sixtieth street. The material is of the best Haverstraw brick. In fitting it up special attention has been paid to the practical work for which it is destined, rather than to art or ornament, and yet the edifice is one of the handsomest of its kind in the city.

NOTES AND COMMENTS.

A Case of Occlusion of the Vagina with Retention of Menstrual Fluid.

Dr. C. J. Cullingworth, of Manchester, England, reports the following case in the *Med. Chron.*, September, 1887:

The case I am about to describe is of considerable interest, as being a typical example of the simplest and most common form of vaginal atresia.

Ann A., aged 19, single, a factory worker, residing at Moses Gate, near Bolton, was sent to me by my friend, Dr. W. E. Bradley, of Farnworth, on August 17th, 1886.

She was a strong, well-built, healthy girl, with the development natural for her age. She had never menstruated, nor had she suffered any inconvenience therefrom until a few weeks ago, when she had some pain in the lower part of the abdomen. Soon after this she perceived that the abdomen was swollen. The pain recurred the following month, and she then consulted Dr. Bradley, who forthwith examined her, and, recognizing her condition, suggested that she should see me at once with a view to operation.

When she presented herself at my rooms there was a tense, smooth, elastic tumor centrally situated immediately above the pubes, with a smaller and more solid body resting on its summit. On passing a finger into the rectum, a large tense elastic swelling was felt in front, bulging the anterior wall of the bowel backward. A bimannual examination proved this swelling to be directly continuous with that in the abdomen. The patient being placed on her back, with her knees flexed and separated, nothing unusual was observable in the appearance of the vulva until the labia were separated, when the vaginal orifice was seen to be occluded by a thick membrane, resembling mucous membrane in appearance, and bulging very slightly outwards. Through this membrane an elastic mass could be felt, continuous with that perceived in the rectum and above the pubes. On more close examination the hymen was found to be of its usual shape, spread out upon the outer surface of the membrane and intimately adherent to it. It was arranged that the operation should be performed on the following day at the girl's own home.

Accordingly at 4.30 p. m., on August 18th, the patient was placed on her back at the edge of a table, in a good light, with the knees flexed and separated. In accordance with her wish, no anæsthetic was given. Seating myself before the patient, I punctured

the occluding membrane by means of a Cock's curved trocar, which had been previously immersed in a solution of carbolic acid, and lubricated with carbolic oil. On removing the trocar a dark brown fluid, of the consistence of treacle, began to flow through the canula. No pressure over the hypogastrium was employed, or any other means of hastening the evacuation of the fluid. The stream continued to flow slowly and steadily for an hour and a half, at the end of which time it began to pass in drops only. I therefore withdrew the canula, and inserted a pair of small polypus forceps, opening the blades so as to dilate the aperture sufficiently to admit the finger. The vaginal wall was much hypertrophied; its mucous membrane felt perfectly smooth: the cervix uteri was not within reach. I now again enlarged the opening by incising its posterior margin on a director. The quantity of fluid removed during the operation was altogether 32 fluid ounces.

A strip of lint, saturated with carbolic oil (1 in 10) was placed in the vagina, and a large pledget of the same was laid over the vulva. The patient was then lifted carefully into bed. No douching was used, any fluid that still remained being allowed to trickle away gradually as the patient lay in bed. Orders were given to observe the recumbent posture absolutely for two days, then to be allowed to sit up, during meals and whilst passing urine, for purposes of drainage. A small glass dilator was to be introduced as soon as there was noticed any tendency to contraction.

On August 22d, Dr. Bradley writes, "The patient has not had the slightest untoward symptom; there has been no increase in the rate of the pulse or any elevation of temperature. Discharge somewhat copious until yesterday, when it almost ceased, so that to-day I managed to dilate the opening with my finger and inserted the glass tube." The discharge retained its dark treacly character for five days; it then became yellowish, and finally consisted entirely of mucus. On August 28th the patient left her bed in the afternoon, and on September 2d she was up to breakfast, and remained up all day. I saw her on September 13th at my rooms in Manchester. She was looking and feeling very well. She still wore the glass dilator, which she was able to pass herself, retaining it by means of a napkin. From this time she was told she might discontinue its use in the day time, but must wear it at night until Dr. Bradley thought it safe for her to discard it altogether. On August 25th, 1887, it being now exactly a year since the operation, the

patient called upon me at my own request. She is perfectly well, and menstruates with a fair amount of regularity, and without any discomfort. For some months she wore the glass dilator every night; now she wears it about one night a week as a matter of precaution. On examination, the vaginal orifice is normal, the hymen remaining perfect. The shrivelled remains of the divided membrane can be seen behind the hymen, but are a source of no inconvenience. The vagina is of ordinary length; its walls are still destitute of rugæ, but are no longer hypertrophied. There is no trace of the abdominal swelling. The uterus is normal, both in size, position, and mobility.

Remarks.—The cases of which this is an example are often described as instances of imperforate hymen. The obstruction is, however, not at the hymen, but just behind it; the hymen frequently, as in this case, lying upon the obstructing membrane, and so closely adherent to it, as only to be with difficulty recognized as a separate structure.

The dangers attending the evacuation of retained menstrual fluid are well known; they are chiefly (*a*) rupture of one of the Fallopian tubes, which are often irregularly distended or sacculated by accumulations of blood in their canal; and (*b*) septicæmia. The former of these dangers is best avoided by evacuating the retained fluid slowly. It was with this object that I made a small opening at first, allowing the fluid to escape very gradually, and it was also this that influenced me in avoiding all pressure over the hypogastrium during the operation. The second danger is to be guarded against by careful antiseptic cleansing of fingers and instruments, and by the avoidance, as far as possible, of the admission of air into the vagina, both during and after the operation.

With regard to the desirability of washing out the parts after the operation with warm carbolized water, or other antiseptic solution, authorities are divided in opinion. My own observations have led me to the conclusion that in cases where no putrefactive change has taken place in the retained fluid, it is better to let it drain away of itself. This was the plan I adopted in the case above recorded, and certainly, no case could have progressed more satisfactorily. Whether the successful result was due, in any degree, to the avoidance of douching, or whether, as the advocates of douching would say, it occurred in spite of it, cannot of course be determined. One thing, however, is clear, namely, that antiseptic washing out of the vagina is not essential to uninterrupted recovery.

Uniformity in Obstetrical Nomenclature.

The committee appointed by the Section in Obstetrics of the Ninth International Medical Congress to formulate resolutions in regard to the above subject submitted the following report, which, after an animated discussion, was unanimously accepted, the only dissentient being Dr. Martin, of Berlin, who was not present, but had left a message stating that he thought the matter should not be settled by an American Congress, but should wait three years and be accepted or not by a congress meeting in the Old World.

A. It is desirable to try to attain to uniformity in obstetrical nomenclature.

B. It is possible to arrive at uniformity of expression in regard to: 1, The Pelvic Diameters; 2, The Diameters of the Fœtal Head; 3, The Presentations of the Fœtus; 4, The Positions of the Fœtus; 5, The Stages of Labor; 6, The Factors of Labor.

C. The following definitions and designations are worthy of general adoption by obstetric teachers and authors:

1. PELVIC BRIM DIAMETERS.—1. Antero-posterior: (1) Between the middle of the sacral promontory and the point in the upper border of the symphysis pubis crossed by the *linea terminalis* = *Diameter Conjugata vera*, Cv. (2) Between the middle of the promontory of the sacrum and the lower border of the symphysis pubis = *Diameter Conjugata diagonalis*, Cd.

2. Transverse: Between the most distant points in the right and left ileo-pectineal lines = *Diameter Transversa*, T.

3. First Oblique: Between right sacro-iliac synchondrosis and left pectineal eminence = *Diameter Diagonalis Dextra*, D. D.

4. Second Oblique: Between left sacro-iliac synchondrosis and right pectineal eminence = *Diameter Diagonalis Læva*, D. L.

II. FœTAL HEAD DIAMETERS.—1. From the tip of the occipital bone to the centre of the lower margin of the chin = *Diameter Occipito-Mentalis*, O. M.

2. From the occipital protuberance to the root of the nose = *Diameter Occipito-Frontalis*, O. F.

3. From the point of union of the neck and occiput to the centre of the anterior fontanelle = *Diameter sub-Occipito-Bregmatica*, s. O. B.

4. Between the two parietal protuberances = *Diameter Bi-Parietalis*, Bi-P.

5. Between the two lower extremities of the coronal suture = *Diameter Bi-Temporalis*, Bi-T.

III. PRESENTATION OF THE FœTUS.—The

presenting part is the part which is touched by the finger through the vaginal canal, or which, during labor, is bounded by the girdle of resistance.

The *occiput* is the portion of the head lying behind the posterior fontanelle.

The *sinciput* is the portion of the head lying in front of the *bregma* (or anterior fontanelle).

The *vertex* is the portion of the head lying between the fontanelles and extending laterally to the parietal protuberances.

Three groups of presentations are to be recognized, two of which have the long axis of the fœtus in correspondence with the long axis of the uterus, while in the third the long axis of the fœtus is more oblique or transverse to the uterine axis.

1. Longitudinal: (1) Cephalic, including—vertex and its modifications; face and its modifications; (2) pelvic, including—breech; feet.

2. Transverse or trunk, including shoulder, or arm and other rarer presentations.

IV. POSITIONS OF THE FœTUS.—The positions of the fœtus are best named topographically, according as the denominator looks—first, to the left or the right side, and second, anteriorly or posteriorly. When initial letters are employed it is desirable to use the initials of the Latin words.

In the case of Vertex positions we have:

Left Occipito-Anterior = *Occipito-Læva-Anterior*, O. L. A.

Left Occipito-Posterior = *Occipito-Læva-Posterior*, O. L. P.

Right Occipito-Posterior = *Occipito-Dextra-Posterior*, O. D. P.

Right Occipito-Anterior = *Occipito-Dextra-Anterior*, O. D. A.

The Face positions are:

Right Mento-Posterior = *Mento-Dextra-Posterior*, M. D. P.

Right Mento-Anterior = *Mento-Dextra-Anterior*, M. D. A.

Left Mento-Anterior = *Mento-Læva-Anterior*, M. L. A.

Left Mento-Posterior = *Mento-Læva-Posterior*, M. L. P.

The Pelvic positions are:

Left Sacro-Anterior = *Sacro-Læva-Anterior*, S. L. A.

Left Sacro-Posterior = *Sacro-Læva-Posterior*, S. L. P.

Right Sacro-Posterior = *Sacro-Dextra-Posterior*, S. D. P.

Right Sacro-Anterior = *Sacro-Dextra-Anterior*, S. D. A.

The Shoulder presentations are (left and right side of the *mother*):

Left Scapula-Anterior = *Scapula-Læva-Anterior*, Sc. L. A.

Left Scapula-Posterior = *Scapula-Læva-Posterior*, Sc. L. P.

Right Scapula-Posterior = *Scapula-Dextra-Posterior*, Sc. D. P.

Right Scapula-Anterior = *Scapula-Dextra-Anterior*, Sc. D. A.

V. THE STAGES OF LABOR.—Labor is divisible into three stages: (1) First stage—from the commencement of regular pains till complete dilatation of the os externum = *Stage of Effacement and Dilatation*. (2) Second stage—from dilatation of os externum till complete extrusion of child = *Stage of Expulsion*. (3) Third stage—from expulsion of child to complete extrusion of placenta and membranes = *Stage of the After-Birth*.

VI. THE FACTORS OF LABOR ARE—(1) The Powers. (2) The Passages. (3) The Passengers.

(Signed) DE LASKIE MILLER, M.D.,
President of the Section.

A. F. A. KING, M.D.,

WILLIAM T. LUSK, M.D.,

A. R. SIMPSON, M.D.

—*Med. Record*, Sept. 17, 1887.

Alcohol in High Latitudes.

In spite of the discovery of so many new remedies and the discussion resulting therefrom, the main battle of argument is still waged about alcohol. Commission after commission has contributed its decisions, and still the question is unsettled. Recent decisive testimony upon one phase of it, however, has been given by General Greely, of Arctic exploration fame, and his recent utterances in the *Forum* are most timely.

The last half-century has witnessed a marked reduction in the amount of alcohol supplied to men engaged in exploration in the high latitudes. The experience of previous years has finally made itself felt in official utterance. In one of the recent British expeditions, Sir Alexander Armstrong, Medical Director of the Navy, expressly counselled against alcohol rations for regular distribution, and advocated in their stead the use of cocoa and tea, but the officers in charge saw fit to allow the men two ounces of rum daily and double that amount during the absence of the sun.

One-fifth of the officers and over one-half of the men suffered from scurvy.

In Greely's expedition the amount of spirits taken was calculated on the basis of

four ounces per man weekly. In the long period of exposure to which the latter party was subjected, it was indisputably shown that spirits given on the march impaired resistance to cold. Given in small quantities after the day's work was over, they distinctly stimulated the mental faculties, without any unpleasant effects. This small quantity was generally about two ounces. More than this seemed merely a waste. In the later history of the expedition, it was recorded that one-fourth of an ounce of pure alcohol, diluted with three times its weight of water, had an equally pronounced effect. It seemed to supply food and to have a decided alimentary value. These results are what have been claimed for alcohol ever since its physiological effects have been critically studied. Their integrity has often been assailed by well-meaning but misguided enthusiasts, to whom anything concerning alcohol savors only of the powers of darkness. Upon them all argument is wasted.

General Greely's observations are valuable additions to our knowledge concerning alcohol. The facts which they narrate were indeed known before, but they have now received an authentic confirmation, and that, too, under the most trying circumstances.—*Med. Record*, October 1, 1887.

An Emulsion of Cod Liver Oil.

Emlen Painter suggests the following emulsion:

R	Irish moss gelatine.....	40 grains.
	Boiling water.....	5 fl. ounces.
	Cod liver oil.....	8 “ “
	Syrup of tolu.....	2 “ “
	Alcohol.....	1 “ “
	Oil of saffraas.....	10 minims.
	Oil of wintergreen.....	10 “
	Oil of bitter almond.....	2 “

Dissolve the gelatine in the boiling water, taking pains to have it completely in solution; transfer the mucilage formed to a pint bottle; gradually add the oil in divided portions, and shake the bottle vigorously after each addition and until a perfect emulsion is formed; then incorporate the syrup, and lastly add the alcohol in which the essential oils have been previously dissolved, and shake well together.

If preferred, this emulsion may also be made in a mortar in the usual way, and it is probably better to let the mucilage become perfectly cold before proceeding further with the emulsion.—*Druggist's Journal*, September, 1887.

Ligation of the External Iliac Artery under Cocaine.

Dr. Howe presented at the meeting of the N. Y. Path. Soc. (April 13, 1887), the specimen taken from a man whose external iliac artery he had ligated. It was accompanied by the following history:

John W., aged twenty one, single, of Irish birth, and a boilermaker, entered the hospital January 18, 1887, complaining of severe pain in the right leg, and especially along the inner side of the thigh. It had begun five days before this, and was accompanied by numbness of the limb and severe pain on attempting to walk.

In September of the previous year he had suffered from an attack of typhoid fever. He had also several severe attacks of acute articular rheumatism, and for four years believed his heart to have been affected, although he had never suffered from it further than from slight dyspnoea on exertion.

There were no evidences of venereal disease, and no history of alcoholic excess.

On examination the heart was found to be acting strongly; the pulse-rate was about 90. There was a loud mitral regurgitant murmur, and also an aortic regurgitant. The lungs and the abdominal organs showed nothing abnormal. The urine was examined with negative results. Locally, nothing was found to account for the pain. The patient was in a fair general condition, although somewhat anæmic. There was a slight elevation of temperature daily.

On the 25th, the second and third toes were found to be livid, and the whole extremity was cold and somewhat swollen.

On February 1st, a slight swelling was noticed immediately below Poupart's ligament in the line of the femoral artery, and this rapidly increased in size. By the 15th, there was a swelling the size of a hen's egg, which showed pulsation and presented a well-marked bruit. Pressure could not be applied below Poupart's ligament, and was very badly tolerated above.

The circulation had improved in the leg, and there was less tendency to gangrene. The patient's general condition had grown worse, and morphine had to be freely used to secure relief from the pain. He was then transferred to the surgical side of the hospital for treatment. The aneurism still continued to increase very rapidly in size, and on February 27th, scarcely four weeks from its first appearance, the skin over it was livid and softened, and rupture of the sac seemed imminent. Without hope of permanently benefiting the patient, but simply to do away

with the danger of sudden death from rupture of the sac, he ligated the external iliac artery, first, however, injecting into the subcutaneous cellular tissue, over the artery, fifteen minims of a four per cent. solution of cocaine. This quantity of cocaine sufficed to make the operation a painless one, excepting at its termination, when the edges of the wound had to be widely separated to get at the artery.

On the third day after operation there was free oozing from the wound, which was opened and a search made for bleeding points. Slight compression was all that was necessary, however, to control it. On the sixth the temperature rose to $104\frac{1}{2}^{\circ}$, and the abdomen became swollen and painful. The ligature came away on the ninth. He grew weaker rapidly, and on the tenth he died.

The autopsy showed the heart to be hypertrophied, and the aortic and mitral valves roughened and covered with vegetations. The pericardial sac contained a large amount of fluid. The lungs were congested. The intestines were distended. In the right iliac region, near the seat of operation, there were some fibrinous adhesions. There was no effusion. Both extremities of the ligated artery showed firm clots.

The points of interest in this case are first, the rapid development of a femoral aneurism in a young, bed-ridden patient; and second, the successful performance of the operation, without pain, by the use of cocaine as a local anæsthetic.

In this connection he wished to state that he had also amputated the mammary gland for scirrhus, in St. Francis Hospital, using during the whole operation forty minims of a four per cent. solution of cocaine. The operation was completed without pain, but at its termination the patient vomited. Whether this was the result of the cocaine or from shock, he was not prepared to say. These are the first cases of the kind on record where cocaine has been used instead of ether or chloroform.

Dr. Wyeth remarked, with regard to Dr. Howe's first case, that it was very unusual for constitutional effects to be developed by the injection of twenty minims of a four per cent. solution of cocaine, and he made this remark because he was so much in favor of the use of cocaine in surgery that he would dislike to have it discarded through fear to employ it. To be sure, it was not impossible for the effect mentioned by Dr. Howe to occur as a consequence of this moderate quantity, but as he had used the drug very extensively for the purpose of producing local anæsthesia, and had seen its unpleasant

constitutional effects produced in only one case, and that where a drachm of this solution became actually forced into the tissues, he believed that the cases in which such effects would be produced were very rare.—*Med. Record*, August 13, 1887.

Unusual Symptoms from Quinine.

Dr. Tsoukales reports in *Galenos* of June 20th, 1887, the case of a man of healthy antecedents to whom he gave twenty grains of sulphate of quinine in divided doses for a fever accompanying a severe attack of laryngitis. A short time after taking the first dose the man began to complain of a feeling of formication and numbness of the scrotum and penis. This passed off in a few minutes, and was followed by an intense itching, which persisted for about three days. The dartos of the scrotum was strongly contracted: the skin being drawn into tight folds. When the itching subsided, it was succeeded in some parts by a branny desquamation, but chiefly by fissures running parallel with the median raphe from the root of the penis to the perineum. These fissures also formed on the glans from the meatus to the corona. There was at first some bleeding from the cracks and then a purulent secretion. After the itching ceased the patient complained of pretty severe pains in the testicles. The fissures were healed, after the application of drying powders, in about a week. A week later another dose of quinine was given, and was followed by the same phenomena.—*Med. Record*, Sept. 3d, 1887.

A Case of Wellnigh Fatal Hemorrhage from the Conjunctivæ.

Dr. Pomeroy reports the following case in the *Med. Rec.*, Aug. 20, 1887: B. A—, a male child, from the middle walks of life, was born of healthy parents on April 30, 1887. The physician did not arrive until after the child was born. Mother had excessive uterine hemorrhage, which reduced her to an almost pulseless condition, and the most prompt measures were required to restore her. She, however, made a rapid recovery.

On account of the mother's requiring so much attention the child's eyes were not specially attended to until the next day, at about 12 M., when two drops of a two per cent. solution of arg. nit. in water were placed upon the slightly separated eyelids. The doctor thinks that not more than one drop came in contact with the palpebral conjunctivæ: this was at once neutralized with a solution of salt and water. The drops

were applied from a spoon, and no laceration of the conjunctivæ resulted from opening the lids.

At once the most violent pain resulted, which continued for five or six hours, the child crying constantly during this time.

At about 7 or 8 P.M. a serous discharge was then noticed from the eyes, which in two or three hours became tinged with blood.

This continued as a slow oozing during the night, becoming more sanguinolent until about ten o'clock of the next day, when the doctor arrived. He found it to be now almost wholly sanguinolent. He at once used cold applications which, having no effect, were changed to hot. Neither of these succeeding, resort was had to digital compression. This arrested the hemorrhage during the contact of the fingers, but as soon as the fingers were removed bleeding recommenced. I arrived at 1 P.M. Compresses of absorbent cotton, with vaseline to prevent imbibition, were at once applied by means of a firmly applied bandage; this arrested the hemorrhage for an hour, but it again returned, first in one, and after a little in the other, when two more bandages were applied over the first. This controlled the hemorrhage until 6 P.M., when it again commenced. At 8 P.M. I again saw the patient, and found the bandage soaked with nearly or quite pure blood, clots readily forming beneath the eyelids.

Iced applications were now made with temporary success: this failing after an hour or an hour and a half, the upper lids were everted and touched with alum in substance. This did no good; the slow but persistent oozing of blood was startling to observe.

A compress was then applied very firmly, with sheet rubber applied to the eyelids, knowing that blood *could not* soak into the cotton compresses. The bandage was applied very tightly indeed, the attending obstetrician reminding me that a child's head in the inferior straits was often compressed for hours with great intensity without harm. The bleeding now ceased.

This compress remained thirty six hours; on removing it, it was found that the left had not bled a particle, but the right had lost about half a drachm.

The bandage was reapplied to the right for one day, when there was found to be no more hemorrhage. Blood-clots were found beneath each eyelid, but it was thought injudicious to remove them, and a bichloride collyrium was used.

On the next day the clots were found to have disappeared, and a saturated solution of

boric acid in water was ordered to be used twice a day.

The lids were now carefully inspected, and each upper lid showed that there had been a superficial slough. The retro tarsal folds were considerably swollen, but the corneæ were perfect. Child opened the eyes readily; no photophobia; continued wash.

At the third day it seemed as though the child might die. The pulse was very feeble; patient extremely quiet; respiration weak; showed inability to nurse, for hours at a time, and when it did so only caught the nipple feebly. It was estimated that four ounces of blood had been lost. Stimulants were used, and in two days the child rallied satisfactorily, so that in a week there was no further trouble. The parents seem fairly healthy and strong; the mother, it is true, had serious post-partum hemorrhage, but there was no tendency toward being hæmophyllic, nor is there a history of anything of the kind in the family. The child only bled from the conjunctivæ.

I found it difficult for a time to believe that the collyrium could be the cause of the trouble; not more than a single drop touched the palpebral conjunctivæ, not a particle touched the globes on account of somewhat imperfect separation of the eyelids, and the prompt neutralization of the collyrium by a solution of sod. chlorid. still further rendered the application apparently safe. Three weeks after the instillation both upper eyelids exhibited a minute cicatrix.

I have made ineffectual efforts to obtain an exact examination of the solution, to determine whether it was properly dispensed. By the chloride-of-sodium solution I thought a more dense precipitate was thrown down than in the case of a solution known to be two per cent. It evidently was not *much* stronger than intended.

"Chichipate" and Cascara Amarga.

Plant Analysis as an Applied Science is the title of a lecture delivered before the Franklin Institute of Philadelphia last winter, by Helen C. De S. Abbott, for a copy of which in its published form we are indebted to the author. Among the personal observations mentioned—and it was to them that the lecture owed its value—is one of a Honduras plant called "chichipate," from which the author has extracted a yellow dye, *chichipatin*. Specimens of *Cascara amarga* having been sent to her from Messrs. Parke, Davis & Co.'s laboratory, where it had been found to contain an alkaloid resem-

bling berberine, she came to the conclusion that the two plants were identical. "This incident is significant," she remarks, "as deciding by means of chemical analysis the identity of plants under distinct names from different regions."—*N. Y. Med. Journal*.

A New Explanation of Renal Troubles, Eclampsia and Other Pathological Phenomena of Pregnancy and Labor.

A. F. A. King (Washington) has written a long paper on this subject, and advanced a new theory of the renal affections of pregnancy. The paper does not admit of sufficient condensation to warrant its reproduction in this report by abstract; but all who are interested in the subject will do well to read the article in detail. Briefly stated, the author's theory is that "disturbances in the renal circulation and renal functions are produced chiefly by pressure of the gravid uterus upon the abdominal aorta or its branches, or upon the vena cava or its branches, or upon both or all of these, in consequence of the child and womb not maintaining during pregnancy their normal lateral obliquity above the pelvic brim." The author submits that the normal position of the uterus before the advent of labor is the lateral oblique position, and that "the normal presentation and position of the foetus in utero during pregnancy, before labor begins, is the dorso anterior position of an oblique presentation." He also declares that the normal position of the child and womb is "intrinsically the same in primiparæ as in multiparæ," and that it is abnormal for the foetal head in primiparæ to enter the pelvis before the advent of labor. Dr. King then proceeds to show that "when the normal obliquity of womb and child is maintained during pregnancy, there will be no injurious compression upon any blood vessels."

The author's theory is ingenious and is modestly presented; he admits that his views are theoretical and only hopes that they may stimulate research which will verify or disprove them. While many will not now accept his premises, those who have large clinical facilities will do well to examine them with care and give them that clinical test which alone will determine their value. —*Boston M. & S. J.*, August 25, 1887.

—Dr. Austin Meldon writes to the *Medical Press and Circular* that he has for some years been treating tetanus with a combination of hyoscyamus, belladonna and conium. Seventeen cases have been treated in all, with thirteen recoveries and four deaths.

CORRESPONDENCE.

Papoid.

EDS. MED. AND SURG. REPORTER :

Sirs :—How shall I order papoid, if I want to use it? and where? and what will it cost?

Yours respectfully, R. S. W.

[Papoid is probably the same thing as papain. It is prepared under this copyrighted name by a firm in New York, and may be obtained from any druggist in Philadelphia at \$2.00 per ounce, or about a cent per grain, in prescription. Papoid costs \$3.00 per ounce, and probably more per grain than papain. In prescribing papain, or papoid, for internal use it may be dissolved in a mixture of equal parts of glycerine and water, or in either alone, or it may be ordered in capsules or cachets. The dose for acid dyspepsia, or intestinal catarrh is from one-half to one grain for children, and from two to five grains for adults. It may be combined with an alkali, such as bicarbonate of soda. For local application, it may be dissolved in from five to ten times its weight of water, or simply rubbed up with enough water to make a paste, as recommended by Dr. Wilmoret in the REPORTER, Oct. 1, 1887, p. 441.—EDS. REPORTER.]

EDS. OF MEDICAL AND SURG. REPORTER :

Sirs :—On reading your editorial in the REPORTER for September 17th I am reminded of an accident in my own practice, which was due to carelessness on the part of the druggist. I prescribed, for a delicate young lady, a grain of calomel divided in eight powders, one to be taken every hour. The patient took three of the powders as ordered, in spite of violent pain and ineffectual efforts at vomiting. I was sent for, and soon had all I could do to rescue her from the effects of three doses of an eighth of a grain of corrosive sublimate.

The mistake occurred as follows. I wrote

R Hydrarg. chlor. mitis gr. j

Sacch. albæ.....grs. viij

M.—Div. in chart. No. viij.

Sig.—One every hour.

The druggist gave the prescription to his assistant to compound, and while he was doing this, called out to him in joke, "Are you sure you are putting corrosive sublimate in that prescription of Doctor —'s?" At this, the assistant threw away the powders of calomel he had prepared, and deliberately made up a new lot with *corrosive sublimate substituted for the calomel!*

Such a mistake as this, if it had resulted fatally, would undoubtedly have subjected the druggist to a charge of manslaughter; and I am not sure but that it ought to have driven him out of the delicate business of pharmacy. Fortunately for all concerned, the results of his and his clerk's folly were only temporary, and the matter was not made public.

I publish this, hoping it may come under the notice of other druggists.

Yours respectfully, S. T. D.

EDS. MED. AND SURG. REPORTER :

Sirs :—I was interested in your editorial, in the September 17th number of the REPORTER, on "Accidents in Prescribing." Some mistakes are inexplicable except upon the hypothesis that the party making them must be insane, or his mind engaged on something altogether foreign to what he is doing at the time. If all of the mistakes were to go into print, I imagine we would be treated to a pretty constant succession of surprises. They have always been happening, and often will occasionally. It only behooves us to be more and more careful. I know a reputable physician who gave a patient a fatal dose of corrosive sublimate for potassium bromide. The fact was not published. Why publish it?—the harm had been done—he was suffering enough.

I don't approve of your Rule 2. Fancy that you had prescribed for a patient; the medicine had been sent labeled "poison;" a part had been given; and in the meantime the patient had unfortunately died. Fancy the nurse, a widow, with dyspepsia and strong religious convictions—such an one as Fothergill so aptly describes as the ghoul of the sick room—calling the attention of the friends of the deceased to the vial with the poison label, and telling them "that's what did it." Yours respectfully,

GEO. P. BLUNDELL, M. D.

Yazoo City, Miss., Sept. 23, 1887.

[The Rule 2, referred to, is one which we have followed in practice for years with great satisfaction. When accompanied with an explanation to the patient, or his nurse, that the medicine is safe in the dose prescribed, but dangerous if too much be taken, and that the word "poison" is only to prevent a mistake in taking it, the effect is to impress all concerned with the doctor's carefulness. We have never known it to work unfortunately.—EDS. OF THE REPORTER.]

Correction.

EDS. MED. AND SURG. REPORTER :

Dear Doctors :—Will you please state that the prescription found in my paper on "Vomiting of Pregnancy," in the REPORTER of September 24, should have included "Syrup. simp. q. s. ad. f $\bar{3}$ iv," making it read :

R Potass. nitrat.,
Potass. chlorat $\bar{a}\bar{a}$ $\bar{3}$ j
Ant. et potass. tart. gr.j
Tr. ferri chlor. f $\bar{3}$ iv
Syrup. simp. q. s. ad. f $\bar{3}$ iv
M. S.— $\bar{3}$ j every four hours.

Very truly yours,

Benezette, Pa. JAMES E. FREE, M. D.

NEWS AND MISCELLANY.

Native Medical Practice in Syria.

Dr. Ira Harris, missionary in Tripoli, Syria, writes the following interesting letter to the *Albany Medical Annals*, August, 1887 :

You have no idea of the immense amount of work a medical missionary has to do in this country, of the droves of people who flock to the dispensary and with him on his tours over the country. It would require an iron man to do all the work. When I am in Tripoli, I refuse all the medical cases I can, devoting myself as much as possible to purely surgical cases, of which I have many.

In this limestone region we have many cases of stone. I agree with Dr. Vander Veer that supra pubic lithotomy will never compete favorably with lithotripsy. I prefer the lateral operation. I have removed some large stones, and have seen no serious symptoms follow. In all my stone operations I have only lost one case, and this one died because his people did not give him proper nourishment in my absence.

A few months ago I visited a large village among the Nusairiyeh. The village barber called on me. These men not only ply the art of removing the hair from their customers' chins and heads, but they remove various quantities of blood from their bodies; the more ill or weak they are, the greater the quantity that is removed. They are also dosers of castor oil and sulphate of magnesia, no matter what the disease may be.

This man seemed to be very much interested in the operation of removing stone from the bladder, and in the various instruments I used. After the operation was completed, he said he liked his way best. "What do you know about removing stone?" I asked. "Oh, a little; I have removed over two hundred in ten years," was the reply. I

was inclined to doubt this statement. The man called to a boy to bring the smallest box of stones he could find in his house. The lad soon returned with a box containing sixty-three stones, which he spread on the floor before us. The barber's face shone with pleasure at these evidences of his skill. The fruit was before us, even if the patients did not all recover from their removal. There were all kinds and sizes, uric acid and oxalate of lime calculi being the most numerous. Some of the latter were of immense size. They showed by their broken spines and battered appearance the efforts used in their extraction.

When I saw the stones, I knew I had the pleasure of meeting one of those professional "Arab stone extractors" I had read of in books. In response to a request to tell me the technique of the operation, he kindly did so. He was very familiar with the symptoms of this disease, gave me all signs, etc.

When he suspected stone, he passed his finger up the patient's rectum; sometimes his whole hand, and felt for the stone. When he was satisfied of the presence of the calculus, he would again place the patient in the usual position, having five or six men to hold the patient; no anæsthetic was given. The operator would again pass his finger up the rectum behind the stone, bringing it up against the perineum; then with a knife, curved at the upper two-thirds, he made an incision in the median line upon the stone. If the stone was small he would remove it with his finger; if large, he would pass behind the stone a hook and drag the stone away. The knife and hook were of the rudest character, made of an old file.

I asked him if he lost many patients after the operation. He replied that many died of exhaustion, but that he never lost a case of hemorrhage. Strange, when we think of the reckless way he plunged the knife into the perineum. The only thing that seemed to trouble him was the fact that the greater number of patients who recovered after the operation suffered from incontinence of urine or had a fistula. The people have had the utmost confidence in him, and were willing to suffer all the complications following his rude way of operating to be relieved of their misery.

Since the time I saw this man he has complained that I get all the stone cases, "all because the American doctor never loses a case by death, and all come home and make urine from the natural passages and at regular intervals." The principal reason for their coming to me is not so much the suc-

cessful result as it is the removing of the stone without pain. They have a supernatural reverence for an anæsthetic.

In this country one in every five has tape-worm. This is owing to the custom of eating so much raw meat and defecating in the open fields. Nothing disgusts an Arab so much as to see "Franks" use a house (water closet). They are in the habit of going up some unfrequented street, if in town; if in the country, just where they happen to be. Fancy having a dozen or two chickens and several dogs following you if you happen to step aside from the beaten path in the direction of a place where the villagers usually go when they wish to relieve nature; these are the scavengers. I call to mind seeing several chickens gorging themselves with the links of tape-worm. Ever since, I will not eat chicken unless I *know* they have not been raised in a country village. When I first came to Syria, I prescribed for these people the western doses, and failed every time. I thought perhaps the drugs were to blame. I sent for fresh drugs. I used everything I had read of, with very little success, until, in desperation, I gave larger doses. In fifty-five cases I have succeeded in removing the head of the tape-worm, and thus relieving the patients permanently of their unwelcome tenant.

I will give you the history of a case that will give my present treatment. Mrs. A. had been suffering from tape-worm for twenty-five years. She said that she had not been free from pain during that time. She ate immense quantities of food; appetite never satisfied. Has taken medicine from many doctors, only resulting in passing yards of tape-worm. I gave her Felix mas in doses I had been taught to give. She passed eighty-two feet of worm; afterwards the symptoms were worse. Three months after she began to pass the links. I gave her fresh extract of pomegranate root. She passed seventy-nine feet of worm. I wanted to give her fresh extract, but she would not consent, saying I did not know how to treat tape-worm. I made up my mind that I would kill that worm or I would make the woman dreadfully sick. I waited some time for a change. In the meantime I got some fresh ethereal ext. Felix mas—something I knew was good. I ordered the woman to eat nothing but milk for three days. On the night of the third day I gave her eight comp. cath. pills; the next morning at daylight, Felix mas $\mathfrak{z}$ iss; in half an hour a second $\mathfrak{z}$ iss; one hour after, castor oil, $\mathfrak{z}$ j. Twenty minutes after, I had the pleasure of seeing a quantity

of something that was once a tape-worm, now looking as if it had been used pretty roughly. The head was found after some search. With the removal of the head, all symptoms disappeared.

Since then, I have treated fifty-four cases, and have given in the greater number $\mathfrak{z}$ iij of the drug. There seem to be two conditions to insure success—a few days of milk diet and a brisk cathartic, followed by large doses of *fresh* male fern. I have never seen any bad results following the use of this drug given in these doses. If I should have a case that did not succeed after the above treatment, I would give a third $\mathfrak{z}$ iss sometime during the day. Of course, I would watch my patient for any ill symptom. But I do not apprehend any necessity of giving more than $\mathfrak{z}$ iij of the drug, providing the diet has been strictly followed out and the drug is *fresh*.

Two weeks ago I visited a large village, where I found many cases of granular lids and other eye diseases. They told me of an "eye-wash" used here, made as follows: Take one onion, bruise it well, then add one tablespoonful of salt; mix thoroughly, then add eight ounces of water. Sig. gtt.x in each eye daily. I asked them if much pain followed the use of this remedy. They replied: "Of course; it would be of no use if it did not give pain."

It is fearful to see the quantity of nitrate of silver (they call it the stone of hell), sulphate of zinc and sulphate of copper that these people put in their eyes. I wonder that every person who has ever had anything the matter with his eyes is not blind, when we see the eye-drops they use.

Opium-Doctoring in Smyrna.

It is said that within the last few years the adulteration of opium has been pursued at Smyrna in a far more systematic manner than formerly, and the practice threatens to grow still further. About five years ago certain opium-dealers in Smyrna, after sundry experiments in kneading together old and new opium by applying vapor heat, secretly purchased machinery in England. By the aid of this apparatus they were able to mix opium on a considerable scale, and the product thus manufactured at first found a ready sale on most European markets. At present, it is said, nearly all Smyrna dealers who are in the habit of making firm offers to the principal markets are in possession of the kneading machinery, and turn out an opium consisting partly of the new product and

partly of two or three old juice. The opium thus produced has been exported in large quantities to the United States in order to save import duty; but probably this outlet will be closed in future, for the Customs authorities at New York have recently decided that no opium containing less than 9 per cent. morphia shall be allowed to enter the United States, and that shipments which do not come up to this standard must either be destroyed or re-exported within six months. The Chinese refuse to purchase the Smyrna mixed opium, and orders from Cuba or California frequently contain the stipulation that no kneaded opium shall be shipped. Consignments forwarded to Hong Kong and Singapore have also been returned to Smyrna. In England the Smyrna mixed opium is not unknown, but is not so largely sold here as on the continent. It is stated that, though in kneading opium by means of machinery, it is quite possible to bring the mixture up to a certain definite standard of morphia, experienced opium-buyers are always able to detect the compound.—*Chemist and Druggist*, August 27, 1887.

Prohibition.

In the *New Princeton Review* for September, 1887, Gov. Colquitt, of Georgia, in "Some Plain Words on Prohibition," makes an eloquent appeal for prohibition in the land, because it "has reason, religion, refinement, good order, and peace for its advocates and champions." He cites the case of Atlanta as a refutation of all objections.

A Tribute to Physicians.

Robert Louis Stevenson dedicates his just-published volume of poems, *Underwoods*, to "a few out of the many doctors who have brought me comfort and help." He adds: "There are men, and all classes of men, that stand above the common herd: the soldier, the sailor, and the shepherd not unfrequently; the artist rarely; rarer still the clergyman; the physician almost as a rule."

The Health of Jews.

Popular credence has always conceded to the Hebrew race the possession of great wealth; and while much has been said and written upon this subject, little attention has hitherto been directed to the general healthfulness which prevails among this community. The latter subject, however, has not been entirely neglected, for we read that in the Middle Ages much

prejudice was excited against the Jews on account of their comparative immunity from epidemic diseases, and now-a-days ardent advocates of the total abstinence programme point with gratifying satisfaction to the sobriety which distinguishes the descendants of Abraham, among whom, as a race, the evil effects of alcoholic ingestion are supposed to be seldom seen. There are, of course, exceptions to every rule, but, if in this respect the Jews living in this country can be entitled to the honorable position which is accorded by the teetotal orators, we must admit that, in the midst of so much temptation, they merit some commendation for their abstinence. However, whether the fact can be attributed to their sobriety or to their exceptional prosperity, it is nevertheless somewhat surprising to learn that there can be little doubt that, as a whole, the Jews are hardly less fortunate in their physical condition than in their worldly circumstances, and that the descendants of Abraham are freer from fleshly ills than the common sons of Adam. A recent writer, at all events, has been at some pains to ascertain this fact respecting the Jews in the German Empire. He states that in Prussia from 1822 to 1840, the Jews increased by $3\frac{1}{2}$ per cent. more than the ordinary population. In the town of Fürth, where the average duration of life among Christians was twenty-six years, among Jews it was thirty-seven years, and in Frankfort he observes that the average longevity of the Jews is eleven years in excess of that of the Christians. He also adduces statistics pointing to the same fact respecting the town of Algiers. One of the most remarkable instances of Jewish immunity from epidemics occurred about two years ago. During the prevalence of the cholera in the south of France, out of the large Jewish population which dwelt in the infected districts only seven persons succumbed to the disease. The Jewish race is one of characteristics; it is characteristically wealthy; characteristically, as we must believe, healthy, and characteristically—but we need not proceed further in this comparison, since various other features of the favored race will at once present themselves to the mind. Perhaps the most unaccountable side of the Jewish human nature displays itself in the presence of disease; for Jews can scarcely, as a rule, be said to be satisfactory patients. When the malady from which the patient is suffering resists the skill of the attending physicians or surgeons the utmost alarm begins to spread through the household, and a degree of lost-headedness comes

to be established from the patient downwards, which to sober-minded Gentiles is perfectly inexplicable. Whatever the cause of this condition of things may be we can well believe in its reality, for in cases where recovery follows, and the dire catastrophe has been averted, with justice it can be said that gratitude takes the place of consternation, and the family attendant may make his mind at ease regarding his fees.—*Medical Press and Circular.*

Anxious for Students.

Dr. Frederick H. Gerrish, Secretary of the State Board of Health of Maine, read a paper before the American Academy of Medicine, September 3, upon the requirements of a preliminary education by medical colleges of the United States, an investigation of which was undertaken on behalf of the Academy. Among the devices adopted to secure the information upon which the report is based was the following:

A little girl, 8 years old, whose handwriting, though fair for her age, betrayed the immaturity of the writer, made applications in various forms and over fictitious names for admission to the different medical colleges. She confessed in each case, as she truthfully could, her lack of proficiency in natural philosophy, Latin, or some one of the natural sciences, a knowledge of which, according to the college prospectus, was required as a preliminary to admission. To their credit, the report says, one-half the replies indicated a purpose on the part of the institutions from which they came to rigidly adhere to the requirements of the advertisement and advised the applicants in various forms not to attempt the study of medicine until the proper foundation has been laid. But from the other half quite a different condition of affairs was developed. Expressions from several of the replies from this class of institutions were read and heartily laughed at by the assembled doctors. The following were a few of these expressions:

"Our examination is not difficult. No one has yet failed to pass."

"We do not propose to make entrance to our institutions a bugbear."

"Our preliminary examination is very simple."

"If you have a good common school education, as I see you have from your letter, you will experience no difficulty in entering."

"Natural philosophy is not required, except as a suggestion in the line of a liberal education."

"You need not be hindered by fear of the examination."

"The preliminary examinations are not difficult, and no deserving applicant is rejected on account of not being able to pass them. Call and see me when you are in the city, and I will fix it so you can enter."

"Never mind about the natural philosophy; that will be all right."

Dr. Gerrish's conclusions are as follows: "It appears that about one-quarter of our medical colleges make no profession of requiring any real preliminary education in their pupils; a few hint vaguely at the desirability of some knowledge, and about two-thirds announce an examination or its equivalent, as shown by a certificate. Of these the last half adhere to their pledges, and the other half evidently do not mean what they say. The actual standard is extremely low. A very few schools require a preliminary education which is somewhere near an equivalent for medical study. A considerable number exact a knowledge of the ordinary grammar school studies with a mere trifle of natural philosophy; the most will admit any male human being who can write an intelligible letter of inquiry and pay his tuition fees."

Opium Gathering.

"The opium gathering begins in January or February," said an East Indian (*New York Sun*.) "The poppy flowers have then given way to the seed pods, which are lanced in the afternoon. The thick gum, the opium, exudes from the cut made in the pod, and at daylight the entire family of a ryot are astir in the fields, scraping opium from the pods, the incisions being carefully closed again by rubbing the finger sharply up and down on the cuts, which glues them shut. If carefully treated the pods will respond liberally to six lancements. The opium is at first placed in brass vessels, and the dew that may adhere to it is drained off. Then it is kneaded like dough until it is at the proper consistency, when it is packed in new earthen jars and is ready to be carried to the weighing stations. The order to fetch in the year's crop of opium is generally given early in April, and that is the most interesting season of the year to the ryot and his family. Each farmer is notified that on a certain day he must be at the weighing station of his district for the testing and weighing. An entire village, men, women and children, join in joyous procession when this notice is received, and, laden

with the jars of opium, start for the destination. They travel only at night, as the heat of the sun is so great at that season of the year that the journey would be unendurable. All day they lounge in the groves and shady lanes, feasting and joining in various recreations. These wayside camps of the opium villages are picturesque sights to the traveler through these provinces. When a group arrives at the weighing station they are arranged in long lines before the examiner, who examines the opium of each one and marks the quantity and weight of each jar with a piece of chalk on the side of the jar. The examiners are experts, and can tell by the feeling whether a sample of opium is adulterated, but they put it to chemical tests as well. After the opium is all weighed and tested the different farmers receive the amount their yield entitles them to, less the government advances, and the gay procession takes up its march for home. The opium is forwarded to Calcutta in boxes, known as opium chests, and the insidious drug is ready to be sent on its mission of blessing to many and of misery to many more."—*West. Druggist*, August, 1887.

Items.

—Dr. Brouardel has called attention to the possibility of error in chemical examinations of human discharges, through the fact that ptomaines give color reactions that closely resemble those produced by the vegetable poisonous alkaloids.

—Dr. Gross describes his experiences abroad in detail in his book, and some of them are full of interest. Such are his meeting with Dr. Pusey, his breakfast with Sir Henry Holland, where he met Froude, the historian, and his conversation with an English lady at a dinner party in London. When he told her "that in the garden of one of my sons-in-law, near Baltimore, there were at that moment twenty-six culinary vegetables growing side by side," she threw down her fork, raised her eyes like a duck in a thunder-storm, and almost audibly said: "That is not true."—*Philadelphia Press*.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from October 2, 1887, to October 8, 1887:

Capt. Wm. R. Hall, Assistant Surgeon, from David's Island to Ft. Custer, Mont.

Capt. C. E. Price, Assistant Surgeon, from Ft. Custer to Ft. Du Chesne, U. Ter.

First Lieutenant Wm. N. Suter, Assistant Surgeon, from Washington Bks. to Ft. McKinney, Wyo.

Capt. D. Weisel, Assistant Surgeon, from Ft. McKinney to Ft. Sill, Ind. Ter.

Major S. M. Horton, Surgeon, from Ft. Riley to Ft. Adams, R. I.

Major D. Bache, Surgeon, from Ft. Adams to Ft. Riley, Kan.

Major J. P. Kimball, Surgeon, from West Point to Ft. Elliott, Tex.

Capt. R. C. Newton, Assistant Surgeon, from Ft. Elliott to Ft. David's Island, N. Y. H.

Major C. L. Hirmann, Surgeon, from Ft. Ontario to West Point, N. Y. S. O. 232, A. G. O., Oct. 5, 1887.

Capt. E. C. Caster, Assistant Surgeon, leave of absence further extended fifteen days. S. O. 231, A. G. O., Oct. 4, 1887.

First Lieutenant J. M. Cabell, Assistant Surgeon, relieved from further duty in connection with the competition of "Team of Distinguished Marksmen," at Bellevue Rifle Range, to take effect Oct. 1, and will return to his station, Ft. Omaha, Neb. S. O., 95, Dept. Platte, Sept. 27, 1887.

First Lieutenant J. M. Cabell, Assistant Surgeon, will be relieved from duty at Ft. Omaha, assigned to temporary duty with Battalion Sixth Infantry in the field.

First Lieutenant W. C. Borden, Assistant Surgeon, will be relieved by officer commanding troops, upon arrival of Assistant Surgeon Cabell, and will return to his station at Ft. Douglas, Utah. S. O. 98, Dept. Platte, Oct. 1, 1887.

Changes in the Medical Corps of the Navy for the week ending October 8, 1887:

Assistant Surgeon Wm. Martin, detached from Hospital, Norfolk, and granted sixty days' leave.

Medical Inspector N. L. Bates, detached from Naval Dispensary and to Examining and Retiring Boards.

Surgeon A. F. Price, ordered to the Naval Dispensary, Washington, D. C.

Surgeon J. R. Waggener, ordered to the Receiving Ship, "Minnesota."

Surgeon Paul Fitzsimmons, detached from "Minnesota" and to the "Morian, Oct. 15.

Assistant Surgeon Louis W. Atlee, detached from Receiving Ship "Vermont" and to the "Morian," Oct. 15.

Passed Assistant Surgeon W. H. Rush, detached Coast Survey Steamer "Blake" and to the Navy Yard, New York.

Assistant Surgeon T. A. Benyhill, detached from "Minnesota" and to the "Blake."

Surgeon M. C. Drennan, detached from Naval Academy and to await orders.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the two weeks ended October 8, 1887:

Fairfax Irwin, Passed Assistant Surgeon, granted leave of absence for twenty-five days, Oct. 5, 1887.

John Guitéras, Passed Assistant Surgeon, granted leave of absence for seven days, Sept. 28, 1887.

Seaton Norman, Assistant Surgeon, upon expiration of leave of absence to rejoin station, New York, Oct. 4, 1887.

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ORIGINAL DEPARTMENT.

SPECIAL ARTICLE.

THE CHOLERA AT THE PORT OF NEW YORK.

The arrival of the steamship "Alesia" in the port of New York a few days ago with Asiatic cholera on board, has occasioned considerable alarm on account of the possibility of the disease spreading in this country, although late in the season. Past experience with epidemics of this disease has shown that although a temperature as low as the freezing point, even for a few hours at a time, such as occurs during nights of frost, is usually sufficient to arrest the spread of the epidemic under ordinary circumstances, yet the disease has been known to pass through the winter under the intense cold of northern Russia; and there are quite numerous instances of epidemics lingering through the winter in other countries where the cold is far less intense. The possibility of the spread of an epidemic from the few cases of cholera kept at the New York quarantine station therefore offers sufficient cause for the interest which has been taken, not only by the general public in and around New York, but also by the medical profession throughout the country, particularly by those members whose official positions or lines of study naturally cause them to give particular attention to any epidemic disease which may seriously threaten the public health. It is in recognition of this fact that the following brief account of Dr. E. O.

Shakespeare's recent visit to the New York quarantine station is given to the readers of the REPORTER.

The object of Dr. Shakespeare's visit was three-fold: First, to learn whether, or not, the disease was genuine Asiatic cholera, as it had been reported to be; second, whether the comma-bacillus of Koch was to be found in the dejecta or intestinal contents; third, what measures were being enforced to prevent the spread of the disease beyond quarantine. Through the courtesy of Dr. W. H. Smith, the health officer of the port of New York, Dr. Shakespeare was permitted to visit that station, and allowed to make any observations which he desired.

The steamer "Alesia," with a French captain and crew, sailed from the port of Marseilles on the 30th of August last, laden mainly with baled wool, for the port of New York. On the 2nd of September the steamer touched at the port of Naples for the purpose of taking aboard some 550 or 600 Italian and Sicilian emigrants, who were booked as steerage passengers. The next day, the 3rd, the steamer not having taken aboard any provisions, water or merchandise at Naples, again put to sea with the intention, on the part of the captain, of stopping at the port of Palermo, on the island of Sicily, for the purpose of taking aboard some forty additional steerage passengers; but, at the earnest remonstrance of the ship's surgeon, an apparently intelligent physician of Marseilles, based upon the danger of taking cholera aboard, the disease being then very widespread throughout that island, the captain abandoned his original intention, and pro-

ceeded direct for New York. There is good reason to believe that there was no cholera in Marseilles at the time or previous to the departure of the vessel; but the American Consul at the port of Naples, Mr. Edward Camphausen, inserted a note in the clearance bill of health, stating that cholera was then prevalent in and around the City of Naples, and had been so for the preceding five weeks. Many of the emigrants taken aboard at Naples were taken from the Island of Sicily, but they had remained for some time in the city of Naples before sailing, and in view of all the circumstances, it is impossible at this time to say whether the cholera, which subsequently broke out on the steamer, was originally brought from Sicily or from the city and suburbs of Naples itself. As has been stated, the steamer left the port of Naples, bound for New York, on the 3rd of September. The first case of cholera recorded in the notes of the ship's surgeon, under that name, occurred on the 12th, that is, nine days out from Naples. Subsequently to that date new cases were constantly developing during the remainder of the voyage, and, as is now well-known, the ship reached the quarantine station in New York flying the yellow quarantine flag, and with cholera still on board.

The first subject of investigation to which Dr. Shakespeare directed his attention was the record which the ship's surgeon had kept of the health of the passengers and crew during the whole of the voyage. It was found that upon the fifth of September, two days out from Naples, a child was seized with symptoms, which, according to the recorded notes, and in view of the subsequent outbreak of cholera, may very easily be taken to have been a mild case of cholera, unrecognized by the ship's surgeon. Again, on the tenth of September, that is five days later, there is a record of another attack, this time the ship's baker himself, which gives strong ground for the belief that this patient was really suffering with decided symptoms of cholera, although the surgeon failed to consider it such, and noted the attack as "caused by fright or violent anger." The symptoms recorded in this case are mainly cerebral congestion, great oppression and difficulty in breathing, violent vomiting, some purging and cramps. Thus it appears to be extremely doubtful that the first case of cholera aboard this ship really occurred on the twelfth of September, nine days after leaving port, and consequently after a period of incubation lasting that length of time. Indeed it is highly probable, in view of all

the facts and of the usual extremely short period of incubation of cholera, that the disease made its appearance as early as the second day of the voyage, and continued its presence until New York quarantine was reached, although it was not recognized until the twelfth of September.

At the time of Dr. Shakespeare's visit to the ship the process of disinfection and fumigation was going on. The steerage, the saloon deck and the fore-castle had already been cleaned up and thoroughly washed with a solution of corrosive sublimate—one part to four thousand; and the cargo was being exposed to the action of the fumes of burning sulphur placed in a large metallic pot in the lower hold, the upper hatches of the main deck being battened down, and the hatches of the intervening decks off. In addition to this the Health officer was devising some means of subjecting the interior of the vessel to the action of super-heated steam.

The emigrants had previously been removed to Hoffman Island, a small island in the lower New York Bay, five miles from the boarding station, which latter is located in the Narrows at the entrance of New York harbor. The crew and three of the saloon passengers remained upon the steamer. There is another artificial island within a mile of Hoffman Island, devoted to the uses of a hospital. This hospital is under the immediate direction of the resident superintendent, who is not a medical man, and the patients kept there are attended to by a young man who has attended two courses of medical lectures, but has not received his diploma as a doctor of medicine. There is no resident physician upon this island, which is known as Swinbourne Island.

Hoffman Island is used as a station of observation, is about four acres in area, and has upon it three large, substantial buildings, one of these devoted to heating, cooking and washing, another building used for storage and disinfection of baggage, and the last, a large two-story building, intended for the use of people under observation. There is no resident physician stationed at this island, and the 550 or 600 immigrants kept under observation at this time are controlled and watched day and night by some five or six hired attendants of the class of laborers and watchmen.

The mode of disinfecting the baggage was as follows: There are two disinfecting rooms 15x30 feet, with one or more windows in the corners of the large store-house above mentioned. These rooms are separated from the rest of the building by a board partition,

which is nearly air tight. The baggage is unpacked, articles are separated and hung up on lines which cross the rooms in various directions. These articles are exposed to the fumes of burning sulphur, in such a way that the sulphurous acid gas comes in direct contact with the whole texture, and thus thoroughly destroys any living substances it may contain.

The 550 or 600 immigrants upon Hoffman Island are watched by the hired assistants already mentioned, and cases of diarrhœa, or if genuine cholera developed during the course of the twenty-four hours among them, are reported to the Health Officer at the time of his daily or semi-daily visits to this island. They are then removed to the hospital on Swinbourne Island, and placed under the treatment of the medical student above mentioned. The medical treatment of these patients, as well as that of those who may develop symptoms of illness on Hoffman Island, of course, is under the direction of the Health Officer, who is a distinguished, thoroughly capable and wide-awake physician.

At the time of his visit to Swinbourne Island, Dr. Shakespeare obtained cultures and made examinations, in other ways, of the stools of the patients who were suffering with the disease. The symptoms were undoubtedly those of Asiatic cholera, and in some cases of an extremely rapid type. No difficulty was found in isolating the comma-bacillus of Koch, and making pure cultures of it in the usual manner from the stools of the patients.

These observations are entirely in accord with those which Dr. Shakespeare has made concerning the same disease in Italy, Spain and India, and they confirm the opinion which he had already formed, that through the recognition of the comma-bacillus of Koch in the dejecta of suspicious cases, we have a certain and easily applicable means of diagnosing Asiatic cholera from other affections with which it might, under some circumstances, be clinically confounded. The Health Officer seemed to be thoroughly alive and appreciative to the necessity of enforcing the most efficient measures for the destruction of the cholera poison, which may be contained in the soiled clothing and bedding of the passengers and crew, or lurking around the ship. In view of the lateness of the season, the measures appear to be such as warrant the belief that the disease will not be allowed to escape beyond its present limits. With abundance of funds for the purpose of protection of

the public health, we have not the least doubt that the country would be absolutely safe at the present time from an epidemic of cholera. The only source of danger which at present seems to exist is to be charged to the niggardly spirit with which funds for the provision of proper equipment and running of the hospital and other buildings on Hoffman and Swinbourne Islands, has been made by those who are responsible.

COMMUNICATIONS.

TREATMENT OF TYPHO-MALARIAL FEVER.

BY GEO. Y. WOODWARD, M.D., OF LOUISVILLE, MISSISSIPPI.

This form of fever, which has prevailed pretty extensively in this country for the last few years, does not seem to be well understood by the profession; hence there is a great variety in its treatment, with unsatisfactory results in many cases. Although often regarded as typhoid fever, it differs very much from it, and requires a different treatment. In typho-malarial fever, as in typhoid, there is usually debility, nervousness and loss of appetite for a week or more before the disease is developed. The tongue is sometimes thin, and coated brownish, with red tip and edges; sometimes it is large and flabby, with little coating. The bowels are usually constipated, and there is pain and soreness over the liver; sometimes over the bowels also. Most of the cases this spring and summer have commenced with a "cold"—sore throat and more or less cough. The temperature ranges from 100° to 105°, and is usually lowest in the mornings. The bowels are generally harder to move than in typhoid fever, and diarrhœa is very seldom present; hence less care is necessary in using purgatives.

I treat the disease as follows: I give calomel and Dover's powder, two grains each, repeated every two hours until three doses are taken. This is followed in six or eight hours with a dose of castor oil or some other mild cathartic. I then give about 10 grains of sulphate of quinine every two or three hours until three doses are taken, each day for the first four or five days. I also use tincture of gelsemium in doses of from 10 to 18 drops every two or three hours according to the fever, and sponge the patient

with tepid or cold water two or three times a day.

If this treatment do not abate the disease, I stop the sulphate of quinine and use:

R	Carbolic acid.....	ʒj	℥j
	Glycerine.....	ʒj	
Mix and add:			
	Iodine.....	grs. xx	
	Iodide of potash.....	grs. xxx	
	Water.....	ʒj	

Mix. Dose, 10 to 12 drops in water or sweetened water three times a day.

I have great confidence in this mixture in treating typho-malarial fever, as well as typhoid fever. It should be kept up daily until the fever gives way. The temperature should be kept down by bathing and the careful use of tincture of gelsemium. Mild purgatives should be used to regulate the bowels, and it is well to use calomel and Dover's powder in small doses about once a week. Unusual symptoms must be met when they arise, as indicated. I prefer a milk diet. Pure, sweet milk, ice cold, is good. Some butter-milk, when desired, is not objectionable. In the later stages of the fever I add a raw egg to the sweet milk—say to six ounces—and mix well. The patient hardly ever detects the egg in the milk. Other diet can be used, always with care. Soups do very well, but are more likely to disagree with the patient and to increase the fever.

If there is much liver trouble, I apply a blister; if soreness over the bowels, I have them rubbed several times a day with some stimulating liniment.

The thermometer is necessary in the proper management of this fever, as the skin is often moist and cool when the fever is high. Sometimes profuse perspiration is present; hence the need of a thermometer.

When convalescence begins, care should be used not to expose the patient to a draught, especially if the weather is cool or damp; otherwise a dangerous sore throat may be induced. I have known two young ladies to lose their lives from exposure after convalescence had set in.

The above treatment properly carried out will generally cure a patient with typho-malarial fever. The tongue does not generally become dry while using the carbolic acid and iodine mixture; should it do so, spt. turpentine may be used with the mixture. If the tongue gets pale, with a white coat, 15 drops of aromatic sulphuric acid may be given two or three times a day.

SULPHATE OF MAGNESIA IN ABDOMINAL DISTENSION AND PERITONITIS AFTER LAPAROTOMY.

BY CHARLES B. PENROSE, PH.D., M.D.,

Surgeon to Out-patient Department of the Pennsylvania Hospital.

The administration of a purgative for the relief of the abdominal distension and peritonitis which sometimes follow laparotomy, was first advised by Lawson Tait. The treatment is also advocated by Greig Smith and by other surgeons abroad and in this country. There is at the same time a strong tendency among many physicians to adhere to the routine practice of administering large doses of opium as soon as any symptoms of peritonitis are manifest.

The abdominal distension which follows laparotomy is due to paralysis of the muscular coat of the intestine. In the simplest cases this distension lasts but a few days, and is caused by the diminished tonicity of the intestine muscles, from exposure, manipulation or relief from intra-abdominal pressure. In other cases, it may precede or accompany peritonitis, and the muscular paralysis is caused by the inflammation of the serous covering of the intestine.

The results of abdominal surgery show that it is not necessary to paralyze the intestinal track further by the administration of opium. The danger of moving the bowels after exposure of the peritoneum has been much exaggerated. It seems probable that the peritoneum is subjected to, at least as much irritation from the tension and movement caused by the distending gas, as it would be from any peristaltic motion of the muscles of the intestines.

A free, watery purge encourages peristalsis and the escape of gas. It depletes congested peritoneal vessels, and probably drains off, through the intestines, serum which was contained in the peritoneal cavity. The diminution in the quantity of the serum discharged from an abdominal drainage tube is often very marked after the administration of a free purge.

The choice of the purgative depends somewhat upon the nature of the case. When there is excessive vomiting it may be necessary to employ small, frequently repeated doses of calomel. In most instances, however, there is no better purgative than sulphate of magnesia. It produces large serous evacuations and no intestinal irritation.

I have used sulphate of magnesia in several cases of abdominal distension and peritonitis following laparotomy, and in no case have I found it necessary to give opium.

The following case illustrates the value of this plan of treatment :

A woman, upon whom I operated for double pyosalpinx, developed symptoms of peritonitis on the second day after the operation. She had a chill, followed by great abdominal pain and distension; her pulse was 110, her temperature 99.5°. Her knees were drawn up, and the jarring, caused by motion in the room, provoked exclamations of pain. An ounce of sulphate of magnesia was administered in one dose. This produced four large serous evacuations during the next twelve hours. The drainage tube then became dry, and all alarming symptoms disappeared.

Occasionally the intestinal paralysis is too great to be overcome so quickly. In another case operated upon for the removal of a large dermoid cyst of the ovary, peritonitis appeared upon the third day after operation. The discharge from the abdominal drainage tube became very profuse. The abdomen was much distended and tender. The pulse ranged from 120 to 140; the temperature from 97.5° to 100.5°. The respirations were over 40 per minute. The tongue was coated, and for two days there was hiccough and bilious vomiting. The venous congestion and abdominal pressure were so great as to cause large external hemorrhoids.

Large doses of sulphate of magnesia and frequent turpentine enemata were administered for several days. The enemata were retained for only a few minutes, and their rejection was followed by the escape of a small quantity of flatus. On the eighth day the bowels began to act. For 24 hours there was profuse watery diarrhoea. The discharge from the drainage tube ceased, the tympany diminished, and in a few days the hemorrhoids had disappeared. The abdominal distension decreased but slowly; and continued, to a slight extent, after the patient was able to leave her bed.

When there is simple abdominal distension gradually increasing and unaccompanied by other disturbance, small, frequently repeated doses of sulphate of magnesia produce speedy relief. The cases, however, in which the effect of sulphate of magnesia is most marked, are those in which it is administered at the onset of dangerous symptoms. When, on the second or third day after operation, or in some cases even later, alarming abdominal symptoms appear, the immediate administration of a dose of one ounce of sulphate of

magnesia will, in most cases, save the patient from further danger.

PUERPERAL MASTITIS.

BY A. E. CALKINS, S. B., M. D., BATH, MICH.

Since the discovery by Pasteur of the lactic acid ferment, all varieties of epidemic and contagious diseases have been carefully tested by the germ theory, in a more or less successful search for their positive etiology. In this way pelvic inflammations, puerperal complications, erysipelas, phlegmasia dolens and even scarlatina have been proved members of the same family, springing from a common parent, with a tendency to influence and modify each other. It is a species of correlation of diseases. The great advance made in pathology and its practical application in treatment since the writings of Sir James Y. Simpson, upon "The Analogy Existing Between Surgical and Puerperal Fevers," has never been surpassed in the history of medical science. The birth of the germ theory in 1857, with its unprecedented progress since, has demonstrated that these diseases are not simply analogous, but identical.

Mastitis occurring during the puerperal period, influenced by the same conditions and subject to the same causes, necessarily invited the scrutiny of bacteriologists and pathologists to its phenomena and causes. So very thorough has this investigation been conducted that we have a positive knowledge that certain forms of mastitis are produced by micro-organisms closely connected in relationship with those causing other puerperal inflammations.

Puerperal mastitis is confined by its definition to any inflammation of the functionally active mammary gland, occurring during and dependent on the puerperal state. When impregnation has taken place, reflex nervous excitation causes an increase in the mammary blood supply, cell and tissue organization and development becomes active; there is a physiological intumescence of the whole organ, fitting it later on, for the secretion of milk. The accumulation of this new secretion may extend and irritate the freshly formed tissues, and set up a pathological action involving one or more lobes. This stimulation will increase the quantity of milk secreted, bulging and sometimes bursting the fragile glandular vesicles, modifying their nutrition and stopping the secretion. The lining epithelial cells will be thrown off and destroyed,

exudations will be poured out, and may pass through the ruptured and weakened walls into the connective tissue. These exudations may retrograde and form abscesses, or be re-absorbed. It is very seldom that pus is formed in non-infectious mastitis. There has been no contact with the atmosphere, and there is then only the result of over-excitation, followed by over-secretion.

The most frequent appearance of cases is directly after labor, the majority within two weeks. We get a history of a sharp stinging or pricking sensation in one or both breasts, accompanied or followed by a decided chill, with marked elevation of temperature, and the presence of a very tender, painful and lumpy area in the gland. There is general malaise, with aching pains all over the body, especially located in the back and limbs, with headache and foul tongue, and indigestion. Local examination invariably exposes a fissured or abraded nipple, the key to its positive etiology. The microscope has demonstrated the cause of this form of mastitis to be a micro-organism, with many of the class characteristics of those producing all other puerperal diseases. Its clinical history fairly intimates this relationship. There is the same abruptness of onset, decided chill, malaise and rise of body heat, indicating the existence of pyæmia. The necessary requisites for septicæmia are also all present. The peculiar condition of the fluid constituents of the body after gestation has been completed furnishes one important factor. The circulation is then loaded with broken down and disorganized cells, blood corpuscles, and all the uterine residue resulting from a completed pregnancy. There remains an unsettled equilibrium and relation in the blood circulation and blood constituents. There are innumerable yet physiological alterations in respiration, assimilation and excretion, incident to the establishment of lactation. The presence of bacteria, in the lying-in apartments, clothing, etc., of the patient, has been frequently demonstrated. The lochial discharges are an unfailing storehouse of these micro-organisms, so that it is plainly evident that any wound occurring during the puerperal period is liable to infection by pus-producing organisms through the medium of the air and by direct inoculation from the lochia.

In infectious or phlegmonous inflammation of the breast, there invariably exists some fissure, contusion or wound, usually in the immediate vicinity of the nipple,

making free communication between the atmosphere and the connective tissue. This will terminate in shallow and deep-seated inflammations of all forms and kinds, as different tissues and organisms are united.

The bacteria accumulate, and, coming in contact with the secretion in the milk ducts, form colonies, stopping up the mouths of the ducts and distending them with milk. Lactic fermentation begins and their walls become congested and inflamed. Before the epithelium disintegrates, pus forms in contact with it and contaminates a more or less large portion of the gland. An interesting inquiry may be instituted as to whether infectious mastitis ever occurs from the direct communication between the gland and the septic poison in the uterus by means of the absorbents and the circulation. We have no reason to doubt its occurrence in phlegmasia dolens and general phlebitis. We get inflammation and induration of the inguinal glands in specific diseases, of the lymphatics in epithelioma, and metastasis in mumps. There are cases of mastitis that are explainable only by supposing some such absorption.

That it is a communicable disease I have no reason to question. An evidence of phlegmonous mastitis being identical with other varieties of puerperal sepsis is found in the fact that these abrasions of the nipple frequently act as the starting point in phlegmonous erysipelas.

About the only disease with which it can be confounded is a furuncle situated upon the breast, and particularly when it forms under the skin and close to the nipple. The boil matures and opens upon the surface, never into the gland tissue.

The treatment will be regulated by the cause of the complaint. If it be non-infectious in character, resulting from excessive secretion of milk, rest, support and the local application of belladonna and camphor will be beneficial. The application of cold in the form of ice-bags and evaporating mixtures meet the indication admirably. Dr. Hiram Corson considers them as almost infallible in aborting suppuration. The older treatment of drawing off the milk, either by the child or artificially, cannot be too strongly condemned. It further irritates the gland, increases its secretions, and in every way makes a bad matter worse. Lowered blood pressure decreases the secretions, and belladonna, aconite and tartar emetic are useful. Pulv. ipecac. co. quiets the pain, the ipecac. counteracting the opium as a cardiac stimulant. Pressure by means of adhesive straps or a light figure-of-eight bandage, lessens

pain, arrests secretion, favors absorption, and, when skilfully applied, gives efficient support.

If the inflammation extends to suppuration, a large poultice should be applied until "pointing" occurs, when the pus must be evacuated by free incision. The wound should then be dressed aseptically.

The management of the phlegmonous variety can be best studied under two heads. First, prophylaxis,—by protectives and antiseptics; and second, remedial,—with evacuants and antiseptics.

Prophylactic. The breasts should be daily exercised, and the epidermis of the nipple toughened by adequate manipulations and local applications, commencing from four to six weeks before the expected time of confinement. Exposing the gland to the air with gentle but firm massage, will develop its structure considerably. If the nipple is small and retracted, it should be pulled out and manipulated until it will protrude sufficiently for the child to seize and nurse.

Fissures may be guarded against by regular bathing with alcohol, bay rum, or holding in solution some astringent, as tannin or subacetate of lead. After parturition, for the first forty-eight hours, or until the maximum quantity of the secretion is reached, the child should be allowed the breast at regular intervals. Once in three hours is sufficiently frequent. During the intervals the nipples should be bathed with the astringent solution, taking express care that they are perfectly cleaned before and after nursing.

Remedial. If any abrasions have occurred, they will demand immediate attention. Two objects are to be aimed at, to destroy all resisting micro-organisms in contact with the wounded surface, and to protect the tissues thus injured from contact, so far as possible, with the atmosphere.

At the first dressing it is advisable to wash the wound with a 1-2000 solution of sublimate, and thoroughly wash the latter off in a few minutes. Then dusting of the part with the subnitrate of bismuth or the oxide of lead is required. The antiseptic need be used but once if the dry dressing be faithfully applied. Boracic acid ground with vaseline makes an elegant dressing to be applied between the nursings, and it has the advantage of acting as a perfect protective to the injured tissues, and is harmless to the child. As the secretions become more profuse, more frequent nursing of the child should be practiced, but at regular hours as near as possible, being careful not to permit

an over distension of the milk ducts by the secretion.

When phlegmonous mastitis has so far progressed as to make more or less of the gland hard, tender and painful, free incision is the only method of treatment for relief. It is not necessary then to wait for "pointing" of the abscess, but immediate opening of it is demanded. Then wash the wound thoroughly with the sublimate solution. If abscess cavities have formed, each one must be entered and disinfected. When the gland has become honeycombed with these cavities, make a large incision, and with the finger break down and remove all injured tissue, and bathe every part with the antiseptic. A drainage tube should then be inserted, and the wound dressed with antiseptic precautions, care being taken to afford suitable support for the breast.

The constitutional treatment need not vary much from what it is in other puerperal inflammations. Besides the arterial and nervous stimulants and tonics usually exhibited, the iodide of potassium with quinine and salicylate of sodium are prescribed with great success. Nourishment easily digested and assimilated should be supplied in abundance. Outdoor exercise in suitable weather, with indoor pursuits of a pleasing nature, can not be too freely urged upon those patients that have been too closely confined to city life or household pursuits.

—From official statistics it seems that there are 36,512 persons in France holding diplomas that permit them to exercise some branch of the healing art. Of this number, 2188 physicians, 1523 midwives, 762 druggists, and 548 herbalists belong to the department of the Seine, *i. e.*, Paris and its environs. The 2000 odd Paris physicians are divided into two classes, as they are throughout France—namely, those of the first class, or *docteurs en médecine*, and those of the second class, or *officiers de santé*. Both classes practice medicine, about the only difference being that the second-class physicians can not perform any important operation without the aid of a *docteur*. They are known as *médecins*, and they pass a very much easier examination than the *docteurs*. Their diploma only allows of practice in one department, and does not apply to all France, as that of the *docteurs* does. This is the degree usually given to foreign physicians who practice in this country.—*Corresp. N. Y. M. J.*, Aug. 27, 1887.

SOCIETY REPORTS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, June 6th, 1887.

The President, WM. T. BELFIELD, M. D., in the chair.

DR. FRANK BILLINGS exhibited an interesting collection of

Bacterial Cultures,

explained the mode of their culture, and gave the name and description of each bacterium. At the present time, he said, there are three comma bacilli that are well known: the comma bacillus of Asiatic cholera, discovered by Koch, the one discovered by Deneke in old cheese, and the one discovered by Finckler and Prior. Under the microscope these look so much alike that one would not dare to differentiate between them, but their growth in gelatine tubes is so characteristic that one can easily tell the difference. The cholera bacillus grows upon the plate in a peculiar granular colony, which does not make the gelatine fluid so quickly as the bacillus of Finckler and Deneke. Finckler's bacillus liquifies the gelatine from above downward. Those found in old cheese liquify gelatine in the same way, but less quickly; while the cholera bacillus grows in a characteristic funnel-shaped form. It is quite as important to know how to cultivate bacteria and detect the difference in growth, as to know how to differentiate bacteria with the microscope by their form and their reaction to the aniline dyes.

DR. LESTER CURTIS read a paper on

Calcareous Concretions in the External Ear.

His patient had a painful swelling in the external meatus of the right ear. He considered it an ordinary superficial inflammation of the meatus and directed instillation of a solution of morphine. The pain at once ceased, and in a day or two the swelling subsided, and the doctor supposed that the trouble had resolved, but a little swelling and tenderness remained. In two weeks there was a discharge of a drop of purulent fluid. He paid no more attention to the case until about a month after this, when the patient called and told him that she had that morning picked out several calcareous masses resembling lumps of old lime. On examining the ear I saw a red and indurated place about half way down the meatus, in the upper portion of the posterior wall. In the middle of this spot was a pit about as large

as the mass removed, and surrounding the pit a greater or less amount of a white granular substance which grated against the probe and was of stony hardness. I attempted to detach some of it with the sharpened end of the probe, but it was firmly adherent, and appeared to be infiltrated throughout the tissue, and I succeeded in getting away only a few small flakes. Besides this nothing unusual was detected in the ear with the exception of a slight redness of the posterior rim of the drum-head. The hearing was perfect. A slight feeling of irritation was noticed for some weeks, but gradually passed away. At present, so far as I can discover, the ear is quite normal.

DR. R. TILLEY reported a case of

Atheroma of the Left Coronary Artery, Resulting in Aneurism of the Left Ventricle.

The patient was a lawyer, 57 years of age. His previous life had been exemplary. He did not use tobacco in any form, and was temperate and methodical in all his habits. He was corpulent, although when young he was very thin. At the age of 30 he was declared to be dying of consumption. Recovery, however, seems to have occurred without medical assistance.

On the 20th of October, 1885, he was unable to leave the house and had wandering pains, not severe, over the chest extending to the left shoulder and down the left arm, sometimes reaching the wrist. He first called my attention to this, thus: "I don't know whether I want to follow a doctor's directions or not. I get occasionally flying pains over my chest and in my left shoulder, but on walking about a little I can make them disappear." As he always had a marked antipathy to medicine of any kind, and I did not expect greater benefit from anything I could suggest than that which he claimed from exercise, I told him to continue to use the method he had found successful, and report later. At this time I had no conception of the existence in his case of atheromatous coronary arteries, nor did I suspect that the wandering pains were associated with incipient angina pectoris.

About six weeks after the interview above referred to, an acute attack of difficulty of breathing, associated with severe coughing and anxiety of countenance, came on. From this time he did not leave the house except for short walks. The pulse at this time was 120, feeble but regular. Breathing very laborious. He could not lie down on his back or left side, and only for a short time on the right side. Cough was very troublesome.

No special symptoms referring to the alimentary canal were present. On percussion no perceptible enlargement of the heart or liver was detected; nor any definite abnormal sounds. The principal feature which I observed was that of *asystole*, the ventricles seemed to stop as though shutting down on a pledget of wool. I find that Constantin Paul refers to this symptom very definitely as associated with aneurism, or what he calls false aneurism, of the heart. It certainly struck me as the one striking feature of the case. There was at this time no *œdema*, no fever, no albumin in the urine.

Drs. H. A. Johnson and R. H. Babcock saw the case, and the former remained as consulting physician to the end. The various heart tonics, such as *strychnia*, *arsenic*, and *digitalis*, were used with no demonstrable effect except that when the *digitalis* was increased so as to diminish the frequency of the heart's action, the action became so tumultuous and incoördinate that it was deemed best to let it beat at the gait it found most convenient. In about a fortnight after the commencement of the acute attack, anginal pains became more prominent, and atheroma of the coronary arteries was suspected. There was no evidence, however, of any atheroma of any superficial vessels. From this date a bottle containing carbonate of ammonia and camphor became his companion, supplemented with small pellets of 1-100 of a grain of nitro-glycerine. The latter gave more satisfaction than the nitrite of amyl. The anginal pains were not at any time characteristic in severity, but the pallor of countenance and anxious expression were. Later on the feature of *asystole* was not so well marked. The feet exhibited, on several occasions, a tendency to *œdema*, but ten days before death it began to increase rapidly, and no remedies were found capable of removing it. The *œdema* extended gradually to the hips, abdomen, and chest, and about nine weeks after the acute attacks, while walking across the room, he fell dead.

The patient derived marked comfort from gentle exercise in fresh air. When the side-walks were covered with ice so that he could not possibly walk out of doors, he would wrap up and walk in a room with the windows wide open. Nitro-glycerine and carbonate of ammonia were the only remedies that gave him any appreciable relief.

At the autopsy the heart was found to be somewhat enlarged and all the valves competent. There was little or no atheroma except in the coronary arteries. One of these was almost completely occluded. Just

below this atheroma of the left coronary artery, in the wall of the left ventricle near the apex, an aneurism had developed. It was about the size of a large walnut. The wall of the heart in the thinnest part was only two millimètres thick. The aneurismal cavity was filled with blood, part of which showed signs of organization and part signs of disintegration. The clot was evidently formed at two different periods. There were no signs of chronic endocarditis, but some of slight chronic myocarditis.

In the present case, I think that the starting point was the diminished calibre of the left coronary artery, due to its atheromatous condition diminishing the supply of nutriment to the corresponding tissue, and thus producing the extreme thinness of the walls in the part supplied by the artery. The clot of blood was probably the result of the incapacity of the left ventricle to completely contract and expel its contents, and probably occurred in part at the time of his acute sickness, about nine weeks before death.

The presence of this clot of blood fully explained the characteristic sound which I clearly recognized at the first, and which I described as though the ventricle contracted on a pledget of wool.

DR. ROBERT H. BABCOCK, in opening the discussion upon Dr. Tilley's paper, said: It was my good fortune to see the patient to whom Dr. Tilley has referred this evening, and as it was a case of remarkable interest and there are several points illustrative of the peculiar symptoms due to atheroma of the coronary arteries, and also illustrative of the difficulty often of diagnosing the condition, I would like to refer to them.

The first symptom mentioned by Dr. Tilley as important was that of *angina pectoris*, and herein this case was peculiar; the pains were flitting and were relieved by gentle exercise. It was wholly characteristic, however, in that the pain extended to the left shoulder and down the left arm. That is the characteristic pain of *angina pectoris*, although there are so many deviations from it that *angina pectoris* frequently passes unrecognized by the general practitioner. There is a liability oftentimes to mistake *angina pectoris* for neuralgia of the stomach. I have under observation a case where the pain has been considered for years *gastralgia*, but it is without doubt *angina pectoris*, the arteries are atheromatous and there are characteristic cardiac murmurs which are due to the atheromatous condition of the valves. The pain of *angina* may sometimes be localized in the wrists. Dr. Sawyer once mentioned

to me a case in which the angina pectoris always manifested itself by a feeling of cord-like constriction about each wrist. There was, however, with this an attendant paleness of the countenance and anxiety, and the patient was obliged to stop in his tracks until the pain had passed. The pain in angina pectoris may extend through to the back, or up into the occiput, at other times into the right shoulder and down the right arm. It may also radiate into the abdomen and down the inside of the thighs. It is usually so severe that the patient has to stand still and wait until the pain passes by. In the case mentioned, the pain was relieved by gentle exercise, and that possibly may throw some light upon the question as to whether angina pectoris is always due to arterial spasm or not. If due to arterial spasm in all cases, it would seem as if any effort of the muscular system would increase the arterial resistance through contraction of the muscles, and thus make a greater demand upon the heart; in which case exercise ought to augment rather than relieve angina pectoris, particularly, if as Leyden is inclined to think, angina pectoris is really due to spasm of the coronary arteries, as well as to a general arterial spasm, resulting in temporary anæmia of the heart muscle. In cases where the paleness of the countenance would seem to confirm this theory, we find that remedies which produce arterial dilatation, such as the nitrite compounds, always give relief. In this case there is an apparent contradiction; not only did exercise afford relief, which would seem to indicate that contraction of the peripheral vessels had nothing to do with the production of the angina, but on the other hand, since nitro-glycerine gave relief, there must have been arterial spasm somewhere.

The diagnosis of this case was not as difficult as it might have been, owing to the peculiarity of the cardiac sounds, although none of us, I think, really expected to find coagulum in the left ventricle filling up the lower third of the cavity. I gave my diagnosis of degeneration of the left ventricle, with atheroma of the coronary arteries, because of the very peculiar character of the sound over the left ventricle, which Dr. Tilley has very aptly described. It was a toneless, muffled sound, as if the heart struck the chest wall through an intervening layer of cotton, while on passing the stethoscope from the left ventricle toward the right ventricle the first sound came out with its usual clearness and more or less of its booming quality,

and it was on that that I based my diagnosis. At the post-mortem examination, we found degeneration of both ventricles, more marked in the left than in the right. This case would probably be classified by Leyden as subacute. Leyden has treated this subject more scientifically than any other author, since generally the subject is treated in a desultory way under the various heads of chronic myocarditis, fatty degeneration, aneurism, rupture of the heart, etc.

Leyden would group together all the different expressions of the same pathological condition, that is sclerosis of coronary arteries and all conditions dependent upon that, and he considers it under one head—changes of the heart resulting from the sclerosis of the coronary arteries. He recognizes as acute cases those in which the patient is ill perhaps for a few moments or hours on days. The first symptom is often a sharp attack of angina pectoris, or an attack of great cardiac distress and oppression without positive pain, which Gairdner speaks of as *angina sine dolore*. In these cases the patient frequently first discloses that he has heart disease by falling dead in his tracks. In cases of atheroma of a small branch of the left coronary artery, usually the anterior descending branch, frequently we find a condition closely resembling the hemorrhagic infarctus, and the heart ruptures at that point; in acute cases death may be due to the rupture, although more often to failure of the heart. Subacute cases, of which this seems to be an example, run their course in a few weeks or months and we find a combination of changes from acute fatty softening to chronic fibroid change, and these patients generally suffer a good deal with angina pectoris. The chronic cases are those that last for years, sometimes fifteen or twenty, and the symptoms are those of cardiac weakness or progressive cardiac failure, and these patients may die suddenly or gradually. In these cases we generally find extensive myo-carditic changes with great thinning of the heart walls.

The treatment of these cases is of course a thing which interests us. It is very unsatisfactory; is merely palliative, and consists chiefly in the severe cases of rest, with cardiac tonics and stimulants. Of especial service in angina pectoris are the nitrite compounds, although Leyden rather protests against the use of nitrite of amyl and nitro-glycerine. He recommends the hypodermic injection of morphine, stimulants, such as ammonia and camphor, hot alcoholic drinks, and heat to extremities. The diagnosis has to be based, in most of these cases,

upon the history and symptoms of progressive or sudden cardiac failure, and if we can find evidence of atheromatous change in the peripheral vessels, the diagnosis is much easier. In auscultating these cases I have frequently found what seemed to me to be a peculiarity of the first sound. The sounds of the heart are nearly always described as free from murmurs, but since the booming quality of the first sound is undoubtedly due to the muscular element, and since the muscle of the heart is degenerated, the first sound takes on rather a short and valvular quality resembling very closely a second sound, so that frequently in these cases the two sounds appear to be two valvular sounds. Although I am not yet prepared to say that one can base a diagnosis upon such a condition as that, yet I am satisfied that in cases where there has been marked atheroma of the radial arteries, with symptoms of heart failure, I have heard just this condition of shortness and valvular quality of the first sound over the left ventricle, particularly when over the right ventricle the sound is more prolonged.

Dr. TILLEY said: I have nothing more to add except that I have known of two or three cases in which, after a hypodermic injection of morphine, in a condition of atheromatous coronary arteries, the patient has passed off very rapidly, and I would be chary of using

it, especially if I could obtain a satisfactory result from nitro-glycerine. The form of nitro-glycerine that I used were the elegant tablets of Fraser, so much more convenient than the alcoholic solution.

Dr. W. L. AXFORD presented the

Sac of an Aneurism of the Leg,

not very large or elaborate, but interesting because of its locality and the history of the case. Some time last November, a Bohemian came to the South Side Dispensary, having a little lump about as large as a walnut just above the internal malleolus. I could not get his history, as he could not talk English; all that I could make out was that it had been growing there about a year and pained him some. The skin was natural over the growth, which felt soft and fluctuated. I made up my mind that it was some kind of a cyst, and advised him to have it excised. On cutting down upon the growth I found at once that I had made a mistake, from the color of the sac, which was blue. One of my assistants said he saw a little artery spurt. I stitched up the wound and found I had excised the sac of an aneurism. It was about the size of a walnut when fresh. This case was peculiar, as there were none of the usual symptoms of aneurism; it was also peculiar in the large size of the sac compared with the size of the artery. The patient made an uninterrupted recovery.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Congestive Headaches.

The following is a brief abstract of a paper by Dr. Glasgow, of St. Louis, and of the discussion upon it in the American Laryngological Association, reported in the *N. Y. Medical Journal*, September 3, 1887:

A few years ago I treated these cases with hot alkaline sprays, gently applied, and the use of hot fomentations, combined with the use of the usual constitutional remedies. This mode of treatment has not been altogether satisfactory, and during the past four years I have substituted for it the local abstraction of blood, for which I can allege unqualified success. In many cases there is experienced an immediate relief of the pain, and in all there is a sense of the loosening of the constriction. A simple bleeding may relieve the headache, or it may have to be repeated in a day, a week, or a month. I have seen but few cases which were not permanently

relieved by a bleeding repeated from two to six times.

To produce the bleeding no cut is required. The cavernous body is simply pricked, and the blood flows freely until the excessive tension has been reduced; then it ceases. The amount of blood drawn rarely exceeds one ounce; in many cases it is less than this, and in some cases a single drachm of blood removed will give the requisite relief. In cases of excessive congestion the flow will equal several ounces before it ceases, the quantity of blood being dependent upon the distension of the vessels, and this corresponds with the severity of the symptoms. From a normal membrane, or where there is no excessive vascular distension, scarcely a drop of blood will flow from a simple puncture of the membrane such as would produce a free flow in this pathological condition. In cases where the mucous membrane is thickened, a sharper puncture will be necessary to bring blood. A lance-headed probe may be best used in making the puncture, although a

sharp-pointed bistoury, or any pointed instrument, will answer. The probe has the advantage that it does not excite the apprehension of the patients, many of whom become nervous at the sight of a knife, and dread the idea of being cut.

Dr. C. C. Rice, of New York, in discussing this paper, said: The class of cases to which Dr. Glasgow has drawn attention is a very interesting one. My experience with regard to treatment is somewhat different from his, and I do not agree with him as to the pathology. I have seen a great many of these cases, as probably we all have, but they are not as a rule cases in which there is marked hypertrophy of either the anterior or posterior turbinated tissues. I have found that whatever hypertrophy did exist was over the middle turbinated bone, about three quarters of the distance back, and that it pressed against the septum. This condition is present so often that I have come to look for it in this class of cases. There has not been marked congestion or redness, but simply irritative contact, with consequent reflex pains and neuralgias. With regard to treatment, I have used the galvano-cautery instead of the knife, and I have not considered it an essential point to draw blood. My results have been good. I will cite an interesting case. A girl twenty years of age, who had suffered from most intense supra-orbital neuralgias and a sensitive condition of the nose, came to me a short time ago. For four years she had been obliged to plug her nostrils constantly with cotton so that no air could pass through them. I found nothing but an enlarged middle turbinated bone; there was no congestion. I made four or five punctures with the galvano-cautery needle in the turbinated bone, and the woman was cured. I think it is sufficient in the majority of these cases to make marked counter-irritation over the affected part.

Dr. Harrison Allen, of Philadelphia, said: I can confirm Dr. Rice's opinion. While I do not at all doubt Dr. Glasgow's diagnosis, yet it is evident this is a complex subject. It seems there is abundant evidence to show that the trouble came from the turbinated tissue, but all of my cases have been of the kind Dr. Rice has described. I have found that as a rule when the septum is deflected to the left, it is at the lower part; when deflected to the right, it is at the upper part. In the place last named, contact with the middle turbinated is likely to occur. The following case illustrates several facts in this connection. The patient had a complication of disorders. She had ocular and uterine

troubles, for which she had been treated by distinguished practitioners. Her headaches were of an exaggerated type. I resorted to repeated venesection of the turbinated tissues, giving temporary relief only. I then made an examination of the nostrils, introduced the finger, and separated the septum and turbinated tissues. There resulted very moderate bleeding. I found something which was very interesting. The lady was only thirty years of age, yet there was complete calcification of the triangular cartilage. The result was that her headache was completely cured. No recurrence took place. The procedure for overcoming the pressure effect may be carried out during the first stage of ether anæsthesia.

Treatment of Sea-Sickness.

Dr. Rebatel points out in the *Lyon Médical*, a method which he has often employed with complete success against sea-sickness. It stops the vomiting and even the nausea which nearly everybody feels on the sea. Patients say that they no longer feel their stomachs. This method consists in the employment of subcutaneous injections of atropine. Small doses are sufficient (gr. 1-50), repeated every seven or eight hours. The author has never noticed the least bad effect, except at times slight dryness of the throat. Sleep can be produced if desired, by adding a small quantity of morphine, but not enough to counterbalance the effect of the atropine. Administration by the stomach gives results that are much less certain.—*Union Médicale du Canada*, September, 1887.

Axillary Adenitis in Tuberculosis of the Lung.

Dr. Sanchez Toledo has devoted his inaugural thesis to this subject, which is absolutely new, Professor Grancher only having called attention to it in his clinic last winter.

The little girl who was the occasion of this study, having had pluerisy, came to the hospital very late in the disease with tuberculosis of the lungs and a large glandular tumor in the right axilla. Enlarged glands could also be found in the subclavicular and submaxillary region of the same side. Prof. Grancher compared with this case two others in which co-existence of tuberculosis of the lung and axillary adenitis had been noticed, and showed how it was natural to see a relation of cause and effect between the pulmonary lesion and the glandular. Therefore, said he, pulmonary tuberculosis can infect the axillary glands through the medium of the pleura, or by direct passage through lymphatics which proceed to

the axilla after traversing the thoracic wall, or through the medium of the subclavicular glands. It has, moreover, a certain importance in some cases with regard to diagnosis and prognosis. A glandular tumor might call attention to a still latent disease of the lung, the existence of which should deter the surgeon from removing the glandular tumor with the view of preventing general infection. "Henceforth," says Mr. Grancher, in closing his clinic, "every time a phthisical patient presents himself, do not fail to examine his axilla. Every time that you find an axillary tumor, do not neglect to auscult the lung."—*Concours Médical*, August 27, 1887.

Diphtheria Circumscripta.

Dr. Guennell writes as follows to the *Brit. M. J.*, August 20, 1887: I have just had under my care a case of sore-throat very similar to those described by Mr. Alfred Barrett in the *Journal* of July 23d. A boy, aged 6, was brought to me on July 7th by his mother, who said that he was "out of sorts," but he had not complained to her of anything in particular. He was anæmic, and looked ill. On examining his throat, I found the left tonsil slightly enlarged, but not very congested, and on its surface, just as Mr. Barrett describes, a circumscribed ash-colored slough about the size of a shilling, and deeply imbedded. There was an enlarged gland about the size of a pigeon's egg at the angle of the jaw. The temperature, pulse, and urine were normal, and the only symptom complained of was thirst.

I ordered iron and chlorate of potash internally, and the throat to be painted occasionally with Beaufoy's preparation of chloride of soda, and also a gargle of the latter to be used three times a day. I saw the patient daily, and for the first week there was no change whatever in the appearance of the throat, but some increase in the glands. On the tenth day of the disease, the slough showed some signs of separating, becoming detached at the edges; however, it did not come away until the twelfth day, during the act of gargling, leaving a pit in the tonsil about a third of an inch in depth. Since this time the patient has gone on uninterruptedly well, and there are as yet no symptoms of paralysis.

In looking over various medical works on the subject, I have been unable to find any mention of diphtheria assuming this particular form. From the fact that several of the cases referred to by Mr. Barrett have developed symptoms of paralysis, there can be

little doubt that these cases are of a diphtheritic nature.

Simple Ulcer of the Œsophagus With Stricture.

M. Debove had noted in 1883 and 1885 the existence of stricture of the œsophagus in persons unaffected with cancer, syphilis or tumors. He supposed this stricture to be due to cicatrization of simple ulcers of the œsophagus. An autopsy has given him the chance to prove the correctness of his hypothesis. A patient whom Debove had presented in 1885 to the *Société des hôpitaux* died in his service of a perforation of the stomach caused by a simple ulcer. There was also found in the œsophagus, three-quarters of an inch from the cardiac orifice, an annular raised cicatrix, which evidently corresponded to the stricture which Debove had successfully dilated two years before.—*Concours Médical*, August 20th, 1887.

Case of Foreign Body with Calculous Formation in the Female Urethra.

The *Medical Press and Circular*, August 17, 1887, reports the following case from the *Hôpital Bichat*, where the patient was under the care of Dr. Lacorbière: Adela B., aged 18, was stated to have been gradually losing health and strength. Formerly in the best of health, well formed, and of pleasing appearance, she had become pale and depressed in spirits, sombre and taciturn, and was very emaciated. Not finding anything in the viscera to account for this state of things, the investigation was directed to the reproductive organs, but the patient evinced the greatest objection to any examination. Her scruples were overcome, when the parts were seen to be bathed in a large quantity of thick greenish yellow discharge, with a most offensive odor. Metritis, or at any rate, severe vaginitis was suspected, but beyond the vulva, the organs were perfectly healthy. The orifice of the urethra, however, was unusually large and gaping, and a closer examination showed that the extremely offensive discharge came from it. On dilating the urethra still further, a large foreign body of some sort could be detected, and after long and painful manipulation, a pencil case was withdrawn, covered throughout with a yellow concretion composed of triple phosphate. It was three inches long, and an inch and a-half thick, and weighed several ounces. After its removal the patient rapidly regained weight, and improved materially in health. No explanation could be obtained of its introduction.

A Plant which Destroys our Tasting Capacity for Sweet and Bitter.

The *Wien. Med. Blät.* says that lately a drug, which possesses the property of rendering our sense of taste unsusceptible to sweet and bitter, has aroused the interest of the London medical circles, as it is hoped that by its aid our as yet limited knowledge of the physiology of the sense of taste may be extended, and that it may prove a valuable addition to materia medica. The drug, which reached the manager of the King's gardens at Kew, through the Governor of Madras, Sir Montagu, Grant Duff, was examined by Professor Thisleton Dyer, etc., and the statements made above corroborated. David Cooper delivered a lecture on the subject lately, at Ootacamund, from which the following is stated: "The drug is obtained from *Gymnema Sylvestre* (R. Br.), an asclepiadaceous plant, which inhabits the peninsula Deccan, Assam, and the coast of Coromandel; it also occurs on the continent of Africa. It is represented as a strong, woody, climbing plant, with long, thin branches. The leaves are from $1\frac{1}{2}$ to 3 inches long, 1 to 2 inches broad, entire, elliptical to egg shaped, and occasionally cordate at the base, covered with woolly hairs; the upper surface is dark green. The plant is alluded to in the Indian Pharmacopœia. The powdered bark has long been employed by the Hindoos as a remedy for snake-bite. For this purpose the decoction is applied externally. But the most remarkable property was discovered by Captain Edgeworth, who found that after chewing the leaves the tongue lost its capacity of distinguishing the taste of sugar or anything sweet. Powdered sugar had no taste whatever, feeling like so much sand in the mouth. This effect lasted for 24 hours. It is remarkable that the sense of taste for sour, acrid, burning or salt substances is not impaired. When under the effect of this drug, sulphate of quinine tastes like lime. The lecturer found that the peculiar effect did not last 24 hours, but passed off in less than two hours. The chemical analysis showed the drug to contain two resins, of which one is soluble in alcohol; the other, which is present in greater quantity, insoluble. Through suitable treatment, an organic acid was separated, which bears some resemblance to chrysophanic acid. This acid, gymnemic acid, possesses the property of the drug, and constitutes, combined with an undetermined base, about 6 per cent. of the leaves.—*Phar. Record*, Aug. 1st, 1887.

Treatment of Gummatus Infiltrations.

Cardone recommends injections of corrosive sublimate into the bases of the infiltrations. He has treated in this way three patients with tertiary syphilis, with very good results. A girl, thirteen years old, who had a gumma at the root of the tongue, received three injections of corrosive sublimate in three days, when the infiltration shrank and in a few days entirely disappeared. In another patient, a gumma on the point of the nose, for which iodide of potash had been long unsuccessfully given, disappeared after four injections. In a case of multiple gummata, a large gumma disappeared in a short time after six deep-seated injections, while the others, which were not treated in this way, broke down and formed large ulcers.—*La Riforma med.*—*Allgemeine med. Central-Zeitung*, September 3, 1887.

Injectons of Quinine in Gonorrhœa.

Dr. Ledetsch states that he has been able to cure some chronic cases of gonorrhœa in a few days by using the following injection:

R. Quin. bisulph.....	gr. xv
Glycerini.....	fʒvii
Aquæ destil.....	fʒiiss

M.—To be used at first three times a day, then twice a day, and subsequently only once a day.

Except a slight burning, this solution has no unpleasant results.—*Prager med. Wochenschr.*, No. 32, 1887.

Chloride of Zinc in Gonorrhœal Vaginitis.

Fritsch recommends chloride of zinc as a remedy that has given him surprisingly good results. He prescribes chloride of zinc and water in equal parts, and adds of this 100 per cent. chloride of zinc solution five drachms to one and three-fourths pints of water. This injection, at a temperature of about 100° F., is given to the patient when she is lying down, twice daily, even during menstruation. Generally after ten injections the discharge subsides. Of course it returns in cases in which the cervix, endometrium and tubes are affected. Then the cavity of the uterus is cauterized with a strong solution of chloride of zinc and an iodoform tampon applied. Without claiming to have completely cured gonorrhœa, this method gave him such good results that he felt it to be his duty to recommend it to his associates.—*Allgemeine med. Central-Zeitung*, August 6th, 1887.

A Large Nasal Stone.

Dr. Nolte reports to the *Allgemeine med. Central-Zeitung*, August 20, 1887, the following case:

At the beginning of August of this year, a woman forty years old came to him suffering from great fetor of the breath, and saying that she had a sore mouth. An examination disclosed a foreign body projecting into the mouth from the junction of the hard with the soft palate. From its hardness, and from the sound it gave when touched, a stone was suspected. This, from its weight and rough surface had gradually forced its way from the posterior nares through the hard palate. The patient had been aware of a peculiar, indescribable feeling for two years.

A slight incision was sufficient to remove the stone, which, on chemical examination, was found to consist of phosphate of lime, carbonate of lime, ammonia, magnesian phosphate; iron, potash and sodium in traces, and dried nasal mucus.

A Case of Suppurative Pylephlebitis Arising as an Acute Affection from the Mucous Membrane of the Stomach.

S. Laache reports the following case to the *Central. f. Klin. Med.*, No. 47, 1886:

A young student, twenty-four years old, who had previously enjoyed good health, was taken sick after swallowing some ice water, with chills, bilious vomiting, diarrhoea and fever. He had a moderate amount of jaundice, and repeated epistaxis. The liver was enlarged, the region of the gall-bladder tender, the spleen of normal size, and the urine contained bile pigment. Copious vomiting was continuous, finally becoming very black, and consisting of a sour-smelling fluid. The patient succumbed after an illness of about fourteen days.

At the autopsy, a thrombus in a state of softening, was found occupying the portal vein, and in the liver, numerous abscesses of different sizes. The epithelium of the mucous membrane of the stomach was peeled off, especially along the greater curvature. A thrombus completely plugged the gastropiploic vein. In the lower part of the ileum was a spot resembling the altered mucous membrane of the stomach, but no thrombi were found in the neighboring veins.

In the thrombi and in the abscesses of the liver, numerous very small diplococci, and slender, tolerably long bacilli, were discovered. By inoculation of pure cultures of

these bacteria in rabbits, small abscesses were produced.

It must be considered probable, that in the present case an infection had occurred through the abraded mucous membrane of the stomach, and that the loss of substance in the latter had been effected by the ice water.—*Centralblatt f. d. med. Wissensch.*, September 3, 1887.

Aneurism and Atheroma of the Aorta in Childhood.

Sanné, in the course of a paper in *Rev. Mens. des Malad. de L'enf.*, February, 1887, says: That diseases of the large vessels, particularly aneurism, belong to the very rarest occurrences of childhood. But that immunity is not absolute, is proved by several contributions to the subject, of which the author cites four. In the first case a child, otherwise well developed, was still-born in a breech position, and at the autopsy Phœnoménou found an aneurism of the abdominal aorta (*Vid: Arch. f. Gyn.*, 1882). In the second case (*Bull. de la Soc. Méd. des hôp. de Paris*, 1863, p. 499), Roger contributes the history of a boy, ten years old, in which all the clinical symptoms pointed to the presence of an aneurism of the arch of the aorta. The later fate of the patient is not given. The third case is one observed by Sanné himself. He had diagnosed dilatation of the aorta and insufficiency of the semi-lunar valves, in a boy thirteen and-a-half years old. At the autopsy there was found considerable widening of the ascending arch of the aorta, and on the inner surface of the artery, changes indicative of endarteritis deformans; while on the convex side of the descending aorta, at its upper part, was an aneurism the size of a hazel-nut. The inner side of the sac was lined with calcareous plates; the aortic valves were thickened and likewise infiltrated with lime. The fourth case was reported by Moutard-Martin (*Bull. de la Société anatomique*, 1875, p. 775), and illustrates the earliest stage of the formation of aneurism. A boy, two years old, died with symptoms of endo and pericarditis. At the autopsy, besides the recent diseases, there were found superficial, yellowish white elevations upon the inner surface of the intima at the origin of the aorta, as they occur in the earlier stages of endarteritis.

From these reports it is evident that aneurisms of the aorta are found in children at all ages, and even during intra-uterine life. Moreover, neither anatomical nor clinical

differences are to be observed in the phenomena as they occur in infancy and in adult life. The point of origin, also, is the same, and so is the cause, namely, an endarteritis. The presence or absence of syphilis does not seem to have been stated.—*Centralblatt f. d. Med. Wissensch.*, September 3, 1887.

The Methods of Treatment of Prostatitis, with Especial Reference to Hypertrophy of the Prostate.

In this book, which has been recently published at Leipsic, Dr. Leopold Fischer, after a short account of the different forms of prostatitis, gives a thoughtful summary of all the useful methods of treatment. In the acute form, he rejects the treatment by local abstraction of blood recommended by Thompson and Pauli, as in the long run useless; and decides for the local application of cold, in the form of poultices, ice-bags or washings. For the after-treatment, in order to avoid subsequent hypertrophy, he recommends, besides a dietetic regimen, the use of a douche, as especially successful, even in chronic prostatic hypertrophy. For this purpose, the apparatus devised by Von Nussbaum may be used. This consists in a contrivance by means of which a jet or spray of water can be thrown upon the perineum as the patient sits upon a commode. This douche should be continued some time, and used several times a day, the temperature of the water being from 77° – 95° F. With reference to the much-used dilatation of the urethra, the author thinks that, if practiced gently and for a short time, it is of slight benefit, but practiced roughly and for a long time it is decidedly dangerous. If there should be marked retention of urine with catheterismus, the suprapubic puncture of the bladder should be preferred to all other methods, and Nélaton's catheter introduced and allowed to stay in.—*Deutsche Medizinal-Zeitung*, September 5, 1887.

BOOK REVIEWS.

Surgery: its Theory and Practice. By William Johnson Walsham, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital, etc. With 236 illustrations. 8vo., pp. x, 655. Philadelphia: P. Blakiston, Son & Co., 1887. Price, \$3.00.

This work opens with two interesting sections on surgical pathology, which are com-

plete enough to include that rare and imperfectly understood condition called "Raynaud's Disease," and which very fairly represent the present state of knowledge in regard to the subject. We regret to observe the simple faith with which the author repeats the common opinions of the laity in regard to hydrophobia—for example, that the discharge of viscid saliva and hallucinations are "characteristic" signs of this disorder, and his recommendation that Pasteur's inoculations for anticipated hydrophobia, and ought not to be neglected. He inclines also to the belief that tetanus is of bacterial origin, and in other respects seems to have accepted views which are not only still unproved, but improbable.

In general, the work of the author is very good. The typography of the book is excellent and the illustrations well adapted to their object, not a few of them being quite old acquaintances.

Handbook of Gynæcological Operations. By Alban H. G. Doran, F.R.C.S., Surgeon to Out-patients, Samaritan Free Hospital for Women and Children, London, etc. With illustrations. 8vo., pp. xii, 485. Philadelphia: P. Blakiston, Son & Co., 1887. Price, \$4.50.

This book is devoted to surgical operations upon the genito-urinary organs of women, and omits consideration of purely therapeutic or obstetrical measures. In the department of which it treats it is a master-piece, being sensible, thorough, clear and admirably written. The illustrations, of which there are very many, are of the highest order of excellence and quite in keeping with the quality of the text. We do not hesitate to recommend it strongly to our readers.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—*B. Westermann & Co.* announce the early publication of Dr. Robert Koch's full report of his journey to Egypt and India five years ago, to investigate the cholera for the German Government. His oldest assistant, Dr. Gafky, has undertaken the preparation of the report. The work will contain many illustrations, among them about thirty plates. The price will be about \$8.80.

—*Lea Brothers & Co.* announce that after the 1st of January the *American Journal of the Medical Sciences* will appear as a monthly instead of as a quarterly.

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N. A. RANDOLPH, M. D.,
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NERVOUS PALPITATION CURED BY CLIMBING STAIRS.

Dr. Theodore Clemens, of Frankford-on-the-Main, describes in the *All. Med. Central-Zeitung*, Sept. 10, 1887, an interesting case, in which a well-to-do man, 46 years old, came to him for electrical treatment on account of distress and irregularity in the action of his heart. Clemens, guided by the teachings of Stokes and of Cœrtel, decided to make him do the thing he most dreaded, namely: climb up several flights of stairs. Much as the patient feared the result of this experiment, he made it when accompanied by his physician. The effect was most happy. The patient's pulse, which had intermitted at each tenth or twelfth beat, wavered only twice, and but slightly, in a hundred beats after he had mounted three flights of stairs twice. He now decided to make similar efforts regularly every day, and in three months he was a well man.

This method—systematic exercise for the cure of certain forms of heart disease—is abundantly deserving of consideration. Its effects ought, of course, to be carefully studied, and it cannot be pursued if it produces—as it may—aggravation of the disorder in any particular case. But there are doubtless many cases which are treated in vain with rest, and tonics, and cardiac stimulants, which would be much improved if exercise were substituted for these measures. Such hearts need to be strengthened by work, and are only weakened by being spared from it.

THE COMMUNICABILITY OF TUBERCULOSIS.

In some respects the advocates of the specific properties of the tubercle bacillus seem to be proving too much. If one could credit all that is claimed for it, the wonder would be that the human race has not long since disappeared from the face of the earth. In his recent lecture at the opening of the current term of the Jefferson Medical College, Dr. Da Costa called attention to this point: "When I see," he said, "in popular journals descriptions of the minute organisms in the water we drink, attached to the food we eat; when I hear the ingenious researches commented on that show some of the worst of them, as of the bacillus of tubercle, floating in the air of places of amusement; when in a literary monthly review of great repute I meet with an able article on the 'Creatures we Breathe,' and find that an enthusiastic observer, seated in a railway carriage, notes on the closed window of a compartment containing ten persons, upwards of three thousand organisms falling on the square foot in one minute; I wonder what fright and terror is to be induced by all this, or what will come from its constant contemplation."

To this may now be added the terror of flies. Drs. Spillman and Haushalter have recently reported to the Academy of Science, of Paris (see the last number of the REPORTER, p. 517), that they have been studying the possibility of the communication of phthisis by flies. They have noted the pertinacity with which flies cling to the cups used for

the sputa of consumptives, and have caught and investigated some of them. Such flies, they found, soon died, and in their abdomen and excrement they discovered many tubercle bacilli. After death these flies dry up and fall into dust which may spread the germs of tuberculosis everywhere. More than this, before they die such flies may deposit these germs in food or drink, by defecation, and so disperse the contagion.

This idea is far from pleasant at the best, and it would be horrible if it were not for the fact that there is no reason to believe it is well founded. Observation does not confirm any such frightful theory; and those who advocate it are—as we have remarked above—trying to prove too much. If their suppositions were correct, who would escape consumption? To explain the immunity from tuberculosis of so large a proportion of the human race by the assertion that they do not present a soil suitable for the growth and multiplication of the tubercle bacillus is to beg the question, and to forget the many cases in which inoculation of healthy subjects is said to have taken place in much less likely ways than are suggested by this fly-theory.

For the present we think it not unwise to accept the evidence of clinical experience in this matter, rather than the hypotheses founded on laboratory experiments, and to believe that neither places of amusement, nor railway carriages, nor flies need have special terrors for one of sound mind and fairly sound body.

DISINFECTION.

The occurrence at one time of cholera at the port of New York, of an unusual number of cases of typhoid fever in one district in Philadelphia, and of yellow-fever at Tampa, Florida, attracts attention to the subject of the means of preventing the spreading of these disorders. Among these means none is of greater importance than disinfection. This subject has just been under consideration by the Sixth International Congress for Hygiene and Demography, held in Vienna. At this meeting, Dr. Löffler, of Berlin, made

an elaborate report on the subject of disinfection. He recommended the most scrupulous cleanliness of the patients, their animate and inanimate surroundings, of the sick-rooms and their contents; frequent and thorough renewal of the air of the room in which the sick remain; and the removal and rendering innocuous of dangerous objects. Washing in carbolized water occupies an important part in his recommendations, and steaming of clothing. The discharges of patients with infectious diseases should be received at once in vessels one-quarter full of a five per cent. solution of carbolic acid. Closets should not be used by such patients at all; but, if they are used unavoidably, the seats, as well as the pipes, should be cleaned at once with large quantities of a like solution of carbolic acid. Neither food nor drink should be kept in the sick-room, and no person should share the food used by the patient. Bad odors should be corrected by removing their cause and by ventilation. Attempts to correct them with matter having a more powerful odor can only do harm by concealing them.

Dr. Löffler recommends the most elaborate cleansing and disinfection of furniture of all sorts, including carpets and curtains, as well as all towels and articles of clothing which have been used about a patient with an infectious disease. All cheap things he would have burned, if they cannot be thoroughly disinfected. No patient should ever be transported in a vehicle—by land or water—which is used by the public; nor should he go about except after a most thorough washing with warm water and soap, and in perfectly clean clothing.

The bodies of those who have died of cholera, small-pox, diphtheria, or typhoid fever, he thinks, should be closed up in a coffin as soon as the fact of death is discovered, without washing, and wrapped in a linen cloth soaked in a five per cent. solution of carbolic acid.

These suggestions harmonize with the general opinion of hygienists in regard to the necessity for the most painstaking efforts to prevent the spread of contagious and infec-

tious diseases. Personal experience may lead one or another medical men to doubt the necessity for certain of the details which Löffler thinks important; but in the present state of our knowledge it is best to spare no trouble, and even to do what may not be easy or pleasant in order to prevent the spreading of diseases which sometimes makes such fearful ravages. Whenever they make their appearance the good of the community is at stake, and personal opinions or wishes must give way to what the most careful students of public health think desirable.

It is to be hoped that our country may long be spared from any widespread epidemic; but this seems now to be attainable only by a wise observation of such preventive measures as we have cited above.

NOTES AND COMMENTS.

Report of a Case of Biliary Calculi With Absence of Gall-Bladder.

Dr. Tinsley Brown, M. D., Hamilton, Mo., reports the following case in the transactions of the Medical Association of Missouri, 1887:

I was called on May 19th, 1882, to see Mr. G. G., aged forty-two, who was suffering from an attack of gall-stone impaction. The attack was made manifest by severe pain, chill and persistent vomiting, and followed by extreme jaundice. The pain was relieved by the inhalation of chloroform and hypodermic injections of morphine. The patient was confined to his bed for a week, and did not fully recover for six or eight weeks. There was a history of a previous attack about six years before. His father died at an advanced age from biliary colic and some sort of obstruction of the bowels. His whole family was of a bilious temperament. After the pain was relieved, his after-treatment was by laxatives and alkalies, the principal remedy being phosphate of soda. The patient remained in a fair state of health for three years and a half, when he again began to have attacks of biliary colic. By washing the discharge from the bowels after one of these attacks, I found pieces of biliary calculi. All medical treatment failed to keep off his attacks for any length of time. Over-work, or going past meal-time without eating, would bring on his paroxysms. In January of this year he started to New York

on some business, going to Chicago first with some stock. He was taken sick on the way, and was confined to bed a great portion of his time while away from home, which was about three weeks. At one time he vomited material which had a fecal odor.

In one week after returning home, he was taken violently ill, with severe pain and uncontrollable vomiting. This was followed by a temperature of 103°. I could at no time detect the gall-bladder. The area of hepatic dullness was normal, and the bowels were constipated. He, at all times when sick with this trouble, had had more or less trouble in passing his urine, perhaps from the use of morphine. Morphine and chloroform relieved the pain, but he still vomited.

In fourteen hours he had a violent chill, requiring one or two persons to hold him in bed. After this, there was much fever; pulse 130, and irregular. In twelve hours he was apparently pulseless, and vomiting continually. On one or two occasions the material vomited emitted a fecal odor. In forty-eight hours his pulse had become better, and vomiting less. We then entertained great hope of his recovery, but his favorable symptoms soon failed, and he died on the eighth day of his illness.

Post-mortem fourteen hours after death.—Much emaciation, skin and adipose tissue extremely jaundiced. The liver was found to be of normal size. Only slight signs of any recent peritonitis in the region of the common bile duct. Stomach contained some mucus, but was not inflamed; no stricture of the pylorus, but a slight stricture of the duodenum existed at the entrance of the bile duct; signs of old inflammation around the common bile duct, which was sacculated somewhat like a bubble blown on a glass tube, to the extent of one-half inch, or more. The gall-bladder was entirely absent, there being no trace of it, save the sacculated place in the bile duct. The common bile duct contained four calculi, weighing respectively 22, 23, 25 and 29 grains. There was complete occlusion of the duct at its orifice, caused by impaction of one of the calculi. The gall-bladder probably had been destroyed a number of years before, if it ever had existed, as there were no signs of it.

Surgical Instruction to Railroad Conductors.

As railroads multiply and their equipment is perfected and their service made more methodical, more and more attention is paid to the care of injured persons. All railroads now have regular division surgeons and many have surgeons-in-chief. In cases of

accident between stations considerable time frequently elapses before a surgeon's services can be secured. To prevent serious consequences from the exposure of the patient's wounds, or loss of blood, many railroad companies provide for every train a box containing surgical dressings and simple appliances with printed directions to be followed in case of emergency till the arrival of the surgeon.

In the majority of instances these means will be found, we believe, of but trifling advantage in the absence of persons skilled, to some extent, in meeting such emergencies. To fulfill this requirement also, attempts have been made to furnish instruction to trainmen by means of an annual lecture, so that they might be competent to supply temporary relief to the injured. Such means will be altogether inefficient to render a man who is otherwise without surgical skill or training, capable to check hemorrhage, antiseptically occlude a wound or splint a broken bone.

These are the most important duties which would devolve on the *pro tempore* surgeons, and they *cannot be taught by lectures alone*, especially to an indiscriminate and volunteer audience. Probably the most practicable plan would be to have the necessary (and only the necessary) instruction given to all conductors and to have this course of instruction laid down in a manual, which should be for the double purpose of defining the duties of the conductor, in cases of personal injury, till the arrival of the surgeon, and of refreshing the memory of the former in case of need. The indiscriminate use of apparently harmless appliances have often followed by disaster, especially the application of the field tourniquet and elastic bandage, both of which in the hands of the unskilled are capable of causing irreparable damage. A brief but painstaking course of personal instruction by railroad surgeons to train conductors in emergency practice, teaching them not only how to do good, but what is more important, how to avoid doing harm, would be a valuable addition to railroad service; but to be efficient it must have been the sanction of the management, and become part of the duty both of surgeons and train conductors.—*Pittsburgh Med. Review*, August 30, 1887.

Immediate Relief for Lumbago.

Dr. Burggraave recommends painting the painful parts with the following :

R Tr. iodinii,
Collodii,
Aq. ammoniz., ...āā f3ss
M.

An Error in Diagnosis.

Dr. F. Bradnack tells the following amusing story: It is not often that even a layman commits so curious an error in diagnosis as the one I am about to relate. A young man of twenty consulted me, complaining that he was suffering from "the itch." Upon questioning him as to how he contracted it he replied that some weeks before he had slept in the same bed with a man who had had the itch for some time. After this history I physically examined him—not only his hands, but his entire body. At the conclusion of my examination, he inquired: "Well, doctor, I suppose this disease *could* be taken by sleeping with a man, could it not?" Whereupon I replied: "The disease which you have could, in my opinion, only be taken by sleeping with a woman!" At this reply he at first appeared greatly astonished, but after some hesitation confessed that about two months before he had, on one unlucky night, made his first entrance into a house of ill-fame.

What I found in examining him was a well-pronounced Hunterian chancre, with marked induration of the inguinal glands on both sides, together with a squamous syphilide not only on the hands, but *nearly all over* the body. This (due to the fact that it at times itched slightly) he had concluded was "the itch." Until very recently he had not noticed either the chancre or the indurated inguinal glands.

He had consulted a quack, who, after charging him nothing for treatment, but \$5.00 apiece for two bottles of "medicine" (?), frankly confessed that "it was hard to say what was the matter with him."

This patient is now upon a vigorous anti-syphilitic treatment, and may, meantime, for a year or two, console himself with the poetic and philosophic reflection that "to err is human"—not only in the field of morals, but likewise in the even more difficult field of medical diagnosis.—*The Med. Press (N. Y.)*, September, 1887.

Distillery Swill as a Food for Milch-Cows.

Mr. Charles Cabanne writes as follows in *Science* of August 5, 1887:

Some eighteen years ago I owned a dairy, and run on one thousand acres of land eight hundred cows. I had one stable that held 672 cows; it was kept clean, and was well ventilated. For eighteen months I fed distillery-swill. From my experience in feeding swill to milch-cows, I should say that it produces tuberculosis. In addition to swill,

I fed grass and hay, and during the summer months "soiled." At the expiration of eighteen months I stopped feeding swill, and the number of cows that had to be disposed of because they had consumption was reduced to so few, that I do not now remember that there were any. It is my opinion that if cows are closely confined and fed on swill and hay exclusively, tuberculosis will develop in nine cows out of every ten inside of a year. The nutritive quality of swill food depends upon the amount of water put upon the grains after fermentation. I have never had any practical experience in feeding sweet distillery swill; but if fed in moderate quantities, not too hot and sweet, and with hay and other dry and very nutritious food, I can see no reason why it should be harmful. Parties who produce swill-milk for sale in large cities find swill to be the cheapest food for the production of milk, and consequently use it to excess. I have never seen swill fed sweet in more than one city dairy, and I have been in fifty.

The Usefulness of Terebene in Diseases of the Lungs.

Dr. D. M. Cammann, of New York, has been using terebene largely in diseases of the lungs. He sums up the results he has obtained from its use, as follows:

An analysis of the histories of eighteen cases shows that eight were emphysema, six bronchitis, three phthisis, and one asthma and bronchitis. Two cases of bronchitis, one of which had lasted for a few days, and the other for a month, were cured. Three cases of chronic bronchitis showed great improvement. One case showed no improvement after taking ten drops of terebene every four hours for five days. In this case the treatment was subsequently changed several times without any improvement occurring in the patient's condition. Seven of the cases of emphysema improved, and most of them to a marked degree. One case was unimproved after taking the medicine for two months. The three cases of phthisis and the case of asthma all improved. The time that the cases were treated varied from a few days to five months. The average length of treatment was fifty-five days. The terebene was given either dropped on sugar or in a mucilaginous mixture, in doses of from ten to fifteen minims, three or four times daily, and occasionally more frequently. In nearly every case the terebene was given without any other drug. Of these eighteen cases only two, or one in nine, were

unimproved. In the other cases the dyspnoea was diminished, and usually to a marked degree. In fact, dyspnoea was the symptom upon which terebene seemed to have the most uniform and favorable results. The expectoration was thinner and lessened in quantity. In eight out of sixteen cases the patients said that the urine was increased; in the other eight cases they had noticed no change. In two cases vomiting occurred, but it was after eating or coughing, and the patients themselves did not attribute it to the medicine. In two cases hæmoptysis ceased a short time after taking the terebene. I regret that it has been possible for me to use it in only two cases of hemorrhage, as the result was so favorable as to warrant its further trial.

Terebene in some of its effects resembles turpentine, but is less irritating. In one case a patient took by mistake a teaspoonful every four hours for a week without any unfavorable result (Murrell). In none of my cases were the bowels affected. In those in which the urine was increased, no signs of extreme irritation followed, even when the drug was used for several months.

In addition to the cases already mentioned I have used terebene in forty or more cases in which histories have not been kept, but in which the results were equally favorable.

The cases reported in this paper are not, perhaps, a sufficient number from which to draw general conclusions, but taken in connection with those already reported it may be said that we have in terebene a valuable drug. It is useful in acute cases, and in chronic cases of emphysema it seems especially beneficial in relieving the dyspnoea.—*Medical Record*, Oct. 8, 1887.

Removal of Needles from the Heart.

The *Centra. f. Chirurgie* contains the following account of a case of Stetzner's, which was communicated to the German Surgical Society:

A student, after a spree, sought to commit suicide by driving a sewing needle into his heart. Twelve hours after the introduction of the needle the first serious symptoms made their appearance. He then had pain in the cardiac region, difficulty in breathing, and a loud pericardial murmur at the apex. After thirty-six hours the symptoms became so very serious that an operation for the removal of the foreign body was determined upon. No trace of the needle being found either under the skin or in the intercostal space, a piece of the fifth rib was resected, thus

opening up the left pleural cavity; then the pericardium was opened up, and about a teaspoonful of cloudy pericardial fluid ran out, and now the needle could be felt lying diagonally in the right ventricle. They succeeded in driving its head out through the anterior wall of the heart, and then fixing it in this position with the finger-nail. The irregular and violent beating of the heart made it very difficult to catch the foreign body with the forceps, and, in attempting it, it again slipped into the ventricle, but this time assuming a vertical instead of a diagonal position, rendering it impossible to make any further attempt at its removal; and besides this, an iodoform tampon, used to block up the hole into the pleural cavity, was drawn into the cavity by a very deep inspiratory effort. The tampon could not be found again. The wound was thoroughly tamponed, and the patient recovered in four weeks, although in the meantime he had suffered from a severe pneumo-thorax, with copious exudation. At present the patient enjoys good health, and feels no effects from his escapade. There is neither heart murmur nor abnormal pulse, nor any trace whatever of the pleural exudation. Where the needle now is, is, of course, mere matter of speculation; it may be in the heart, or it may have gone on into the mediastinum.

Dr. Iver Hardt has collected together, out of medical literature, twenty-two cases of needle in the heart, of which nineteen were found accidentally on making autopsies. In three cases the needles had been driven into the heart accidentally, and penetrated such a short distance that they were easily extracted.

No case similar to the present, in which the heart has been laid bare by splitting the pericardium, is mentioned in medical literature.

In the discussion upon the paper, Hahn, of Berlin, showed the half of a knitting needle which V. Bergmann had removed from the heart of a girl eleven years of age. It had been driven into her breast by a blow from a slipper. The patient suffered immediately from asphyxia, and was removed to the hospital. Under the left third rib, between the parasternal and mammillary lines, a black point could be seen, which was felt to be the end of the needle. There was a blowing, systolic murmur at the apex. As the needle was slowly withdrawn, it was seen to have a distinctly pendulum movement. Immediately after the extraction, the previously very rapid pulse sank to ninety per minute. The needle was withdrawn

very slowly, in order to give time for a clot to form in the punctured wound, and thus avoid hemorrhage into the pericardial sack, which, in some cases of punctured wound of the heart, has been the cause of death. Von Bergmann said that he thought there could be no doubt in this case of the puncture of the heart muscle by the needle, because the murmur changed in character while the needle was being withdrawn, and, when completely removed, the murmur ceased entirely. —*Pacific Med. & Surg. Journal*, September, 1887.

The Toxic Effects of Iodoform, Cutaneous and Systemic.

Dr. R. W. Taylor, Surgeon to the Charity Hospital, New York city, read a paper on this subject before the American Dermatological Association, at its eleventh annual meeting. The following is a summary of his conclusions:

A. Its use as indicated: 1. On fresh wounds.

2. On diseased surfaces—gangrenous, chancreoid, phagedenic, syphilitic, tuberculous—and on those slow to take on healthy granulation.

3. On the surface of necrosed bone.

B. Its use is contra-indicated: 1. On freshly cut bone.

2. On granulating surfaces.

3. In cases in which it is known or is found to produce toxic effects.

C. Modes of use: 1. It should be dusted on the surface lightly and sparingly.

2. In wound-cavities or in the natural cavities as small a quantity as possible should be employed; in the former it is preferable to use it in the form of gauze.

3. It should never be rubbed in with the finger.

4. Its application should be renewed as infrequently as possible.

5. Such aids to absorption as tightly fitting bandages and impermeable dressings should not be used.

6. Its use should be discontinued as soon as healthy granulations appear.

7. It should not be used coincidentally with any other antiseptics, carbolic acid especially (Mosetig-Moorhof).

8. It should be used with great caution in the young and the old; in anæmic and neurotic persons, and those suffering from weak heart or Bright's disease; also in very fat and flabby subjects.

9. Should toxic symptoms appear, the iodoform dressing must be promptly and thoroughly removed.

D. The occurrence of anomalous forms of persistent or recurrent eczema in persons who handle or in any way come in contact with the drug, or who use it as an ointment or in suppositories in the vagina or rectum, should cause the physician to suspect the agent as the possible cause.

E. It is most important that the practitioner should exercise a watchful care over all patients for whom he prescribes this agent, and should he observe morbid symptoms, however mild, pointing to the brain, heart, or lungs, or a tendency to loss of appetite or emaciation, he should cause the discontinuance of its use at once.

F. The treatment of the skin manifestations is similar in all respects to that of the simple eruptions of the same varieties. Systemic poisoning should be treated symptomatically, since we have no specific.—*N. Y. Med. Journal*, Oct. 1, 1887.

Apomorphia in Respiratory Diseases.

Dr. Reynold W. Wilcox, Instructor in Clinical Medicine at the New York Post-Graduate Medical School, Physician to the Demilt Dispensary, has the following communication in the *St. Louis Med. and Surgical Journal*, October, 1887:

In 1884, I began to use apomorphia in diseases of the respiratory organs. As my clinic at the Demilt Dispensary is a general medical one of nearly two thousand new patients each year, I have had abundant opportunity to watch the action of the drug by itself and in contrast with that of similar drugs.

Physiological experiments show that apomorphia produces no depression; if injected into the veins or given hypodermically it produces vomiting as freely after as before section of the pneumogastric; it increases the secretion from the respiratory mucous membrane, producing a thin watery mucus; it diminishes somewhat the vascularity of the bronchial mucous membrane; it stimulates the respiratory center, thus increasing the number of respirations. When old solutions of a markedly green color, or large quantities are given, we get great prostration, as shown by rise of pulse and fall of temperature, depression of the respiratory center, causing slow and shallow respiration. In Carville's case three-tenths of a grain caused collapse in an adult. Therapeutically, I have used apomorphia chiefly in acute bronchitis. In those cases with considerable frontal headache, hot, dry skin, sore throat, marked prostration, rapid pulse, high temperature,

stuffy feeling in chest and soreness in epigastrium, dry teasing cough; when physical examination shows harsh respiration, sonorous and sibilant râles with few coarse and fine mucous râles, are its effects most marked. Here, if one thirty-second to a forty-eighth of a grain be given every two or three hours (for the dose must be frequent, since the effect does not last a long time) one finds the headache relieved, the sore throat disappear, pulse and temperature fall, the cough markedly diminish in frequency and a copious watery expectoration, easily raised, coughed up; the respiration becomes softer, the dry râles disappear and many moist râles are heard. The first daily dose of the apomorphia mixture is taken upon awakening in the morning; resting quietly in bed for a few minutes, a glass of warm milk is taken; in a short time a full breath is followed by a series of coughs by which the night's accumulation of mucus is dislodged and expectorated. Generally there is very little coughing during the day.

The prescription, which may be varied according to each case, is:

R Apomorphinae.....gr. ss ad j
Potassii bromidi.....ʒss
Tincturæ sanguinariae.....ʒj
Syrupi tolutani q. s. ad.....fʒiv

M. et ft. sol.

S.—Teaspoonful every two or three hours in a wineglass of water.

The sanguinaria is added for the benefit of the apothecary, showing him that it is a cough mixture; otherwise he would alarm the patient by telling him that it was an emetic,—a circumstance that has happened more than once.

This prescription, modified according to circumstances, can be used in pneumonia, phthisis, chronic bronchitis and spasmodic laryngitis. It is said that this drug is also useful as a spray in relieving the dry throat of phthisis. Failures will occur in the use of apomorphia, as with any other drug, but I have found it to be due to the use of old specimens or of those solutions which have become decomposed and show quite green.

—Dr. E. D. Mapother reports in the *Medical Press and Circular*, September 28, 1887, a case of elephantiasis of the leg, in a woman eighty years old, which he thinks was due to the fact that she has been obliged, for the past seven years, to occupy the sitting posture, on account of rheumatic stiffening of the hip and knee joints.

CORRESPONDENCE.

Some Results of a Long Experience.

EDS. MED. AND SURG. REPORTER :

Sirs :—In compliance with your request for the chatty communications of physicians, I send you a few points drawn from my experience, which may be useful to some of your readers:

Cure for Rattlesnake Bite.—The Hon. George Vandyke, Mayor of the city of New York, during the late war told me that wet pulverized indigo was a sure and certain cure for the bite of this reptile. I mentioned this to a lady about to start to Florida in February last, who had occasion to use it. Their colored man was bitten above the ankle. He tied a bandage tightly above the ankle, and kept on with his work. When he returned in the afternoon the foot and leg, to the bandage, were swollen dreadfully. Indigo was applied as a poultice, and the man recovered without other treatment for twenty-four hours.

Venesection in Pneumonia.—Long and continued sickness prevented my supporting Dr. Corson at the time of his advocacy of blood-letting in the treatment of acute pneumonia with my experience, confirming the value of that practice. I do not recollect an instance of failure in a large practice in pneumonia, pleurisy or peritonitis, when venesection was employed early—there being early convalescence in all cases. I have no doubt that some congested brains, which were noticed in their premonitory symptoms, would have been relieved and life comfortably prolonged had venesection been resorted to at that early stage, or had a few teaspoonful doses of chloroform been given.

Ringworm disappears rapidly with inunction, night and morning, of an ointment of tobacco, 20 grains to the ounce.

Tetanus I think can be readily cured with strychnine, given every three hours until the dose which produces a little twitching in the arms is exhibited, then to be kept up every six hours. I was interested with a friend in eight successive cases which I published, in his name, as he suggested the remedy. The late Dr. Valentine Mott, after seeing with me a case which ended in death, said: That if ever he was called again to a case of tetanus he would use strychnine, on the principle that its general effect on all of the muscles would control the partial effect on the masseter muscles, as it did this in every case.

The history of one of my cases was as follows: My colored washer-woman, 50 years

old, had opisthotonos and tonic contraction of the diaphragm. I bled her till her jaw dropped—a large wash-basin full—when I thought her dead. But blood was running, and that satisfied me. In a minute the jaw fell. I bandaged the arm and gave tartar emetic in solution, beginning with $\frac{1}{8}$ grain and increasing $\frac{1}{8}$ every two hours until she took four grains at one dose without nausea. She recovered and lived twenty years longer.

The eight cases referred to above were published in the *N. Y. Journal of Medicine*, November and January, 1846 and 1847. The maximum dose of strychnine I used was $\frac{1}{10}$ grain in solution every two hours, until involuntary twitching of the muscles of the extremities took place, when the masseters would relax.

I would not have reported this in your journal, but that I see no regular treatment adopted and repeated deaths reported, and never the use of this remedy.

Yours truly,

EDW. VANDERPOEL.

228 E. 68th Street, New York.

Treatment of Epistaxis.

EDS. MED. AND SURG. REPORTER :

Sirs :—After some trying experiences with troublesome cases of nose-bleed, I took a hint from the practice of a veterinary surgeon which has proved more satisfactory at my hands than plugging the anterior and posterior nares. As he treated a horse, so I treated my patient.

I took a lump of cotton, tied a thread around it, and passed it with a probe back into the nostril, holding the thread in my hand. I pushed it up so far beyond the bleeding point that the blood ran out of the front of nose, and then drew it down with the string until it covered the bleeding spot. Then the bleeding was controlled. I have used this in several cases, and it has met my needs. I give it for what it is worth, and in the hope that it may help some physician when in doubt what to do.

Yours truly, H. N. BURR.

Williamson, N. Y.

Wholesome Influence of Rocky Mountain Air.

EDS. MED. AND SURG. REPORTER :

Sirs :—Seeing the selected article, "The Rocky Mountains for Recreation," in your number for September 3d, I thought my experience in the Rockies might prove of passing interest to those of the profession

suffering from nervous prostration. I had, in 1883, an attack of chills, which in spite of antimalarial treatment, became so chronic as to last four months. When I got well of chills, I kept taking cold every time I was exposed, which, in turn, developed a chronic bronchitis. I consulted my friends near me, and getting no relief, I went to New Orleans and consulted Professor Elliot, who pronounced my trouble consumption. The cough became eventually somewhat asthmatic, and I decided to try the mountains. I went first to El Paso, Texas, and then to Socorro, New Mexico. From Socorro I went to Magdalena, New Mexico, and from Magdalena

I went west in a wagon for one hundred and thirty miles. At Magdalena, I weighed one hundred and twenty-six pounds. I spent about six weeks in the mountains, or drifting from one chain to another, hunting. I slept well, and although I had an occasional spell of asthmatic coughing, I constantly improved. My appetite, which was not good when I reached the mountains, and had been variable a long while before that, began improving after a week or so, to such an extent that I could eat anything any other man could eat. I never ate so ravenously before, and could eat at one sitting what would have made two or three full meals for me at home; and strange as it may appear, I never felt as if I had eaten too much, but would feel wonderfully good after each meal. When I returned to Magdalena I weighed one hundred and forty-six pounds, and felt better than I ever felt before. My mountain experience in becoming accustomed to the rarefied air—in climbing after a time, what was at first the most inaccessible hills—in rising at break of day and shouldering my rifle and walking miles, trudging through snow, in search of deer, without suffering in any way except for something to eat, is beyond my powers of description.

Suffice it to say my cough kept all the while improving while there, and the improvement has so far been so permanent that I have been to all intents and purposes well man ever since my return.

Yours truly, J. E. STINSON, M.D.
Montague, Texas, Sept. 12, 1887.

Persistent Priapism.

EDS. MED. AND SURG. REPORTER:

Sirs:—I wish to write about a case, and like H. C. G., I am entirely willing to leave the disposal of my communication entirely with you. My case may not be strange to others, but in an experience of thirty-six years I have not seen anything of the kind.

I had a patient, 31 years old, die a few days ago from enlargement of the spleen. It was enormously hypertrophied, resting upon the pelvis and filling and distending almost the whole abdomen. The patient continued to go about town to within ten hours of his death, which was due to coma. The singular circumstance connected with the case was persistent and painful priapism for the last week of his life. After death, and up to the time of his burial, there was no relaxation of this condition. The corpus spongiosum and glans was seemingly filled by a solid coagulum. The patient's disease commenced a year ago, and painful erections often troubled him for a few hours at a time, but did become continuous until the time spoken.

Yours truly, A. ADY, M.D.
Muscatine, Iowa, Oct. 7, 1887.

Fluid Extract of Ergot for Incontinence of Urine in Children.

EDS. MED. AND SURG. REPORTER:

Sirs:—I have been using for many years the fluid extract of ergot in the treatment of incontinence of urine in infants and children; and I almost regard it as a specific for the disease. I prefer to give it simply, and not to treat separately any condition of the patients that may require therapeutical aid to correct those states of physical debility which either predispose to incontinence of urine or aggravate its presence. I give to an infant from one to three years old, 5 to 10 drops; and to a patient from three to ten years, 10 to 20 drops every three hours. Few children object to its taste, and it should be continued uninterruptedly for two or three weeks, and resumed if the disease should return, in which case the doses ought to be gradually increased.

Yours truly,
J. B. JOHNSON, M.D.
Washington, D. C.

Pilocarpus in Dropsy.

EDS. MED. AND SURG. REPORTER:

Sirs:—A very obstinate case of general dropsy of several months' standing, which had resisted the famous apocynum cannabinum alone, and other reputed remedies, yielded readily to the following simple treatment:

R. Fld. ext. of pilocarpus pennatifolius. .f3j
Fld. ext. of apocynum cannabinum. .f3iij
Elixir of ginger (or simple elixir) q.s. ad. f3iij

M.—S. One teaspoonful in water three or four times a day.

May I suggest to your readers to try it, and to report the results in the columns of the REPORTER?

B. FRANK HUMPHREYS, M.D.
Hawkins, Tex., Sept. 22, 1887.

NEWS AND MISCELLANY.

Sanitary Reform in Dress.

After speaking of the failure in the past of preaching and sumptuary laws to obtain reform in dress, the *British Medical Journal*, September 17, 1887, proceeds to account for the failure of modern sanitary attacks by saying:

One of the chief factors in this entire failure is the vanity and sycophancy of civilized beings, for which dress reformers make no sufficient allowance. The most frequent cause of the invention of ugly and insanitary costumes has been the attempts made to conceal blemishes or deformities existing in persons of exalted rank, and the new fashions have spread because they were at once imitated by courtiers who thus tacitly flattered the original wearers of them. It was to hide the short stature of Louis XIV that high heels and towering perruques were introduced. The Virgin Queen patronized immense ruffs because her neck was not handsome. Short hair became fashionable in France when an accident to the King's head during a snow-ball fight necessitated the removal of his flowing locks. Full-bottomed wigs were invented by a French barber named Duvillier to conceal the fact that one shoulder of the Dauphin was higher than the other. Charles VII of France wore long coats to hide his ill-made legs. Henry Plantagenet, Duke of Anjou, had his shoes made with long points to screen from observation an excrescence on one foot. Crinoline was introduced by the Empress Eugénie to render her appearance when *enceinte* less noticeable.

Another reason of this failure to reform dress is a want of recognition of some laws which seem to govern both the growth of fashion and the taste of women. Fashions are almost always the result of a definite growth and natural development, and are scarcely ever the outcome of sudden inspirations of tailors or dressmakers. Those garments we attack for inelegance or uselessness can show a historical reason for every apparently meaningless peculiarity, or can give a story of forgotten use for ornaments which are really atrophied survivals from vanished needs.

Every part of the despised dress coat, for example, has a reason for its peculiarity of shape. The apparently foolish nick or slit at the junction of the collar and facings on each side dates from the time when men rode a great deal, and the coat collar must be frequently turned up and the chest buttoned

closely over to meet the severity of sudden storms. A division was made on each side of the collar to permit this to be done, and the present useless slit is the survival of this very needful predecessor.

Not even the buttons which adorn the small of one's back are mere vain ornament. In about the year 1700 it began to be the custom to gather in at the waist the sack-like coat of the period. This was done by two buttons sewn on over the hips, which were attached to loops set on at the edge of the coat. Then, as waists became a permanent fashion, the loops were disused, and the buttons, instead of being discarded, were simply moved a little further back; here they attained to a new usefulness in supporting the sword-belt. Now that sword-belts are no longer worn, these two buttons seem merely a meaningless excrescence.

The very shape of the dress-coat, which has been so much and so often ridiculed, is not an arbitrary fashion, but a natural development. Starting from the ample square-skirted coat of the close of the seventeenth century, itself a development, we next find the same coat with the corners of the skirt buttoned together for convenience of riding; then the same garment with the lap corners cut off instead of buttoned up—the swallow tail of the early years of the present century; finally by a very slight further degeneration the modern dress-coat was produced. Such is a specimen of the history of the gradual evolution of most articles of clothing, an evolution which is one explanation of the inability of sanitary reformers to produce violent evolutions in dress.

Another cause of their failure is that they take a standpoint of simple utility, and ignore the instinctive and inherited desire of the one sex to attract the other by a becoming costume. It is indeed a moot point whether the original adoption of clothing by barbaric nations was not the result merely of the desire of both sexes to attract. "The pangs of hunger and revenge once satisfied," said Carlyle, "the next care of the aboriginal savages was not comfort, but decoration. Warmth he found in the toils of the chase or amid dried leaves in his hollow shed or natural grotto; but for decoration he must have clothes." The same story is told by the discovered remains of palæolithic man. Still in this case may be found the ruddle or rouge with which his wife painted her naked body, and the necklaces, made from the teeth of fierce beasts, wherewith she adorned her hairy neck. Except such simple ornaments as these, clothing was unknown to the early

cave-dweller. Naked as his mother bore him, he chased the gigantic animals of those undegenerate days through the trackless forest, or disputed with them the possession of those caves which were the alternate lair of man and beast. You may still see this early savage in some of the excellent bone-pictures he has left, semi-upright, covered with hair, innocent of clothing, creeping up with noiseless motion to attack with his stone-tipped spear the bison, the wild horse, or the elephant.

In latter days the daughters of a nomadic race sought to render themselves attractive by adopting the trappings of the camels which were their care. As they led their charges to the water by their nose rings, the little bells the camels wore made a melodious jingle in the stillness of the desert. And in forgotten imitation of these ancient servants the stately daughters of Jerusalem came tinkling down the road, with their silver ankle-bells—the maidens of Hindostan yet wear from their nostrils a glorified and jewelled nose-ring—the sons of the East use a sandal in which the attentive observer can still trace the tablet of undressed hide used by the camel-driver for the feet of his valuable beast.

In every age this use of dress as an ornament to attract the other sex has rendered the censure of reformers on its extravagances unavailing. When, for instance, a mania for classicism afflicted the patriots of the French Revolution, the ladies of France adopted the dresses of Greece and Rome, or what they imagined to be such, with fatal eagerness, and with undraped bodies and sandalled feet braved the severity of a Parisian winter. Their light attire exposed them to diseases of the chest; nay, to death itself, but they heeded not. The gold rings shining on their feet could not protect them from the cold of winter, yet they remained faithful to gauze-clad nudity.¹ It was vain to remonstrate with them on their insufficient clothing; with French readiness they would reply with an epigram—

Le diamant seul doit parer
Des attraita que blesse la laine.

In the same way no arguments of its utility or sanity are likely to induce an elderly lady to adopt the curtailed garments recommended by Dr. Jessop, if the result should be to render her an object of ridicule to man when compared with a sister dressed in the trailing garments of modern fashion.

Much may be done, much has been accom-

plished in the direction of sanitary clothing, but it has been by gradual and judicious reform of material, and unseen alteration of undergarments, at the suggestion of medical men, not by sudden and violent changes of fashion and interference with prejudice. Many ladies now actually wear the woven woolen vests and the flannel knickerbocker drawers recommended by Dr. Jessop. Suspenders attached to the stays replace the injurious garter, and clothed necks and shoulders have replaced, at least in the day-time, the low-necked dresses of our grandmothers.

Much remains to be done in this matter, but it must be attempted with a complete appreciation of the difficulties of the position, and with a competent knowledge of feminine laws of thought. Flowing garments, for instance, will in all probability never be forsaken, because of the superior dignity they confer on the female figure. Indeed, in our opinion, the best hope of discarding the hateful stays rests in a gradual return to the beautiful costume of Greece, for it is almost certain that while waists are accentuated, stays will be worn, but the change must take place in the natural direction of gradual development directed by competent and judicious leaders of fashion, not in that of violent and inconsiderate revolutions. Until we are sufficiently educated to accept the wise aphorism of Edward I. as our guide, a complete reform of dress is very hopeless. It was that great king who said: "It is impossible to add to or diminish real worth by outward apparel; the only magnificence we must seek is the magnificence of noble and heroic deeds."

The Manufacture of Cachets and Wafers.

The recent death of Limousin, the inventor of the wafer capsules (cachets, capsulæ amylacææ) suggests the idea of again drawing attention to the utility of this form of medication.

In recent times, the development of the wafer-capsule industry, if it may be so called, has been especially promoted by Mr. Adolph Vomacka, of Prague.

To a certain extent, the choice of this form of medication depends somewhat upon the rate with which its existence or availability is kept before the memory of the prescriber. It only needs a slight impetus, from time to time, to cause a preference in favor of the wafer-capsule over some of the forms of medication, though it is by no means intended to assert that this is in all cases the best form. We believe, however, that it is, for instance,

¹ A fashion they carried so far as to discard chemises for one whole week.

preferable to gelatin capsules in the case of quinine.

Formerly, the wafer-capsules were pressed from the large square wafers (for which Nuremberg has long been celebrated); at the present time, however, they are baked specially. The cost of fitting up a factory is very small, and the arrangements required are simple, requiring but little room and only cheap labor. The most expensive item of the whole are the forms. These are made of two hinged pieces, the material being either steel or brass. One of the plates contains the concave, the other the convex pattern of the wafers.

These forms rest upon one or more specially constructed ovens heated either by gas or wood-charcoal. As soon as the opened forms, resting on the hot oven, have acquired the proper temperature, which is easily recognized by allowing a drop of water to fall upon them, a certain quantity of a mass prepared from wheat-starch is spread upon one of the plates and the other plate gradually folded over it. The latter, through its own weight, expands the mass so that it forms a perfectly uniform layer. The excess of the mass, which is squeezed out at the side, is simply scratched off. The forms are then opened, and the completely baked sheet taken out. This sheet contains as many half wafer capsules as there are patterns. When freshly taken from the form, these sheets are very brittle; but, after being laid aside a few days, they absorb enough moisture from the air to permit being cut or trimmed. The next operation then is the cutting or punching out of the round wafers. For this purpose there are used either simple punches, or punching machines worked by treadles, by means of which each separate wafer is cut out. These are then counted and put up in packages. A well trained girl is able to bake, in one day, 20,000 such wafers, and it requires the service of only two girls to punch these.

The mass of which the wafers are composed consists of the purest wheat-starch, mixed with water. The best fuel is either gas or wood-charcoal. There being only a few requisites, it will be easy to calculate the cost of a day's turn out.

The whole art and mystery of the manufacture centres in the forms, which must be absolutely true and perfect. If the forms are not exactly true, the wafers will be uneven. The least defect of the forms will be prominently visible upon the product.

The preparation of flat wafers, such as are used for making sealing wafers, sacramental wafers, wafer bottoms for ginger-cake, etc.,

is much more simple than that of the medicinal wafers. The former are baked in similar metallic forms, which are, however, entirely smooth inside. The thickness of the wafers depends, of course, upon the distance intervening between the plates when they are closed.—*American Druggist*, August, 1887.

Clever Detection of a Criminal by a Doctor.

A rather novel point in forensic medicine has arisen in connection with the murder at the Rue Montaigne, Paris, the victims of which were a celebrated *démimondaine* who, along with her maid and maid-servant, was found murdered in their apartments under circumstances of great cruelty. Their throats had been cut after a severe struggle, and their bedding and the walls of the apartments in their vicinity were copiously bespattered with blood. The unfortunate chief victim was the possessor of jewellery and other valuables to the extent of some thousand pounds, presumably the motive of the murder. These, however, were in an iron safe, and as the murderer, who was evidently single handed, could neither open this nor carry it away, he had to leave without the wages of his crime. The key was subsequently found concealed in a wardrobe. A man named Pranzini, a follower of the victims, was arrested upon suspicion, but the closest examination of his clothes, both those which he had worn on the evening of the crime and those found at his residence, showed no trace of blood. This was relied upon as a strong point in the defence, but Dr. Brouardel, the *Médecin-légiste* engaged in the matter, recalled the fact that in the next apartment was found a toilet-stand upon which was a large basin-full of ensanguined water, as if some person stained with blood had washed therein. As none of the three victims had presented the appearance of having done this, Dr. Brouardel conceived the idea that the murderer had, on entering the apartments, undressed himself, had committed the crime in a state of nudity, had then carefully washed himself of its traces, and had finally, all being completed, resumed his clothes, of course free from all sanguineous stains. Dr. Brouardel now demanded from the *juge d'instruction* an authorization to examine Pranzini totally undressed, and on this being accomplished found a long tearing scratch (*estafilade*) extending down the front of his right thigh. Interrogated upon this, the prisoner said that he had been attacked by a severe itching in the part and had torn himself in relieving it. Being invited to

repeat the gesture he did so, scratching himself from the knee towards the body, when the medical expert showed that the tear had been produced by nails, or at all events some sharp body, acting from above downwards in the direction of the knee, as was shown by the pointed fragment of epidermis projecting upwards from the lower end of the wound. The expert's hypothesis is that when the assailant approached one of his victims, with the weapon in his right hand and with his right side next her, she inflicted the injury with her nails. Questions of blood-stains on clothing have frequently formed important evidence in murder trials; but the present is probably the first instance of an ingenious plan having been adopted to escape clothing stains, and of its being defeated by an accident developed by the acuteness of the medical expert. Pranzini was convicted, without extenuating circumstances, and was sentenced to death by the guillotine.—*Dublin Journal of Med. Science*, August, 1887.

University of Pennsylvania.

At the monthly meeting of the Board of Trustees of the University of Pennsylvania, on Monday, October 3d, Dr. Samuel G. Dixon was elected Professor of Hygiene in the Auxiliary Faculty of Medicine, in place of the late Dr. N. Archer Randolph; and Dr. A. H. P. Leuf was elected Assistant Director of Physical Education.

Medical Instinct.

Animals get rid of their parasites by using dust, mud, clay, etc. Those suffering from fever restrict their diet, keep quiet, seek dark, airy places, drink water, and sometimes plunge into it. When a dog has lost his appetite, it eats that species of grass known as dog's grass, which acts as an emetic and purgative. Cats also eat grass. Sheep and cows, when ill, also seek out certain herbs. An animal suffering from chronic rheumatism always keeps, as far as possible, in the sun. The warrior ants have regularly-organized ambulances. Latrelle cut the antennæ of an ant, and other ants came and covered the wounded part with a transparent fluid secreted in their little mouths.

If a chimpanzee is wounded, it stops the bleeding by placing its hand on the wound, and dressing it with leaves or grass. When an animal has a wounded leg or arm hanging on, it completes the amputation with its teeth. A dog, on being stung on the muzzle by a viper, was observed to plunge its head repeatedly for several days in running water. The animal eventually recovered.

A sporting dog was run over by a carriage. During three weeks in winter it remained lying in a brook, where its food was taken to it. The animal recovered. A terrier hurt its right eye. It remained under a counter, avoided heat and light, although it habitually kept close to the fire. It adopted a general treatment, rest and abstinence from food. The local treatment consisted in licking the upper surface of the paw, which it applied to the wounded eye; again licking the paw when it became dry.

Animals suffering from rheumatic fever treat themselves by the continued application of cold water, which M. Delauney considers to be more certain than any of the other methods. In view of these interesting facts we are, he thinks, forced to admit that hygiene and therapeutics, as produced by animals, may, in the interest of psychology, be studied with advantage. Many physicians have been observers of animals, their diseases, and the methods adopted by them in their instinct to cure themselves, and have appropriated the knowledge so brought under their observation in their practice.—*Am. Druggist*, Aug., 1887.

Official Analysis of Beer.

The Commissioner of Internal Revenue said recently that he intends to make analytical tests of various kinds of beer sold throughout the country. The chemist of the Bureau is now getting ready to make these tests. The breweries will not be called upon for samples, but they will be bought from retail dealers in different parts of the country and sent to Washington. These tests will be made public in the interest of the people, and from the method to be followed in obtaining the samples, the brewers will not be able to render the tests nugatory by preparation.

An Argument for Vegetarians.

The heavy work of the world is not done by men who eat meat. The Roman soldiers who built such wonderful roads, and carried a weight of armor and luggage that would crush the average farm hand, lived on coarse brown bread and sour wine. They were temperate in diet, and regular in exercise. The Spanish peasant works every day and dances half the night, yet eats only his black bread, onion and watermelon. The Smyrna porter eats only a little fruit and some olives, yet he walks off with his load of a hundred pounds. The coolie, fed on rice, is more active, and can endure more than the negro fed on fat meat.

Some Quack Remedies.

Dr. Davenport, the analyst of the Massachusetts State Board of Health, states that of twenty advertised cures for the opium habit, all but one contained opium. He examined a large number of "temperance drinks," and found all to contain alcohol, and one as high as 44.3 per cent. The majority contained over 20 per cent. A preparation analyzing 41.6 per cent. was claimed by a manufacturer "to be purely a vegetable extract."

A New Port Physician.

Governor Beaver has appointed Dr. William H. Randle, of Jenkintown, physician at the port of Philadelphia, in place of Dr. Henry Leffman, whose commission expired October 1st.

Dr. Randle is a graduate of Jefferson Medical College, and is about 35 years of age. He has never held any public office. He was appointed by President Hayes to the Medical Commission which visited Memphis in 1878, during the yellow fever epidemic. The office yields about \$2800 yearly.

Pills in Shells.

A correspondent sends us the following: After reading the item on page 63 of the June number, "Didn't want the pills in shells," I was reminded of a case I had some few months ago. The customer was an oldish lady who had worked herself all out on a farm, situated about a mile out, and she is one of the "fussy" kind. She came into my store just after I returned from dinner, with a prescription as follows:

R Salicine.....gr.xxiv
Pv. cinchona rub.....gr.xij
M.—Put into capsules No. 24.
Sig.—One before meals.

I prepared the medicine according to orders. The lady paid and went home. About five o'clock she came in all out of "wind," and asked where Dr. — was. I informed her that he had gone out of town and wouldn't be back for several hours. "Oh, dear, what shall I do? I must see him at once!" I asked her what the trouble was, if any one was hurt? "Why," said she, "I swallowed one of those little glass boxes you put my medicine up in, and I am afraid it will kill me, and what shall I do? The doctor said he would have it fixed so I wouldn't taste it, and I thought it was pills, and so I took one and, after I swallowed it, I picked up another one, and as soon as I pinched it a little in my fingers it all flew to pieces, and then I found out

it was glass. Now, why didn't you tell me to turn the medicine out of those glass boxes before taking it? But you didn't, and as I can't see very well, I have swallowed the glass and all, and you don't know how my stomach feels; it will surely kill me. Oh, what shall I do, and can't you give me something? Oh, dear, how my stomach burns and aches! You ought to be put in jail for giving people medicine in little glass boxes and calling them pills. Did you make a mistake, or did you try to kill me? Oh, dear, give me something quick, or I shall faint." I finally got her quiet, after hearing such talk as this for half an hour, and then I was able to explain what those little glass boxes were for, and what they were made of, but finally had to dissolve one to satisfy the old lady that there was no glass about them at all, and that she would not die, and that there was no harm done, etc. She replied that those were the funniest things she ever saw, and upon that she went home, feeling better. Since that time I have explained to every old lady that wanted capsules what capsules were made of, etc., before letting them go out.—*American Druggist*, August, 1887.

Yellow Fever or Dengue.

Dr. Wall, President of the Tampa (Fla.) Board of Health, telegraphed to the Marine Hospital Service on October 1st that the disease prevalent there is unquestionably yellow fever, despite a popular belief to the contrary, and that the contagion has spread to every part of the city.

The President of the Florida State Health Protective Association has telegraphed that citizens and physicians of Tampa are not satisfied that the disease is actually yellow fever, and are anxious that Dr. John Guitéras should be ordered to Tampa to determine the question.

Surgeon-General Hamilton has ordered Dr. Guitéras to Tampa as requested, and has taken steps to provide a temporary hospital and to furnish abundant supplies of disinfectants.

A Case of Purpura with Circinate Lesions.

In the October number of the *Journal of Cutaneous and Genito-Urinary Diseases*, Dr. H. W. Stelwagon reports a case of purpura with circinate lesions, which is illustrated by a very good cut. But one similar case has been recorded up to the present time—a case reported by Drs. Dühring and Van Harlingen in the *REPORTER*, August 3, 1878.

A Drug Clerk Punished.

James A. Stewart, of Wichita, Kan., was sentenced on Sept. 22d to seventeen years and four months imprisonment in the county jail and fined \$20,800, with costs of prosecution, for the violation of the Prohibition law. Stewart was a clerk in the West End drug store, and pleaded guilty to an indictment containing 2080 counts. The punishment imposed on Stewart is the heaviest ever given in the State for violation of the liquor laws.

Cinchona-Growing in Réunion.

Some time ago we reported that efforts were being made to propagate the cinchona tree in some of the French colonies, and that it was confidently assumed that these experiments would be so successful as to render French buyers independent of the London market in a few years' time.

Mr. C. L. St. John, British Consul in the French colony of Réunion, gives some interesting details of the cultivation of cinchona in that island. He states that for some years past the planting of cinchona has absorbed much attention in Réunion; and, although the plantations have hitherto assumed no very extensive development, the results obtained are sufficiently satisfactory.

At Réunion the plantations are made in forests, at a height of about 4000 feet. At this altitude, where there exist no high trees, but merely brushwood, parallel alleys from five to six feet wide are made, as far as practicable in spots sheltered from the winds. These alleys are separated by a range of brushwood, 10 feet thick on each side, which serve to protect the young cinchona plants against the violent winds so common in Réunion. Holes are then dug, at a distance of 15 feet apart, 20 inches in diameter, and the same in depth. They are then filled with the earth that has been dug up, and to which some mould is added. This mixture forms, at the surface of the soil, a convexity, into the middle of which the young cinchona plant is placed; and the alley, after a few showers of rain, is soon brought to a level.

In a soil thus prepared the young plant experiences no difficulty in its growth; but when it has attained a height of 1 foot 6 inches, care must be taken to cut the roots of the adjoining brushwood, which may have found their way into the space reserved for the cinchona, in order that the plant may meet with no impediment in the course of its development.

At the end of seven or eight years, the

plants have a diameter of $3\frac{1}{2}$ inches, and are ready to be worked.

The following is the manner in which the bark is prepared: Towards the month of October—that is to say, when the sap resumes its ascensive movement, and the bark is more easily detached—the plants are cut at about 2 inches from the ground. The bark is then taken off and put in the sun to dry. From the stump that remains there soon spring a great number of young shoots, which, when they have in their turn attained a certain size, should be lopped off, only leaving the number of sprigs which the stump is able to feed conveniently. These sprigs have a rapid growth, and, at the end of another period of six or eight years, a new crop is ready.

In this way the cultivation of this produce, once planted, can be continued almost indefinitely, and at little expense. The consul thinks that it is evident that the means employed in Réunion for the cultivation of the cinchona are very practical, and far more economical than those in vogue in Java.

Although the Réunion plantations are as yet only on a limited scale, the results are such as to induce their extension. Hitherto, experiments have only been made by the local government on the Crown lands, and by a few wealthy planters. Lately, the Government sold a certain quantity, which brought a little more than 2 francs per lb. in the market.

The manager of the Crédit Foncier Company has also expressed great satisfaction at the results he has obtained, and he will shortly sell over 200 lbs. of cinchona planted in 1879. This year he expects to have a new crop from trees planted in 1880; and so on.

It may be stated that the stumps of the plants that were cut in October last are already covered with young shoots.—*Chem. and Druggist*, Aug. 20, 1887.

—Dr. W. T. Councilman, of Johns Hopkins University, will address the Philadelphia Pathological Society at the Semi-annual Conversational Meeting, Thursday, October 27, on "Further Investigation on the Malarial Germ of Laveran."

Members of the College of Physicians, County Medical Society and Obstetrical Society, are invited to be present.

—In a communication to the *Société de Biologie*, M. Chouppé reports success in the treatment of diarrhoea with antipyrine, in doses of fifteen grains.

Items.

—Dr. Sommer, an Hungarian physician, obtained the consent of the mayor and president of the Board of Health of New York to conduct experiments with the virus of hydrophobia upon the dogs collected by the dog-gatherers and taken to the pond. The Society for the Prevention of Cruelty to Animals have, however, interfered, and require the doctor to obtain the authority of some medical college or university in the State before they will permit him to conduct his investigations. We should think that an application, properly made, to any of the medical institutions of the city, would be followed by the granting of the requisite authority.—*Science*.

—We learn that summonses have been issued against twenty druggists in Chicago for violating the city ordinance governing the sale of liquor. One of these, Mr. Secord, has already taken out a saloon license of \$500. Interesting developments are looked for, as the collector intends to enforce the ordinance, which he interprets also as prohibiting altogether the sale of "bottle goods," such as "Duffy's" and "Belle of Bourbon," without a saloon license. We have repeatedly warned druggists of impending prosecutions, and those who may be proved guilty of violations are entitled to no sympathy. The registration of sales has been much neglected of late; the legal penalty will sooner or later follow.—*The West. Druggist*, August, 1887.

—Muddy water is made clear in the following manner: Dip a filtering-paper in a solution of ferric chloride (43 per cent.), and another paper in a saturated solution of sodium carbonate, and dry. Place a piece of the ferric chloride paper in the muddy water, then a piece of the sodium carbonate paper; a precipitate of ferric carbonate is formed which clarifies the water. The water thus treated can be filtered through a funnel whose neck is filled with a piece of sponge. It will be as clear as crystal, and can be used as drinking water.—*Chem. and Drug.*, July 30, 1887.

—A writer in *Harper's Bazaar* makes a pretty close diagnosis for a layman, as to what ails the modern girl, at least a good many of her. It is well deserving of record as an *indicatio causalis* in the disease which is so often the despair of the doctor. "The modern girl hardly knows what she wants, whether it is the higher education, an æsthetic wardrobe, love or fame. She plays tennis and progressive euchre, and flirts and does Kensington work and reads Herbert

Spencer, and very often writes; she dabbles in music and talks theosophy, and if there are more things in heaven and earth than are dreamed of in her philosophy one questions what they can be. Withal, she is as restless as the wind. She does not love the quiet of home; she lives on excitement; she goes to Europe, to the springs, the mountains, the theatres, the receptions, if she can get there, or to the modiste; she can always fall back upon clothes as a diversion, and, when everything else fails, she has nervous prostration and a trained nurse. In fact, the chief trouble with the modern girl, be she rich or poor, is that she either does too much, keeps her nerves on the strain, and by and by goes to the other extreme, and does literally nothing but consume drugs, talk of her ills, and consult the Christian scientists; or she has no real interests, fritters away her time in shallow pursuits, becomes pessimistic and dyspeptic, dissatisfied with herself and all the world; cries and questions if life is worth living, and feels especially blue on holidays. The remedy for all this is, perhaps, an object in life; those who are well and unselfishly occupied do not question if life is worth living; they know it is; and whether they are busy in the shoe factory, behind a counter, at the fireside, in the kitchen or the dining-room, so long as they are busy and not shirking or reaching forward for something more congenial, and neglecting present duty, their minds are at rest and uninvaded by despondency. One of the best remedies for depression of spirits is the effort to bestow happiness; it has been known to prove effectual when all other methods have failed; when novels and new gowns and cod-liver oil and bovine and bromide; when admiration and flattery, are no more serviceable than an abracadabra or any heathen spell. Melancholy or other ills of this nature are the direct result of a too strong egotism, and an absorbing interest in others is a safe and agreeable medicine, and is usually the last thing a modern girl tries."—*Boston M. and S. Journ.*, Aug. 11th, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Oct. 9, 1887, to Oct. 15, 1887:

Lieutenant Colonel Chas. F. Alexander, Surgeon, relieved from duty as Attending Surgeon and Examiner of Recruits at St. Louis, Mo., and ordered for duty at Ft. Meade, Dak. S.O. 235, A.G.O., Oct. 8, 1887.

Capt. F. A. Cunningham, Assistant Surgeon, died Oct. 12, 1887, at Ft. Lewis, Col.

No Changes in the Medical Corps of the Navy during the week ending Oct. 15, 1887.]

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME PRACTICAL POINTS IN CONNECTION WITH CATARRHAL FEVER.

BY SOLOMON SOLIS COHEN, A.M., M.D., OF
PHILADELPHIA.

To the classic paradox of the prognosis of catarrhal fever, "the most fatal and the least fatal of all diseases," may be added a similar characterization of its diagnosis—at once, the easiest and the most difficult. The picture of a typical attack of influenza is so striking, that to mistake it were almost impossible. But typical attacks are by no means as frequent, save in periods of widespread epidemics, as the irregular, ill-defined, and misleading manifestations, which occur without attracting prominent professional or popular attention; epidemically, it is true, but at those periods of changeable and uncertain weather, when "catching cold" is the ready explanation of a coryza or of a bronchitis. The cold is treated with household remedies, or somebody's patented cough-mixture, or not treated at all. Very often, recovery ensues in the natural course of events. Quite frequently, however, especially in strumous children or adolescents, an insidious catarrhal pneumonia is developed, with all its evil consequences.

When these cases of subacute or chronic broncho-pneumonitis come under observation, their origin is usually so remote as to be obscured, nor is the question any longer of practical therapeutic importance. But when

the case comes under the physician's hands at an early period of its progress, it is of considerable moment to the patient's future, to recognize that we are dealing with a systemic process requiring supporting treatment, and not a mere local catarrh. Cases of pronounced pneumonitic character, whether lobar or lobular, need not here be discussed, either diagnostically or therapeutically, save to express the opinion that quinine should not be omitted in their treatment. It is the cases of apparent simple bronchitis that may mislead the diagnosis. Here, then, the amount of respiratory distress, out of all proportion to the physical signs discernible upon percussion and auscultation, the persistent cough, the excessive sense of constriction in the chest, the numerous unpleasant sensations referred to various portions of the respiratory passages, yet for which no adequate objective explanation can be found; the chilliness, the irregular fever, the rheumatic pains in back and limbs, the unaccountable depression, the exquisitely painful headache, the cutaneous hyperæsthesia, often the precedent history of a coryza,¹ sometimes coincident conjunctivitis, occasionally supra or infra-orbital neuralgia,—many or all of these phenomena being easily elicited upon close observation or questioning—will inform the careful physician that he has more than an ordinary cold to deal with.

But it is when the catarrhal symptoms referable to nose, throat, or chest, are slight

¹ While the ordinary case of catarrhal fever, not rising to the importance of a well-marked influenza, presents the successive symptoms of coryza, bronchitis, diarrhœa—the order is not rarely reversed, diarrhœa being the first symptom and coryza the last.

or unnoticed, that the greatest liability to error in diagnosis will occur. A case recently seen will furnish a more concrete picture of this class, than would a more general description.

Typhoid fever is prevalent in a certain section of the city. A young man, residing in this neighborhood, overworked, rather anæmic,—just in condition to furnish a good subject for typhoid poisoning,—complains of excessive lassitude and weariness for a few days past; he has an intense headache, and considerable pain in the back and limbs; he has had epistaxis; his tongue is covered with a white fur except at the tip, which is red; he has a slight cough; the night previous he had chilly sensations off and on for several hours, since which he has felt rather feverish. He has a temperature (morning) of 101.5° , a pulse of 100 respirations 28. He has not had diarrhœa, there is no tympany, no gurgling, no rose-spots. There is an area of dulness at the left base of the chest, about three fingers' breadth in extent. A friction-sound is perceptible at the upper border of this area, and below the friction-sound the lung-sounds are somewhat muffled. Scattered over both lungs are irregular areas of large and small moist râles, with somewhat bronchial breathing here and there. Pleurisy and bronchitis are not unusual accompaniments of typhoid fever—it may be too early for rose-spots, the temperature is not too low for a mild case, the absence of diarrhœa counts nothing against the diagnosis—it is evident that caution is necessary in coming to a conclusion.

Yet the tongue is not a characteristic typhoid tongue; the physiognomy is not that of typhoid; there is no enlargement of the spleen; the weakness of circulation, the depression, the headache, are greater than we would expect in a case of typhoid fever so mild in other respects; there is no typhoid odor to the breath; trifles, intangible some of them, indescribable many of them, are conjoined with a history, elicited on close inquiry, of a cold in the head preceding the epistaxis, the latter having been due to violent efforts in blowing the nose to rid it of accumulated secretions; with the confession of occasional distress in breathing, and the evident fact of bronchial catarrh and its pleural analogue; at least making the question of catarrhal fever an open one. The occurrence of profuse diarrhœa, the following day—which might be typhoidal, though the discharges are watery without being the characteristic pea-soup stools, and have not the odor of the discharges of enteric fever—is coinci-

dent with a fall of temperature to the norm. The pulse sinks to seventy-two. Improvement in the constitutional symptoms soon follows. The temperature rises again to 100° , but remains elevated for only twelve hours. The diarrhœa is readily controlled. The bronchial and pleural troubles disappear gradually in due time, and the patient is perfectly well in a week.

A provisional diagnosis of typhoid fever would not have been blameworthy in the first few days of such a case, yet more than the mere doubt was not entertained in this particular instance, for the reasons given; probably because the writer's attention has by the accident of early experience been strongly drawn towards this particular group of cases of catarrhal fever.

There are many cases in which the intestinal symptoms are early and more pronounced, in which the course of the illness is more prolonged, in which often, a malarial complication is present, giving a still more close resemblance to typhoid fever in other respects, and the writer believes that these cases are a not infrequent source of erroneous diagnosis. He has, however, seen cases of genuine enteric fever, in which the diagnosis has eventually not been at all doubtful, in which he has been convinced that catarrhal fever immediately preceded the development of typhoid fever, or that the two have overlapped, giving rise to some liability to confusion in the early days of the latter affection. If, therefore, there exists the slightest doubt in the mind of the attendant, it is certainly the part of wisdom to put the patient upon liquid diet, and institute the necessary safeguards against the spread of infection.

The drugs which in the writer's experience are most useful in the treatment of catarrhal fever are quinine, salicylic acid, ammonium and the terebinthinates. Cinchonidine salicylate is a favorite preparation, prescribed in capsules containing five grains each, from fifteen to thirty grains *per diem* being administered, according to circumstances. Terebene, ammonium chloride, ammonium carbonate, ammonium salicylate, or aromatic spirits of ammonia, is given for the bronchial or pulmonary conditions; the choice depending upon the extent of lesion, the condition of the circulation, the presence or absence of rheumatic diathesis. Turpentine stupes are applied to the chest, when necessary, or an embrocation, the familiar Stokes' or St. John Long's liniment, is employed. This measure is resorted to more especially in

children, and if supervention of capillary bronchitis is feared, active counter irritation is instituted. Diarrhoea is controlled by opium, and if there be, in children especially, an amount of cough or pain sufficient to disturb rest, or to demand treatment on its own account, opium is employed in preference to all other sedatives or anodynes. A supporting diet, with a fair amount of alcohol, increased to point of tolerance, in cases of great depression, and especially in the very old or very young, is an important element in the management of the case. Pleuritis and other complications are to be managed on general principles.

219 S. 17th Street.

CARBOLIC ACID IN RADICAL CURE OF HYDROCELE.

BY D. H. STRICKLAND, M.D., ERIE, PA.

About four months ago there came to my office a young unmarried man, aged 26 years, complaining of some scrotal trouble, which he said he had first noticed about four years previous, and of late it had become so large as to cause him pain and great inconvenience in locomotion. An examination revealed an enlarged condition of the left side of the scrotum caused by a chronically enlarged left testicle (the result of former gonorrhœal orchitis), and a hydrocele. The patient's business matters at that time would not admit of an attempt at radical cure, and hence temporary relief was afforded by drawing off a full half-pint of straw colored fluid with trocar and canula.

I did not see him again for six days, when he again entered my office, complaining of the old trouble, saying that it was as large as ever. I was inclined to doubt this statement, so short a time having elapsed since the former operation. But an examination verified the truthfulness of his statement. I then informed him that the proper thing to do was to attempt a radical cure, to which he readily consented, after I had explained to him the nature of the procedure. The following day I visited him in his room, again using my trocar and canula, drawing off fully as much fluid as before, after which I injected about two drachms of a 10 per cent. solution of carbolie acid, the most of which I allowed to remain in the sac. He remained in bed the most of the time for one week on low diet. An active inflammatory action followed, which was sufficient to obliterate the sac and cause a perfect cure, without any untoward symptoms, and at this writing, some

five months after the operation, no evidence of former trouble exists.

EXTRA-UTERINE PREGNANCY—REMOVAL OF THE FŒTAL BONES THROUGH THE RECTUM AFTER NINE YEARS.

BY L. M. GATES, M.D., SCRANTON, PA.

About 9 A. M., August 2d, 1887, I was called to Mrs. N., aged 41, suffering with severe pain in the rectum, following defecation. She informed me that she had passed some fresh blood with the stool which otherwise was as usual, and that she had formerly been troubled with piles. Thinking that it was an attack of painful hæmorrhoids I gave a suppository of opium and iodoform. At noon I was again summoned as pain seemed worse, and she had a feeling as though something wanted to pass, but could not. On introducing my finger into the rectum it came in contact with a hard, sharp edged, rounded body feeling something like an egg-shell, which was with difficulty extracted, and proved to be the squamous portion of the temporal bone of a fœtus. Thinking there might be more of the same where that came from, I introduced my finger again and found as far up as I could reach a hole in the anterior wall of the rectum filled with fœtal bones. Finding attempts at extraction very painful, I gave an opiate and put the patient to bed until help and anæsthetics could be obtained.

Cocaine was then tried first in a four per cent. solution, but it was useless, as it did not relax the parts nor relieve the pain. Ether was then given, which did both, and I removed the entire skeleton of a fœtus by the fingers, aided with forceps. These bones were apparently encysted in Douglas' pouch, as the tumor could be distinctly felt posterior to the uterus, pushing forward the os uteri which felt normal except for fixation. After removal, the cavity was washed out with a 1 to 1000 permanganate solution, and I ordered a suppository of ext. opium gr. j, and iodoform gr. ij, if required for pain. The next morning pulse and temperature were normal, but in the evening the pulse was 120 and temperature 103°. The rectum was again washed out with 1-1000 solution pot. permang., and quiniæ gr. ij, and antipyrine gr. iij given every four hours.

Aug. 4th, temperature 102°, pulse, 120. She had a passage of matter from the bowels and some pain. The bowels were slightly tender and tympanitic. Used injection of permanga-

nate solution, which gave considerable pain. From this time the pulse and temperature gradually improved until the 8th, when both were normal. On account of the pain they produced the injections had to be given up after the 6th. On the 7th she had a natural passage, and on the 8th two normal stools without either pus or blood. On the 10th she was sitting up, and on the 16th was out of doors, feeling well but weak, and has since been in better health than for years past, being free from a chronic diarrhoea with which she had suffered for three years.

It is pleasant to call attention to the extremely short time it took for the sac to close down and heal up. The previous history of the case is also interesting and instructive.

The patient is the mother of one child, 22 years old, and has had no miscarriages. Nine years ago she presented some of the symptoms of pregnancy, enlargement of the abdomen, irregular and scanty menstruation, but not entire suppression. During the summer she had frequent attacks of cramps and sinking spells, with persistent pain in the abdomen, so that she was obliged to keep her bed for about three months. She had also what she called ulcers break on the womb and bearing down pain and pressing against the back and through the hips. A woman physician professed to put the womb up in place, and treated her for some time, relieving these symptoms. On consultation between this physician and one of the oldest in the place, they pronounced her pregnant at seven months, while another said she was not. At about time for delivery she experienced pain for an entire day, with some hemorrhage, but as the pains passed off towards night, no physician was called. From this time she was regular, and gradually diminished in size until in three months her enlargement was not noticeable. Then for six years she enjoyed fair health.

About three years ago she was sick for nearly a year with what her attendant at first called malarial fever, and then intermittent fever, followed up by inflammation of the bowels, with continuous severe pain and tympanitis for two months. This was followed by discharges of matter through the bowels, and what she called "ulcers on the womb." Since then she has had poor health, dyspepsia, chronic diarrhoea and frequent attacks of cramp in the stomach.

In the light of her recent delivery, her malaria and intermittent fever was probably the result of blood-poisoning from suppuration of the sac, which finally caused inflammation of the pelvic peritoneum, with sub-

sequent rupture into the rectum by which the soft parts of the fœtus were gradually discharged through the small opening, causing chronic diarrhoea. As the sack contracted, the bones finally ulcerated through into the rectum and nature, aided at the close by art, succeeded after nine years in ridding itself of the foreign body.

126 Washington Avenue.

ON THE PROLONGED EXPIRATION OF INCIPIENT PHTHISIS.

BY THOS. J. MAYS, M. D., PHILADELPHIA.

Professor (adjunct) of Diseases of Chest in Philadelphia Polyclinic.

More than fifty years ago Dr. James Jackson, Jr., of Boston, first called attention to the fact that a prolonged expiration constitutes one of the most prominent features in the first stage of pulmonary consumption. This has been repeatedly confirmed by other observers, and since I regard it as one of the most interesting physical signs in the study of chest diseases, both in regard to its import and to its mechanism, it has occurred to me to devote a few thoughts to its study, and thereby, perchance, add something which may aid in elucidating its important character.

The primary morbid condition in pulmonary consumption is consolidation, and prolonged expiration frequently marks the very first step in the series of successive pathological changes which lead from healthy lung to confirmed infiltration. If it thus stands alone, *i. e.*, if it is unaccompanied by diminished percussion resonance, or by any other abnormal physical sign, its diagnostic significance, and a determination of its true nature are of vital importance. In listening to a prolonged expiration, the first thought which rivets the attention of the observer is as to the reason why the sound of expiration should be louder, or of a higher pitch than that of inspiration. For if, as is correctly assumed, it is produced by the solidification and expansion of the pulmonary tissue and a thickening of the walls of the adjacent bronchial tube, which cause a certain degree of resistance to the egress of air, why should not the air during inspiration meet with the same resistance in going through the same tube and produce the same pitch as that which is heard during expiration? It becomes still more incomprehensible when we seek to explain it in accordance with the current teaching of physiology, that inspiration is an active,

and expiration a passive process, for if other things are equal, an active process should exert more power than a passive one; therefore the air in passing the same resistance or obstruction should at least produce a sound of greater intensity when propelled by an active than by a passive force. It is needless to state that the very reverse holds true, both in the normal and in the diseased lung.

On inquiry it will be found, however, that the respiratory organs during expiration display more energy than is generally assumed; in fact, that there is as much activity about expiration as there is about inspiration, as is demonstrated by the following anatomical and physiological considerations. The trachea and bronchi are abundantly supplied with transverse and longitudinal muscular fibres, and the experiments¹ of Prof. Chas. S. Roy and Dr. Graham Brown prove that these muscular structures subserve an important purpose in the economy of respiration. These gentlemen have shown that, "in the curarized dog, stimulation of one uncut vagus with an induced current causes contraction of the bronchi of both lungs, the contractions (with some exceptions) being usually powerful; that stimulation of the peripheral end of one cut vagus always causes a much more powerful contraction of the bronchi of both lungs than when the uncut nerve is stimulated with the same strength of induced current. We found further that stimulation of the central end of one cut vagus—the other being intact—usually causes contraction, but never so powerfully as when the peripheral end of the cut nerve is stimulated; that frequently, and especially in non curarized animals narcotized with ether, stimulation of the central end of one cut vagus, the other being intact, causes a powerful expansion of the bronchi; that the extent of the changes in calibre so produced vary greatly. On stimulation of the peripheral end of the cut nerve the bronchi often appear to close almost completely, and contractions equal to one-half or one third of the previous diameter are frequently met with; and that the expansions met with under certain conditions are as marked in extent as the contractions."

These experimental data therefore not only show that the power of expiration is largely assisted by the powerful contraction of the muscular fibres of the bronchial walls, but further, that these structures possess a mechanism whereby the process of inspiration is materially enhanced. And when we

consider these facts in connection with the manometric observations² which have been taken during respiration, especially during forced respiration, both in animals and in man, which show that the pressure of expiration is nearly twice as great as that of inspiration, it becomes quite evident that expiration must be of a higher pitch, or of greater intensity because more force is exerted, and less time is employed, in emptying than in inflating the respiratory organs. This then being established, the mechanism of a prolonged expiration and of a bronchial respiration comes fully into view. If the air during respiration encounters an obstruction in a bronchial tube, due either to a tumefaction of the wall of the tube, or to a compression of its lumen through surrounding infiltration, we can easily see that the pitch of expiration must always be relatively higher than that of inspiration. Of course it must not be forgotten that both the sounds of inspiration and of expiration are conducted to the surface of the chest with greater facility in partial or complete solidification of the pulmonary tissues than they are through normal lung structure.

If then a prolonged expiration is an indication of pulmonary infiltration, however slight, around a bronchial tube, and is produced on the same principle as that on which bronchial respiration is produced—and, indeed, it may be said to be a forerunner of the latter, whose gravity is clearly acknowledged by every one—it is needless to say much on the profound importance of truly recognizing a prolonged expiration as a diagnostic sign in the early stage of pulmonary consumption. For if bronchial respiration is of serious significance, prolonged expiration points more eloquently in the same direction, because it frequently exists earlier.

1829 Spruce Street.

—WHERE HE GOT THEM.—A gentleman entered a phrenologist's office in Boston and asked to have his head examined. After a moment's inspection the professor started back exclaiming: "Good heavens! you have the most unaccountable combination of attributes I ever discovered in a human being. Were your parents eccentric!" "No, sir," replied the all-round character, meekly, "but my wife is. You needn't pay any attention to the larger bumps, sir."—*Burlington Free Press*.

¹ See Proceedings of London Physiological Society, *Journal of Physiology*, vol. vi., page xxi.

² See Herman's *Handbook des Physiologie*, vol. iv, part 2d, pp. 219 and 220; Landois, *Lehrbuch des Physiologie*, p. 234, and Foster's *Handbook of Physiology*.

THE CONJUGAL QUESTION.

BY MADANA F. DE HART, M.D., JERSEY CITY,
NEW JERSEY.

The article from your correspondent, Janet E. Rees, is full of interest, first on account of its importance, and second, because it comes from a woman. As she suggests, women physicians receive a kind of testimony which has not been freely given to men, or if given, for some reason has not received the attention it deserves.

Finding themselves unequal to the demands made upon them, women modestly conclude that they are abnormal, and not until after years of suffering do they venture to think even, that possibly these demands have been unreasonable and contrary to nature.

When their health has failed they have taken tonics, stimulants and anodynes; they have submitted to local treatment of all kinds; have been scarified, leeches and cauterized; worn pessaries of all conceivable shapes and sizes, and as a last resort have consented to have the uterus and ovaries removed as the only way to obtain peace. Such cases are becoming so frequent that it is the duty of all to inquire into the causes which produce these results, and if possible prevent diseases which are so difficult to cure. Cazeaux quotes M. Coste as saying that there are natural and entirely spontaneous epochs for the maturation and discharge of ova, and there are others which may be styled artificial, because it is possible to produce them by artificial means, chief among which he mentions the solicitations of the male.

All text books agree in saying that one of the many benefits arising from pregnancy is that the ovaries have rest. Do the ovaries often have rest during pregnancy and lactation, or are they constantly stimulated to an unnatural activity by the cause referred to? and may not this stimulation of the ovaries be one cause of the persistent nausea and vomiting of pregnancy, as well as of abortions? and is it not reasonable to suppose that the menses appear during lactation earlier on this account?

D. T. G. Thomas, in his *Diseases of Women*, gives sexual indulgence among the causes of acute metritis, chronic cervical metritis and endo-metritis, and gives pain during coition among the symptoms of each disease mentioned. He says, in speaking of chronic cervical metritis, "sexual intercourse during the existence of this disease must necessarily be productive of evil, and should

be interdicted. There is only one method, as a general rule, by which this can be accomplished, and that is by the separating of husband and wife. If this is impracticable, let an injunction of excessive caution be substituted for total abstinence, which will be most certainly disobeyed."

In his article on chronic corporeal metritis, he quotes Dr. Tilt as saying: "It is useless to disguise the fact, connection has a downright poisonous influence on the generative organs of some women;" and then says: "I cannot believe that the Almighty has ordained a function as essential to the perpetuation of our species, which has a downright poisonous influence on the generative organs of a healthy woman."

Doubtless, the most delicate woman could bear without injury intercourse intended for this purpose, as it would not be required of her either when she was sick, pregnant or nursing, or after the menopause, when the ovaries, uterus or vagina had returned nearly to the condition seen before menstruation was established.

It is to be hoped that this subject may be thoroughly investigated by careful observers, anxious to find out the truth, as it may throw some light on many of the obscure nervous diseases of women.

DILATATION OF THE PUPIL WITH
ATROPIA IN OPIUM POISONING.

BY T. WALLACE SIMON, M.D., OF
PHILADELPHIA.

In the early part of this year I was called to see a case of severe cold, so-called, attended with violent neuralgia of the fifth nerve. The case had the day before been under the treatment of a medical friend, an oculist, who had had occasion to dilate the pupil. I found the pupil very widely dilated, so that it was impossible to use the eye, and the light was very painful.

In the treatment of the case I administered in the first dose, with other remedies, one-quarter of a grain of sulphate of morphia. After several hours it seemed to have no effect whatever, and the pain still remaining almost unbearable, I gave a hypodermic injection of one-third of a grain of morphia sulphate in the arm. After four hours there was still scarcely any alleviation of the pain, and I repeated the same injection.

I am positive from a thorough knowledge of the case, that my patient was not addicted to the use of morphia or any other anodyne,

and the remarkable tolerance of the drug shown by him somewhat puzzled me; and the only way that I was able to account for it was on the supposition that it was due to the antagonistic effect of the atropia used for the purpose of dilating his pupil.

The great tolerance of morphia in this case recurred to my mind sometime later while reading of some cases of opium poisoning, and it occurred to me that it would possibly be a very proper procedure to rapidly dilate the pupil with atropia in cases of opium poisoning, as a more direct and rapid method of antagonizing the action of the morphia upon the brain centres.

If the narcotic effects of opium act so powerfully upon the basic centres of the brain, and through the third nerve contracts the pupil, would not a rapid dilatation of the pupil by the antagonistic effect of atropia, force a reversal of the action of the opiate backward along the course of the nerves of the eye, directly to their deep origin in the floor of the fourth ventricle where the opiate expends its force, and there antagonize the effects of the drug in the basic centres of the brain, where alone doubtless its effect endangers life?

This seemed to me a very reasonable supposition, and when not long since I was called to a case of accidental opium poisoning I put this theory to a practical test.

The case was not a very severe one, most of the opiate being removed from the stomach by an emetic before complete absorption of the laudanum had taken place. And though the usual remedies and procedures required in such cases were resorted to, the recovery and reaction from stupor to wakefulness was so rapid after dilatation of the pupil with a strong solution of atropia sulphate, that I feel justified in the belief that it was due in great measure to the latter; and the backward action, so to speak, of the atropia along the course of the nervous circle, beginning with the branches of the infra-trochlear nerve supplying the conjunctiva, thence through the nasal branch of the ophthalmic (of which the infra-trochlear is a branch), through the ophthalmic division of the fifth to the Casserian ganglion, thence to the deep origin of the sensory root of the fifth; which, according to Clark, lies in the gray tubercles of Rolando at the lower part of the floor of the fourth ventricle, and there probably by inter-communicating fibres with the deep origin of the third nerve (branches of which supply the circular or sphincter muscular fibres of the iris and contract the pupil), serve to antagonize the narcotic effect

of the opium upon it, which has caused the contraction of the pupil.

I have not had another case since in which I could repeat and verify this treatment, but believing it a valuable point in the treatment of such cases, I submit it to the profession for their verdict, hoping it may prove of value, and that they may be able to corroborate my experience on this point of treatment.

412 S. Broad Street.

PREGNANCY COMPLICATED WITH HYDROPERITONEUM.

BY WILLIAM B. DEWEES, OF SALINA, KAN.

On Friday, September 23, 1887, I was summoned to meet in consultation Dr. Sanders, of Niles, Kansas, at the house of Mr. George Gallion, twelve miles north-east of this city—Salina, Kansas—whose wife was not expected to live. Arriving at the house at 4 P.M., Dr. Sanders gave the following history of the case:

Mrs. Gallion is thirty-eight years old, mother of eight children, of good family history, and always enjoyed good health prior to the present ailment. The first week in February, 1887, she missed her catamenia for the first time in several years. Seven weeks later she flowed for four days, the flow being in time, quantity, and color identical with her normal menses. Six weeks after this, she flowed again, but this time the flow lasted only three days, and was much less in quantity and color than at her normal periods. Since then she has had no show. Save these two flowings, her condition since February, 1887, has been similar to that in her previous eight gestations, until about three weeks ago, when she noticed a slight constant pain, extending from the linea alba about three inches below the ensiform cartilage along the lower border of the chest, on the right side, to a point under the right scapula. This pain slowly and steadily increased until a week later, when Dr. Sanders was called for the first time. She was partially relieved by anodynes; but it now was noticed by both the patient and Dr. Sanders, that her abdomen was rapidly enlarging to enormous proportions, while, in addition to her suffering from the pain above described, she was compelled to assume the sitting posture, so great was the pressure on the diaphragm. This was her condition when I was called.

We found the patient in a sitting posture in bed, with short and impaired respiration, with dilating nostrils, a semi-jaundiced appearance of skin and conjunctivæ, some-

what sunken features, an anxious look in her eyes, and slightly cyanosed lips. She had a full pulse, and an enormously enlarged abdomen, everywhere very tender to the touch, so much so that it was with great difficulty and with considerable suffering on the part of the patient, that an examination was effected.

The diagnosis of *pregnancy*, complicated with *hydroperitoneum*, was agreed upon. The treatment to be pursued was of vital import, her condition was a precarious one, the fluid collecting so rapidly that active measures must be taken. Twenty grains of calomel were given immediately, followed by one-sixth grain of *Clutterbuck's* elaterium hourly, until four pills were taken. The bowels now began to operate, and about a gallon of fluid was discharged per rectum during the night. At about two o'clock A.M. she was taken with labor pains, Dr. Sanders was sent for, but before he reached the house, a healthy fully developed child was born—finger and toe nails, eye lashes, etc. being as fully formed as any child of full term I ever saw. She was a great surprise to all, as it was expected, from the history of the case, that she would go until the first week of November.

Being thus greatly relieved from distension and pressure, the mother continued doing remarkably well, but in three days after it became manifest that the fluid was again rapidly increasing, and on the fifth day after her delivery her condition had really grown even worse than the day preceding labor. I was again hastily summoned, to come prepared with the necessary instruments for tapping her.

When I reached the patient, it was apparent that paracentesis abdominis was the only means of prolonging, and probably, of saving her life. A sheet was at once placed around her body, over the abdomen, crossing on the back, and one end of it was taken by Dr. Sanders and the other by my associate, Dr. F. B. Browne, who made firm traction so as to keep up the unilateral support. After catheterizing the bladder, I now took the trocar and canula, and selecting a point in the linea alba about three inches above the symphysis pubis, pushed it through the abdominal walls. Removing the trocar, a full stream of water flowed through the canula, until over four gallons were removed. An adhesive plaster over the aperture, after removal of the canula, completed the operation. The patient at once gave evidence of a hopeful future, and has at this date, one week after the operation, made a happy recovery, while the child is prospering equally well.

HOSPITAL NOTES.

MALARIAL NEURALGIA.

Reported by M. HOWARD FUSSELL, M.D., Assistant Physician to Medical Dispensary of the University of Pennsylvania.

Two cases of malarial neuralgia have recently come under notice in this dispensary which seem worthy of a place in the columns of the REPORTER, especially as both cases were treated previously without benefit.

Case I.—Annie G., thirty-eight years old, married, had for two weeks been suffering with severe pain, limited to the region supplied by the left supra-orbital nerve. There was tenderness over the supra-orbital notch and along the main branches of the nerve. Every day since the pain began she has had a chill followed by fever and sweat. Pain begins at 9 A. M., and continues until 3 P. M. Chill occurs after the pain begins, and sweating occurs before pain ceases. Thirty-six grains of sulphate of quinine were administered in the afternoon of the day of her first visit. The next day but one the patient returned thoroughly cinchonized, but free from pain, chill and fever. She was put on gradually decreasing doses of quinine and increasing doses of arsenic, as a result of which the pain never returned.

Case II.—Barbara S., forty-seven years old, married, for several weeks had severe pain in the region of the right supra-orbital nerve. In addition there was tenderness along the nerve and over the supra-orbital notch. This pain was always present, but occasionally there were severe exacerbations, which began with a chill and were followed by fever and sweat.

This condition had lasted for so long a time that the patient was almost worn out with her severe sufferings. She was put upon three grains of quinine every three hours, together with increasing doses of arsenic. In a week she returned much better. During the latter time she had been cinchonized, and at the time of her visit was free from pain. The dose of quinine was doubled and arsenic continued. In another week she returned almost entirely free from pain. The quinine was gradually decreased and arsenic continued, the treatment resulting in cure at the end of the month.

The nature of both these cases had evidently not been recognized before, probably from the fact that pain was the only symptom complained of. The history of chill and fever was elicited only on careful questioning.

The writer has heard Prof. H. C. Wood announce to his class at the clinic in the University Hospital that nine cases out of ten of unilateral supra-orbital neuralgia are of malarial origin and can be controlled by quinine. The administration of full doses of quinine, twenty to thirty grains daily, in such cases as the above, have usually, in the writer's experience, led to the happiest results, such as have just been detailed.

SOCIETY REPORTS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, September 1st, 1887.

The President, THOS. M. DRYSDALE, M.D., in the chair.

Placenta Prævia Centralis.

DR. ROBT. H. HAMILL presented the specimens and related the history of the case. I was called August 13th, to see Mrs. W., aged 40 years, mother of three children, and now in the seventh month of gestation. During the first and second months she had a slight "show," on three or four different occasions. She then saw nothing until the middle of the sixth month, when she had quite a "gush of blood" during the night, without any pain whatever. She did not consult a physician at this time, as she attributed the hemorrhage to having worked somewhat harder than usual during the preceding day.

Four weeks afterward, which was in the seventh month, she had a repetition of the hemorrhage, losing a much larger quantity. She became quite alarmed, and sent for me. The hemorrhage had entirely ceased before my arrival. I made a vaginal examination and found the external os patulous and the internal rigid. A slight discharge of blood continuing, I requested Dr. B. C. Hirst to see the case with me, to consider the question of inducing labor. We found the patient having a copious flow of blood. The os was slightly dilated and was completely covered by the placenta. The woman had no pain, but was becoming faint from loss of blood. We decided to bring on labor at once. The patient was etherized and the os dilated and three fingers passed through the substance of the placenta. I found the foetus lying across the transverse axis of the brim of the pelvis. I succeeded in bringing down one foot and proceeded to deliver. There was no difficulty until the

head became engaged, and it was with the greatest effort that we were able to extract it. The child was still-born owing to the length of time we were in extracting the head. We then delivered the placenta with ease. The uterus at once became firm and hard.

The points of interest in this case were to me first, the central implantation of the placenta; second, the fact that the hemorrhage began so early in pregnancy; third, the difficulty in delivering the head, which I think was due to the placenta so filling up the pelvis that the diameters were so reduced as to materially retard the delivery of the head.

DR. LONGAKER remarked that the most favorable statistics show from forty to forty-five per cent. of children saved. Hemorrhage early in the pregnancy usually indicates a central implantation of the placenta, and labor should be induced early in such cases. Immediate delivery by traction on the leg is to be condemned. The breech is a perfect tampon, and after one leg is brought through the placenta the case may be left to nature. The hand should not be passed into the uterus, but the placenta should be perforated by one or two fingers and bi-polar version effected. If traction on the leg and rapid delivery be effected, a bad presentation of the head at the superior strait will result, and the cervix will not be sufficiently dilated by the body to allow the head to pass quickly and the child becomes asphyxiated. The average result of rapid delivery is unfavorable. The maternal mortality is from ten to forty per cent.

DR. HAMILL did not think the delivery in his case too rapid. Traction on the leg was made because nature was exhausted and was not able to deliver the child without assistance.

Acute Pneumonia in Utero.

DR. B. C. HIRST exhibited the specimens, and remarked that pneumonia during intra-uterine life is rare, but it has been observed. Dr. Stischen, of Australia (*Brit. Medical Journal*, 1886, ii., p. 860), has reported a case, and Dr. Sigl, of Germany (*Arch. f. Gynäk.*, bd. xv., S. 384), has collected three others. Sigl's explanation is undoubtedly the correct one for this occurrence. If the foetal blood is not properly aerated, the respiratory centre in the brain is stimulated to action by the excess of carbonic acid gas in the blood, and the foetus makes inspiratory efforts, drawing into its lungs amniotic fluid, containing in these cases possibly meconium, and a catarrhal pneumonia is the result,

ending usually in the death of the foetus, either in utero or shortly after birth. These cases are to be distinguished from those in which the foetus draws into its lungs amniotic fluid, mucus and blood during labor. The specimen which I exhibit to the society has the following history: These lungs were taken from an infant which died twenty-two hours after birth, having been cyanosed from the first. The mother had had a large lumbar abscess for the past year, and when she came under my observation in the Philadelphia Hospital, in the sixth month of pregnancy, exhibited all the signs of general septicæmia. She gave birth to her child at the seventh month of gestation. The post-mortem examination of the infant showed no other cause for death except the pneumonia involving both lungs, which must have arisen in utero, as the labor was easy and rapid, and there was no reason to believe that the child made inspiratory efforts during its expulsion. The microscopic slides, which are exhibited, confirm the diagnosis. They show well-marked catarrhal pneumonia.

DR. HIRST also exhibited an

Ectro-Melic Monster.

This foetus, expelled in the fifth month, presents, if one adheres strictly to the classification of Geoff. St. Helaire, only a deformity by numerical diminution, consisting in the absence of the left femur and four toes of the left foot. Its appearance, however, is certainly monstrous, and I have ventured to classify it among the Ectro melic Monsters (ectro-melic, *i. e.*, aborted limb).

DR. J. C. DaCOSTA narrated a case of

Rapid Development of a Fibro-Sarcoma of the Uterus.

The patient came under his care three years ago for catarrhal metritis, the uterus being sharply retro-flexed and the posterior wall being bulged as if an interstitial fibroid were present. These conditions were all cured by the use of sponge tents. About the middle of last May she was attacked with a profuse metrorrhagia, lasting ten or twelve days; fungous vegetations were removed by means of the curette. The June period occurred normally on the 22d, but a recurrence of the bulging in the posterior wall was noticed. She went to the sea-shore, but returned on July 22d, worn out, thin, and with white, anæmic lips. She had had a sanious discharge from the vagina for the last twelve days. Her condition had been diagnosed at the shore as "fibroid and ulcerated cervix." The os was as large as a

five-cent nickel. The cervix was filled with a pulaceous mass which was extruded by the free use of ergot. On July 25th, Dr. DaCOSTA removed, from the body of the uterus, a tumor three inches long by two inches thick—a fibro-sarcoma which had grown inside of thirty days. The patient recovered rapidly.

DR. DRYSDALE thought this very rapid. These tumors were likely to recur.

DR. JOSEPH PRICE exhibited a specimen of

Abscess of Both Ovaries.

In his experience it has been a common condition. He has operated in four such cases within three months. This case had escaped unoperated upon from Birmingham. Pus was present in both tubes. The operation was a complete enucleation without ligature.

DR. PRICE exhibited a "cotton rope" or wick, which he used in the drainage tube. It becomes filled with blood, serum, etc., and is replaced with a clean one, two or three times a day. It keeps the openings clear and favors discharge of fluids.

PHILADELPHIA PATHOLOGICAL SOCIETY.

Stated Meeting, September 22d, 1887.

The President, DR. J. C. WILSON, in the chair.

Thrombosis of the Portal Vein.

DR. W. OSLER presented a specimen of thrombosis of the portal vein, and remarked that chronic obstruction to the blood flow in the branches of the vena porta within the liver, such as occurs in cirrhosis, is probably the most common cause of this rare condition. We not infrequently meet with atheroma in the portal vein and its branches in cirrhosis, one factor in the production of which, as in the pulmonary artery in mitral stenosis, is the heightened blood pressure; to this change the thrombus formation is closely related. At first, and possibly for a long time, mural, it gradually becomes obliterating, and if the collateral circulation is established the patient may live some time, as in a case which I reported in 1882 (*Journ. of Anatomy and Physiology*), in which the vein was represented by a firm fibrous cord. The specimen here shown was taken from a Swede, aged about 45 years, who was admitted to the University Hospital on May 7th, with ascites; as he could not speak English, it was difficult to obtain a history, but we ascertained that he had been

in failing health for some time and latterly his abdomen had become swollen. The swelling did not appear to have come on suddenly. The liver dulness was reduced, the superficial abdominal veins were moderately distinct, and the case was regarded as one of ordinary cirrhosis. He was tapped five times between May 20th and July 14th, and from twelve to fifteen pints of serous fluid removed on every occasion. He was able to be up and about after each tapping, but he gradually became emaciated, weak, finally comatose, and he died July 20th. There were no hemorrhages, and it may be stated that the abdominal veins were at no time more distended than is common in atrophic cirrhosis. The conditions found post-mortem were as follows: fibrous adhesion in peritoneum; atrophic cirrhosis of liver; with thickened capsule; old firm thrombus in vena porta, extending into splenic and mesenteric veins; thickening and patchy calcification of the walls of the portal vessels; great enlargement and induration of the spleen; kidneys indurated; no special changes in thoracic organs. A careful dissection of the abdominal veins was not made, but I am told by Dr. Miall, who made the autopsy, that the peritoneum was very dark and the veins behind the liver very large. The collateral channels were no doubt largely the anastomoses which exist between the peritoneal, mesenteric and lumbar veins and the gastric, diaphragmatic and œsophageal vessels. As in the case of fibroid obliteration referred to, a perfect collateral circulation may be established in occlusion of the portal vein, and the patient may live for months or years. In this instance the thrombus was evidently old, as in places there were calcareous changes. The branches in the liver were filled with soft clots. The gall bladder was full of normal bile. In two other cases of cirrhosis I have met with thrombi in the portal vein, in both instances with thickening and atheromatous changes in the vessel walls, but the thrombi have not undergone such degenerative changes as in this specimen.

Chronic Hypertrophic Cirrhosis of the Stomach.

DR. H. F. FORMAD presented a specimen of chronic hypertrophic cirrhosis of the stomach with gastric ulcer, and colloid change of the mucous membrane. A sailor, aged 38 years, a German, was admitted to the Naval Hospital ten months ago with the symptoms of dyspepsia and occasional vomiting. There had been absolutely no pain at any time and no vomiting of blood. Three months before death he began to have

serious difficulty with swallowing, with œsophageal regurgitation, and though a stricture was sought for none was found. Very curiously for a few days immediately preceding death he swallowed well. Death resulted from starvation. At the autopsy the abdominal cavity was found to contain 52 ounces of straw colored fluid, and showed evidences of old peritoneal inflammation, especially at the upper part, where the organs were massed together into one mass. The stomach was quite contracted, having a capacity of 4 to 5 ounces. Its walls were $\frac{1}{2}$ to 1 inch thick, the thickness greatest at the cardia, and gradually decreasing till within 2 inches of the pylorus, when the wall abruptly assumed its normal condition. The first impression given was that it was a case of cancer, but closer examination showed it to be simply great thickening of the wall with polypoid elevations of the mucous membrane and secondary colloid change. The ulcer was situated in the posterior wall near the cardia; its bottom being formed by scar tissue in the spleen and the peritoneal coat of the transverse colon. Communication with the abdominal cavity had been prevented by firm adhesions. The omentum contained a number of colloid granules as large as peas. The abdominal lymph glands appeared to be amyloid. The case was remarkable, first, in the complication of hypertrophy with gastric ulcer, a condition which the reporter had never before seen; second, in that the hypertrophy should commence at the cardia instead of at the pylorus.

DR. FORMAD also exhibited a specimen from a case of

Stab Wound of the Abdomen.

Laparotomy had been performed, and a wound of the intestine found, which was subdued. The man died suddenly sixty hours after the operation. At the autopsy there was only a very slight amount of peritonitis found, and the wound in the intestine had firmly united. The abdominal condition not being sufficient to account for death, the brain was examined, and a very distinct embolus in the floor of the fourth ventricle found. The stomach had not been touched, but on its peritoneal surface were some slight tears, and opposite them, in the mucous membrane, but not corresponding exactly with them, were several distinct, small linear ulcers, which appeared like ulcers due to some injury. They did not look at all like ordinary ulcers, but still had evidently formed ante-mortem. There was an old hemorrhagic impact of the kidney.

DR. OSLER had been particularly interested in the specimen, and had hoped that possibly it might prove to be related to the formation of gastric ulcer in the way pointed out by Dr. Baumgarten, and to which he wished to call attention, namely, that the movement of the stomach against the costal edges produces distinct localized thickenings, and that in corresponding points of the mucous membrane ulcers form.

DR. FORMAD also presented a specimen from a case of

Gunshot Wound of the Heart.

The ball had entered the chest between the fourth and fifth ribs on the left side, passed through the left ventricle, and was found imbedded in the spinal column. Death was instantaneous. The principal point of interest lay in the fact that the ball had traversed the cavity of the left ventricle near its base, without injuring the chordae tendinæ or the leaflets of the mitral valve.

DR. WESCOTT presented a

Mediastinal Tumor,

removed from a man aged 28, who had entered the University Hospital a week ago. He was a brakesman, with good family history and personal habits, and no venereal history. He had been in good health and at his work till last July, when dyspnœa developed, and he quit work. About the same time he noticed a tumor in his neck. There was no pain nor difficulty of swallowing. On admission he was in a condition of

orthopnœa. Over the left side of the chest there was complete dulness, extending to the right edge of the sternum, with absence of respiratory murmur. The apex beat of the heart could not be seen or felt. The tumor of the neck involved the superficial lymph glands, and could be traced behind the sterno-cleido-mastoid muscle, and down into the chest. There was no inequality of the pupils, and no œdema. At the autopsy, on opening the chest nothing but a large fleshy mass and the edge of the right lung could be seen. The mass penetrated the chest wall, between the first and second ribs, and became continuous with the tumor in the neck. It was closely attached to the bodies of the dorsal vertebræ from the first to the fourth, filled all the upper part of the left chest, and completely enveloped the great vessels. The œsophagus was pushed to one side, but not compressed. The left lung was completely collapsed, and contained numerous secondary nodules. The heart was pushed down and back, but was normal. The mesenteric glands were enlarged. A section of the tumor showed largely fibrous tissue. The reporter asked whether in the case of such a large mass the absence of pressure symptoms was not remarkable.

DR. J. B. WALKER said that in the absence of pressure symptoms such a large tumor was in his experience unique, generally very much smaller ones giving rise to marked symptoms.

W. E. HUGHES, M. D.,
Recorder.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Concealed Testicles, with Malignant Disease of One.

Dr. Jamieson reports the following case in the *China Med. Missionary Journal*, March, 1887: 'The following case is imperfect inasmuch as it lacks post-mortem confirmation of the diagnosis; but apart from the question of disease, the retention of both testicles in the abdomen is a condition sufficiently rare to merit record. Hunter saw only one case "in the human subject where both testicles "continued in the abdomen. . . . We "are led to conclude that they were perfectly formed, as the person had all the power and passions of a man" (*Works*, Ed. Palmer, iv. 17). Marshall (*Hints to Young Medical Officers in the Army*, p. 207), among nearly

11,000 recruits, also met with but one instance in which neither testicle had descended. In the *Transactions of the Maryland Medical and Chirurgical Faculty*, for 1884, there is an admirable table of 89 cases of retained testicle compiled by Dr. R. W. Johnson from the medical literature of the last three centuries. Unfortunately, there is no certain indication of the number of observations of complete cryptorchidism. In 8 cases no testicles could be found post-mortem; in 18 both testicles were in the inguinal canals; in 8, one was in the canal while the other was undiscoverable. Ten cases are specified as having had children, and one case of double retention was the offspring of a monorchid. "Some are found effeminate, others manly; some hairy, others beardless; some with other deformities, others deficient in this one respect."

Curling (*Diseases of the Testis*, pp. 334, 479) refers to the frequency of malignant degeneration of testicles retained in the groins. Those who are interested in the literature of the subject will find in the *Bulletins de la Société de Chirurgie de Paris* (Séance du 10 décembre 1879) a paper by Monod on 42 cases of inguinal castration for "sarcocèle" (sarcoma?). The same series, along with 8 other cases in which castration was performed for non-malignant affections of the retained gland, forms the subject of an extremely valuable and exhaustive paper by MM. Monod and Terrillon in the *Archives générales de Médecine*, 1880, i. 129, 297. This paper may now be regarded as classical. Its general conclusions are (1) that castration is advisable to relieve the severe suffering frequently arising from undetermined causes in undescended testicles; and (2) that where an undescended testicle is removed on account of cancerous degeneration, if the operation be not itself fatal, the disease inevitably recurs with rapidity.

It will readily be understood therefore that, while proposing castration in the case now to be related, I did not press the operation.

Ho, aged 51, native of China, first seen 16th July, 1886. Unmarried. Leads a very laborious life which involves much traveling, alternating with sitting in a constrained position for several hours at a time. Traveling by boat, barrow or sedan fatigues him considerably, but he is never sensible of absolute exhaustion except after his spells of sitting. Has always been subject to epistaxis and has frequently spat blood at the same time that his nose bled. His health has in general terms been delicate, but he continued reasonably well up to the end of April, 1886. At this date, without any a signifiable cause, the lower part of the abdomen began to swell and become hard, and retention of urine occasionally occurred. There were never any chills or fits of sweating, and he denies having ever suffered from malarial fever. The swelling has never been very sensitive to pressure: but it has given rise to uneasiness sufficient to interfere with sleep, and within the past fortnight, this uneasiness has developed into constant agonizing pain. Quantity of urine much diminished, and the act of micturition is performed at long intervals, 2½ hours or more. The urine leaves no deposit, but is dark, not blood-stained. There is a slight burning sensation in the urethra immediately after passing water. The stream sometimes stops suddenly as if a tap were turned. No pain in glans penis or down thighs. No history of intermittent lumbar

pain. No thirst. Complete anorexia. Has wasted much since appearance of symptoms, but is still a well built, fairly muscular man. Does not cough. Bowels habitually constipated.

The urine was acid, deep yellow, containing no blood or casts. Flocculent deposit of mucus with bladder epithelium. Had a peculiar earthy odor. Contained no sugar. No deposit with heat and nitric acid; slight deposit with citric acid and ferrocyanide of potassium. S. G. 1029. Average daily excretion 240 c.c.

The tongue was somewhat glazed; pulse, 84; regular, compressible; no hardening of arterial wall. Heart and lungs healthy, but respiration feeble, and slight dyspnoea induced by suddenly lying down. Slight upward increase of hepatic dulness, from displacement. From umbilicus to pubes the abdomen is occupied by an absolutely smooth, ovoid tumor upon which the muscles glide freely. It is hard, gives no sensation of fluctuation, is perfectly symmetrical, very slightly sensitive to pressure, almost fixed, but susceptible of restricted lateral movements. It curiously resembles a pregnant uterus of about the sixth month. On deep exploration a prolongation can be felt on the left, to the side of the pelvis just below the anterior inferior spine. Nothing corresponding to this prolongation can be found on the right side. The lower border corresponds to the posterior surface of the horizontal rami of the pubes. The tumor has displaced the intestines backwards. It is dull on percussion, though there is some conduction from tympanitic bowel in either lateral region of the abdomen.

The urethra easily admits a No. 22 (French) short beaked sound, which, however, cannot be manoeuvred in the bladder. Gentle exploratory movements are not painful, and, so far as can be judged by touch, the vesical mucous membrane is healthy. The point of the sound can be turned over slightly towards the left side of the bladder, but not at all to the right. No calculus was felt. Rectal examination negative; base of bladder and prostate normal. A few drops of blood-tinged urine followed the withdrawal of the sound, but there was no aggravation of any of the symptoms after the exploration.

While examining the rectum I noticed that the scrotum was represented by a mere roughening of the anterior portion of the perineum, and that there was no trace of testicles. Nor was anything resembling a testicle discoverable in the right inguinal region.

There was no scar on the undeveloped scrotum. The patient presents none of the characters of a eunuch. He has a good moustache, and there is as much hair as usual for a Chinaman on the pubes. The penis is well developed. His voice is not cracked; his skin emits no peculiar odor; he confesses to sensual feelings and has had occasional pollutions, but I have special reasons for knowing that he has always been absolutely chaste.

Those who have had much medical practice among the Chinese well know that a native has always some story ready, generally false, to account for every peculiarity observed during a physical examination of his person. I was not therefore surprised to learn that at the age of 6, in consequence of some combined internal and external treatment for a disease about which he could give no information except that it was of great severity, his testicles and scrotum dried up and disappeared.

He was ordered milk and Vichy water, and 1 gramme of chloral hydrate every four hours. Sleep and appetite returned for a few days, but as he soon tired of the milk diet, and the chloral speedily lost its effect, the patient abandoned all faith in foreign treatment and placed himself in the hands of a succession of native practitioners. Each guaranteed cure, and administered quantities of medicine, dieting him carefully, but in the most fantastic fashion. One of his attendants, for example, made him live for ten days exclusively on ducks. I received news of him from time to time, but never saw him after his repudiation of foreign treatment. His medication appears to have been mainly sedative, in spite of which he suffered horribly and was almost sleepless. There was comparatively little change until the beginning of December, when the tumor suddenly began to enlarge with great rapidity, so that within three weeks it occupied the entire abdomen and encroached largely on the thorax. At the same time there was a notable diminution of pain, but dyspnoea became urgent and sleep impossible. The patient died exhausted on the 28th December. No post-mortem was allowed.

The Prophylactic Advantages of the Early and Continued Inunction of Carbolic Oil in Scarlet Fever.

Dr. John Brown, Medical Officer of Health of the Borough of Bacup, writes as follows: Scarlet fever and small-pox are the two diseases, *par excellence*, in which early isolation, as a rule, effectually stamps out the

disease. Isolation, however, is not adequately provided for by the sanitary authorities. Even where hospitals are provided there exists a great prejudice against them, and they are rarely made use of, unless compulsory measures are enforced. Isolation in the home is rarely possible among the working classes, therefore any treatment which can be carried out in the home which promises to prevent the spread of scarlet fever must be a great boon. Experience has proved that scarlet fever generally attacks every inmate in the home who is susceptible to the contagium, or who has not been protected by a previous attack. The contagium is spread chiefly by the peeling of the epidermis. Any treatment which can destroy the germs and prevent the dissemination of the skin, must prove a valuable prophylactic. The treatment which I have carried out for a period of nine months partially, if not effectually, fulfils these two things. The success has been very satisfactory, although the treatment has not been rigidly carried out in all its details; this applies particularly to the operative class, who have not the time to do all that they would. *Treatment.*—As soon as the rash is out, apply carbolic oil all over the body, except the face, over which apply olive oil. Let this be done twice a day, with a warm bath every night. Continue this treatment until the fourth to the sixth week, when we may hopefully expect to have prevented the spread of the disease. The carbolic oil contains 5 per cent. of carbolic acid. It is important to have the pure medicinal carbolic acid and the best olive oil. The patient should not be exposed during the process; the temperature of the room should be 65°; the hand must be warm. In a severe epidemic of scarlet fever, the Town Council adopted my recommendation, and provided carbolic oil for free distribution. In twenty-five consecutive cases taken from my note-book, there was not one death, no case of renal dropsy, nor any sequelæ of any importance. There were five cases between 1 and 5 years, fifteen between 6 and 12 years, and one adult. The *rationale* of the treatment may be summed up as follows: Carbolic acid is an antiparasitic, and probably destroys the vitality of the germs; it also acts as a sedative to the skin by its anæsthetic action on the sensory nerves, and thus conduces to the comfort of the patient. Pure olive oil arrests the dissemination of the skin, which is removed by the daily warm bath. It probably assists in the earlier desquamation of the skin, and also prevents the susceptibility to chill during the convales-

cent stage by forming a thin covering for the skin, and thus warding off the tendency to renal dropsy; it conduces to sleep by allaying the irritable itching of the skin, and gives a sense of coolness which many patients highly appreciate, especially in the early period. The oil prevents the free access of air to the skin, and may thus attenuate the virulence of the contagium. If properly carried out there are no dangers in the treatment. In no case has it produced any unpleasant symptoms. The carbolic acid has not been absorbed so as to affect the urine. Last December I was informed that Dr. Taylor, of London, wrote a little book over twenty years ago, in which he advocated the injunction of suet and lard in the acute stage of scarlet fever. Not having seen the pamphlet, I am unacquainted with its details.—*Brit. Med. Journ.*, Aug. 13, 1887.

Ligature of the Common Carotid in a Case of Scarlatina Complicated with Diphtheria—Recovery.

Selenkow reports in the *St. Petersburg mediz. Wochenschrift* the case of a girl nine years old, who was taken sick with a severe attack of scarlet fever, and three days afterwards with anginal diphtheria. On the sixth day, marked swelling of the cervical lymph glands occurred. On the eighth day an incision was made into the swelling, which fluctuated superficially, and drainage given. Three days afterwards, profuse arterial hemorrhage occurred, which was finally controlled by compresses upon the carotid. Pronounced anæmia and collapse resulted. The common carotid was tied in the cavity of the abscess at the level of the second ring of the trachea, and the cavity itself emptied, and then packed with tampons. Five days subsequently there occurred delirium, twitchings of the muscles of the face and body on the left side, and dysphagia and paresis of the whole left side of the body. Six months afterwards the following symptoms continued: Paresis of the extensors of the left hand (radial nerve), and of the peronei (peroneal nerve) of the left lower limb; slight dilatation of the left ventricle; symptoms of deficient nutrition of the cerebral cortex.

Cases similar to the above are rare. Selenkow discusses the question whether the paralysis depended upon the tying of the artery or upon the diphtheria. Against its dependence upon the ligature he places (1) the late period of its occurrence—five days after the operation; (2) the gradual passage of paresis into paralysis; (3) its too long

duration. Against its dependence upon diphtheria, are (1) absence of any paralysis of the throat muscles; (2) the long duration of complete paralysis of the lower extremities; (3) its marked unilateral appearance. The author, in conclusion, says:

Hemiplegia and disturbances of speech result from degenerative processes of the great cerebral ganglia as a consequence of one-sided ischæmia in general oligæmia. The paralysis of the radial and peroneal that remained is of a diphtheritic nature. The incipient delirium is certainly not to be referred to intoxication with iodoform, but was the result of œdema of the brain upon the ligated side.—*Deutsche Medicinal-Zeitung*, September, 1887.

The Dangers of Antipyrin Given in Pregnancy.

O. Cléron (*Journal de Médecine de Paris*, No. 5, 1887) states that he gave antipyrin, in doses of fifteen grains at intervals of five hours, to a woman who was eight months pregnant, and was suffering from typhoid fever. After this woman had taken thirty grains, her temperature fell from 108.5° F. to 95.9°. Convulsions immediately occurred, with impeded speech, deafness, and finally loss of consciousness. After much labor this condition was overcome by the use of the strongest stimulants. In another case a similar condition was brought about after giving six grains of antipyrin at intervals of three hours.—*Allgemeine med. Central-Zeitung*, August 27, 1887.

Differential Diagnosis of the Tuberculous Meningitis of Childhood.

Simon says (*La Semaine Médicale*) that the difference of symptoms in cases of tuberculous meningitis is partly dependent upon the greater or less extent of inflammation, upon the locality of the latter, and upon the occurrence of accidental affections, such as dropsy of the cerebral ventricles. He distinguishes three forms, the creeping, the intermittent and the typhoid. The course of the disease is influenced by complications with tuberculosis of the lungs, peritoneum and bones, and by the age of the child; the disease pursuing a more rapid course in a child over ten than in one under ten years of age. As to the differential diagnosis, much difficulty is encountered in distinguishing between tuberculous meningitis and typhoid fever, and, a very important point, between the former and pneumonia; for the latter disease is characterized by a

very sudden beginning and an immediate high rise of temperature.

Most cases of so-called cured meningitis, Simon regards as mistakes in diagnosis for cerebral congestions complicated with acute hydrocephalus—an affection undescribed, but undoubtedly existing; occurring especially as the result of catching cold, and after eruptive fevers, indigestions, gastric disturbances, and even after simple sore throat. This affection at the beginning is deceptively like tuberculous meningitis. Moreover, severe intermittent fever may likewise simulate meningitis; but here the action of quinine renders the diagnosis certain. Cerebral sclerosis, before the stage of paralysis, is also apt to become confused with meningitis.

Violent long continuing headache is also found in rapidly growing children between four and seven years of age, especially if overworked in school; but a suitable dietetic regimen will soon cause these headaches to disappear, and will prevent errors in diagnosis. Children of parents who have migraine, gout or rheumatism, frequently suffer from persistent headache, which finally appears as an otitis, and as hysteria, though not to such a degree that an error in diagnosis cannot be avoided by the exercise of some care.—*Deutsche Medizinisch-Zeitung*, September 1, 1887.

Milk Supply and Scarlet Fever.

An important relationship between the milk supply of large towns and the dissemination of scarlet fever was established by Dr. Anderson, medical officer of health, Dundee, at a meeting of the Dundee Police Commission held last week. He read a letter, which he had sent to the clerk of the local authority, stating that an outbreak of scarlet fever took place recently at a dairy farm close to Dundee, and from which milk was sent into the town. The sanitary inspector for the district (the parish of Tealing) was informed, and he suggested some trifling attentions to be given in the storage of the milk, but the scarlet fever patient was not removed, and the milk continued to be delivered in Dundee. The medical officer of health thought it a great hardship that the public health of Dundee should suffer from the gross laxity with which rural local authorities enforced the regulations for the protection of milk. He further added that the attention of these authorities should be specially drawn to this matter. Scarlet fever prevails very extensively in Dundee at pre-

sent, and this was not to be wondered at when such a state of matters existed. Recently he discovered that for three weeks the milk of forty cows had been coming into Dundee twice daily from a farm in which fever existed, and he reminded the Commission that, as more than half of the milk supply came from places outside the burgh, it is necessary that very particular precautions should be taken, and that the local authorities should be informed and asked to enforce the powers which they possessed. He contended that there should be a more careful and vigilant inspection of milk in country districts, and he held that it ought to be distinctly known by all engaged in the milk trade that for the future the excuse of ignorance would not be sufficient. It was the duty of every one to know the rules applying to his or her particular trade, and he desired to warn all milk dealers that if there were any more cases of gross negligence or carelessness they would be dealt with in an exemplary manner. The meeting agreed to send copies of Dr. Anderson's letter to the Board of Supervision, and to the local authority for the parish of Tealing.—*Brit. Med. Journal*, August 27, 1887.

BOOK REVIEWS.

Manual of Clinical Diagnosis. By Dr. Otto Seifert, Privat-Docent in Würzburg, and Dr. Fredrick Müller, Assistent der II Med. Klinik in Berlin. New edition revised and corrected by Dr. Fredrick Müller. Translated, with permission of the author, by William Buckingham Canfield, A.M., M.D. (Berlin), etc. With sixty illustrations. 8vo, pp. xii, 173. New York and London: G. P. Putnam's Sons, 1887.

Nothing is pleasanter to the critic, notwithstanding the unenviable reputation which he is apt to bear, than to be able to praise a book warmly and sincerely. This pleasure the book now under consideration affords us. It discusses, in a clear, orderly and exhaustive manner, the various phases of clinical diagnosis under the following headings: The Blood in Health and Disease; the Temperature; the Organs of Respiration; the Circulatory System; the Digestive and Abdominal Organs; the Urinary Apparatus; Transudation and Exudation; Parasites—Animal and Vegetable; the Nervous System; Pathological Conditions; and Metabolism and Nutrition. The last heading includes a study of foods,

and the book concludes with a very full table of remedies.

Our space will not admit of any detailed analysis of this admirable work, which might well find a place in the hands of every student or practitioner of medicine. We are happy to be able to say that the publishers have done their part in its preparation as well as the author and translator have done theirs, and to praise the excellence of the illustrations which accompany the text.

One criticism only we would make: That the translator might improve his work a little. He adheres somewhat too closely to the phraseology of the original language, sometimes even mistranslates. "Dornapfel" crystals might be better described as "chestnut-burr" crystals than as "thorn apple," which is a somewhat unfamiliar name for the pod of the Jamestown weed. The "Titrimethode" is the *titration* method; not "trituration." With this exception, we have nothing but praise for the book before us.

Prophylaxie publique de la Syphilis (Public prophylaxis of Syphilis).

By Alfred Fournier, Clinical Professor of Diseases of the Skin and of Syphilis, in the Faculty of Medicine of Paris, etc. 8vo, pp. 64. (Paper.) Paris: J. B. Baillière et Fils, 1887.

The occasion for this monograph is stated in its first paragraph: "In the course of the discussion which has taken place here (the Académie de Médecine) in regard to the present depopulation of France, the Academy, justly affected by the frightful mortality among children with hereditary syphilis, and by the notorious insufficiency of administrative measures which are intended to protect us against syphilis, named a Commission to study what reforms or changes should be inaugurated in the public prophylaxis of this disease, and to prepare the plan of a Report on this subject which might be addressed to the proper authorities."

Fournier drew up this report to the Academy, and his monograph contains it. Fortunately for our country, syphilis is not here such a scourge as it is in France, and we can hardly realize the gravity of the problems it presents to the inhabitants of that country. Equally, we have no need of the stringent measures which seem to be demanded there; and the Report of Fournier and his able collaborators has little more than a literary interest for us. This, however, it has; and it can be commended to the careful and thoughtful study of syphilographers here, or all over the world.

Romantic Love and Personal Beauty.

By Henry T. Finck. 8vo, pp. xii, 560. London: Macmillan & Co., 1887. Received from the J. B. Lippincott & Co., Philadelphia. Price, \$2.00.

Mr. Finck has for a long time been engaged in collecting material for this curious volume, in which he discusses in the most unimpassioned manner the nature and characteristics of what he calls romantic love—that is the love of lovers, as distinguished from conjugal affection. The former he believes is a development of comparatively modern times, and that it is not—as is usually supposed—as old as the history of mankind. It would be impossible, in the space at our disposal, to give an idea of the curious and entertaining character of this book; but we can strongly recommend it to our readers as a perfect encyclopædia of the subject of which it treats.

Biography of Andrew Nebinger, M.D.

By J. H. Grove, M.D. 8vo., pp. 15. A biographical sketch read before the Philadelphia County Medical Society, May 11, 1887.

We call attention to this brief pamphlet on account of the fact that it is an interesting tribute to the memory of a man who was a typical physician—a man of strong opinions, of kind heart, of good judgment, a good friend, and a steady defender of what he believed to be right. He was a fair specimen of the medical men who, in thousands of cities and towns and rural communities, become worthy leaders of public opinions, and tender helpers to the distressed of every sort and condition. May the number of them increase!

LITERARY NOTES.

—We have received the eighth volume of the Index Catalogue of the Library of the Surgeon-General's Office, U. S. Army. It is a continuation of a work whose merit is above praise. The present volume extends from "Ledger" to "Medicine (Naval)." References to Lithotomy cover 31 pages; to the liver, 71 pages; lungs, 42 pages.

—*The International Medical and Surgical Synopsis* is the title of a monthly journal of which the first number was published at St. Louis in September, 1887, by an association of the same name.

—The November *Harper's* will contain an important article for health-seekers, under the title of "The Winter Climate Resorts of Three Continents," by William Smith Brown. Mr. Brown has for forty years made the matter a special study in his wide travels, and masses into nine pages the net result of his researches regarding the invalid resorts of Egypt, France, Italy, Algiers, Spain, Switzerland, and the United States.

THE
Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D., } EDITORS.
CHARLES W. DULLES, M. D., }

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER is published in each number. The edition for this week is 6,500 copies.

EXPERIENCE OF COUNTRY PRACTITIONERS.

In a recent article one of our cotemporaries incidentally pays a high compliment to the opinion of country practitioners. A large proportion of them, it says, are close observers, who make their own experience, and who know well what they can do with the comparatively few agents they employ. For this reason he attaches much weight to their choice of drugs, and thinks that what they habitually use must be useful. In this sentiment we heartily concur. We know well the value of the opinion of the men who use the opportunities afforded by large cities to increase their own knowledge and that of their fellow-practitioners. But we also appreciate the opinions of those who, amid the hardships and difficulties of country practice, gather facts day by day, which make their judgments clear and their acts wise. These hard-working and ill-paid men are often little known to fame, outside of the region of

country in which they dispense their good deeds; but they are in every sense the peers of those who have a more brilliant lot. It is a misfortune that so much of what they know cannot be communicated to their fellows through the medium of the medical journals. This is partly due to their modesty and partly to the fact that they rarely find time to put their experience into writing.

For innate modesty we cannot suggest a cure; for lack of time, we can—Be brief! An experienced editor recently remarked that no article is so good that it would not be better if it were shorter. This is true, and we can assure any of our readers who would like to publish an observation or experience, which they think might prove useful to others, that they need not wait until they can write an article. It will be much better perhaps to put what they would say in a short letter, and send it to the journal they read. In the case of our readers, we would like to say that we would be very glad to have short, crisp letters, occupying, say, one or two pages of note-paper, giving accounts of rare or instructive observations, or suggesting methods of treatment, to be published under the head of "Correspondence." We do not mean to curtail any other department of the REPORTER; but we will make room for any letters of the sort just described, and have no doubt they will make this journal more interesting and more popular. But—make them short!

SHALL A DOCTOR INFORM ON A CRIMINAL?

A circular has recently been issued by Pinkerton's National Detective Agency asking each physician who receives a copy to give information to the Agency in case a suspicious person should come to him for treatment of a gunshot wound of the jaw. It seems that on the morning of Friday, September 30, 1887, burglars entered the residence of the Cashier of the Farmer's Bank of New Castle, Del., where the bank is also located, and attempted to overpower the Cashier and his family. A fight ensued, and the Cashier shot and wounded one of the burglars. The ball is supposed to have entered the mouth of the burglar, shattering the jaw-bone and

carrying away with it a portion of the bone—a piece of which has been found in the blood which came from the wound, and experts pronounce it a part of the jaw-bone.

The Detective Agency wishes the coöperation of medical men in securing the apprehension of this criminal, and we hope may have it.

As a rule, physicians should religiously guard the secrets of their patients, and especially when to reveal them would expose the patients to shame or punishment. But this rule cannot be strained so as to apply to the case of a murderous fugitive from justice. A man who breaks into the house of a keeper of other people's moneys and makes an attempt upon his life in order to complete a felony, is an outlaw, and whatever pity any man or any physician might feel towards him should be counteracted by the pity he feels for every law-abiding citizen. When the consequences of his crime bring a dangerous criminal to the notice of a medicalman, we hold it to be a duty to the State that the latter should disclose the fact; to the proper authorities, and not hold back from any false notions in regard to professional confidences.

VENTILATION.

An item is going the rounds of the daily papers which states that Prof. Virchow says, concerning the keeping windows open in sleeping apartments: "The vitiated air can only rush out when the temperature inside differs from that outside; it remains stationary when the air inside is already of equal temperature with that outside. In that case serious complications may be the consequence, and many persons have paid for their mistaken notion with their life."

This is a fair illustration of the sort of teaching which sometimes gets abroad, and which is accepted because it is attributed to a deservedly respected source. We trust that Virchow did not say what we have quoted; if he did, it ought not to pass unchallenged. Many Europeans have a morbid dread of fresh air, especially at night. Many of their houses are provided with double windows, which

effectually exclude the outer air at almost all times. This may not seriously affect the health of Europeans, and they may be justified in following their inclinations in regard to the ventilation of their sleeping apartments. Virchow himself has, we believe, done a good thing in showing that the danger from draughts of air is sometimes greater than the supposed danger from an atmosphere supposed to be vitiated. But he would be the first to recognize the fact that there could be no danger from draughts under the conditions mentioned in the warning he is credited with, as stated above; and that if there was no way in which opening a window could bring about a change in the inside atmosphere, there would be no way in which it could bring danger—except from thieves. But the comment we have cited overlooks the fact that a change of air can be effected without any "rush" or difference of temperature, by the gentle movements which the atmosphere usually experiences, and that these movements probably contribute more to ventilation than the mere states of warmth or coolness. In fact, what Virchow is said to regard as the condition of greatest danger is really the safest. The best time to open windows is when the air is still, and when there is no great difference between the temperature inside and outside of a house. There may be times and places when and where it is undesirable to admit the external air to a bed-chamber; but they are very few—far fewer than most people suppose. We do not advocate a very low temperature in bedrooms, or consider it wise to sleep in a room exposed to draughts or to the cold of a winter night. But we are glad to believe that Americans, as a class, are not afraid to properly ventilate their sleeping apartments, and we hope they will not be frightened by the citations of even so eminent an authority against the practice.

VERATRUM VIRIDE.

In the issue of the *Ephemeris* for October, 1887, Dr. Edward R. Squibb publishes a "Note on Veratrum Viride," which con-

tains an interesting statement of the character and uses of this drug. He notes the fact that it is more used by country practitioners than by those living in the cities, and thinks this indicates its value, as country practitioners would not continue to use it unless they saw that it produced good results; and he does not hesitate to set their experience against the theoretical objections of certain authors. He considers it a potent and fairly manageable arterial sedative—better than aconite, in that it reduces the force and rapidity of the heart's action more powerfully and more promptly. Norwood's tincture, which has so extensive a reputation, he says, is only half the strength of the official fluid extract. As to the use of *veratrum viride*, he advises choosing the fluid extract and administering two minims every three hours, in a little water, and increasing to three minims at the third dose, if no effect is perceptible at that time. This is the treatment for ordinary cases. When a rapid effect is desired, from four to six minims may be given every hour or two, until the pulse-rate falls to fifty or sixty beats per minute, when the dose must be lessened and the intervals lengthened, so as to keep the pulse just as it is wished. Owing to the uncertainty of its absorption from the stomach, either the fluid extract or the tincture of *veratrum viride* may be given hypodermically. In grave cases, from eight to ten minims of the fluid extract, or double this dose of the tincture, may be given every fifteen minutes at first, and then every half hour until the pulse-rate falls to sixty beats per minute; after which the smallest dose which will keep it there must be used.

These views of Dr. Squibb coincide, we believe, with the opinions of those who have employed *veratrum viride* most frequently in their practice. It is undoubtedly a drug of great value when judiciously employed. It is true that it will not always succeed, and that its administration is not free from danger; but it is a drug which will render good service if used without timidity, and we are sure that many of our readers could testify to its usefulness when given courageously—not rashly.

NOTES AND COMMENTS.

The Value of the Modern Method of Treating Syphilis by Hypodermic Injections.

Dr. Prince A. Morrow, in a communication under this heading to the *Medical Record*, October 15, 1887, says: A careful weighing of this clinical testimony, balanced by my own observation and experience, justifies the following conclusions:

The hypodermic use of mercury, in simplicity, convenience, scientific accuracy, rapidity of action and the development of a maximum effect from a minimum quantity, constitutes a decided improvement over the ordinary modes of introducing this drug into the system.

The hypodermic method is not so liable to cause salivation, gastro-intestinal disorders and other toxic symptoms of hydrargyrisms.

There is remarkable unanimity of opinion as to its efficacy in suppressing the active manifestations of the secondary stage, and hastening their involution.

The claim that the hypodermic use of mercury increases its potentiality and widens the range of its curative action, enabling it not only to subdue refractory secondary lesions which resist ordinary treatment, but also the tertiary lesions of syphilis, may be considered as yet *sub judice*.

The claim that it endows mercury with a greater permanence of action, preventing relapses and preserving the patient from manifestations of the diathesis for a long period, is not proven.

The more pretentious claim that the hypodermic injection of twenty-five centigrammes of the bichloride, or forty centigrammes of calomel, cures syphilis, must be rejected as extravagant and absurd.

The irritant action of mercury introduced subcutaneously, manifest in the production of pain and local accidents, renders its general employment in the systematic treatment of syphilis impracticable.

Until these objectionable features be modified or overcome, the proper position of hypodermic medication in the therapeutics of syphilis is in the category of adjuvants.

Its employment is indicated where the necessities of the case demand a rapid and intense mercurialization. In certain emergencies, when, for example, the integrity of an important organ is threatened, its prompt and energetic action renders it superior to other modes of mercurialization.

In exceptional cases, marital syphilis, for example, where the exigencies of the situation demand secrecy in treatment with the speediest possible suppression of the symptoms, this method is to be recommended.

In cases where gastro-intestinal irritation is so marked as to forbid the introduction of mercury into the stomach, it constitutes a most efficient reserve treatment.

In tertiary syphilis, where the iodine idiosyncrasy is so marked as to preclude the use of iodide of potassium, the hypodermic use of mercury should be substituted.

My own impression is, that while the hypodermic method will never supplant the classic modes of employing mercury, yet it constitutes a decided acquisition to our therapeutical resources against syphilis, too valuable to be ignored or practically disregarded, as has been the case in this country.

The actual worth of mercury administered hypodermically can only be determined by cumulative experience. Dr. Morrow's paper is a timely one, and his conclusions as stated seem just and in the main correct.

Report on Progress in Therapeutics.

From a paper by Francis H. Williams, M.D., on this subject, contained in the *Boston M. and S. Journal*, October, 13, 1887, we abstract the following:

Naphthalin.—Naphthalin seems to be of special value as an intestinal antiseptic or germicide—being so sparingly soluble that much of it remains to act upon the intestines and their contents from the stomach to the rectum. Its value is especially urged by Dr. L. Emmet Holt, who concludes that summer diarrhoea has many remote causes, but the single immediate cause is putrefactive changes taking place in undigested food in the stomach and bowels, the products of these changes acting either as systemic poisons or locally irritating agents, causing catarrhal and inflammatory conditions in the intestines. The diarrhoea is, at the outset at least, salutary, and the use of astringents and opium is not only useless, but, in the beginning especially, may do positive harm by checking peristalsis and increasing decomposition.

The indications to be fulfilled are: (1) Clear the bowels; (2) stop decomposition; (3) restore healthy action; (4) treat consequential lesions. To meet the first he recommends castor oil; the second, salicylate of sodium or naphthalin; the third and fourth, if present, call for various measures, but in the majority of cases castor oil and salicylate of sodium or naphthalin were alone neces-

sary. He also reports seven cases of chronic dysentery and twenty-one cases of chronic diarrhoea, treated by naphthalin *alone*, with uniformly good results. Concerning the dose and administration: it may be given in powder, mixed with sugar and taken in wafers or capsules; the taste is not bad, but very persistent and strongly suggestive of tar.

In summer diarrhoea of children, he used from two to six grains, according to the age. In chronic diarrhoea, dysentery and typhoid, he used large doses of naphthalin, sixty to ninety grains daily.

Though Prof. Bouchard has reported that animals to whom naphthalin was administered internally developed beginning cataract within twenty days or less, generally in both eyes simultaneously, and that the cataract process thus begun did not stop with discontinuence of the drug, the doses used were, for the animal, excessive, and very likely have no important bearing against the therapeutic use of the drug. Certainly no untoward effects are reported from its clinical use, except dark-colored urine and a single case of dysuria from large doses.

Resorcin.—This drug is favorably reported in the treatment of cutaneous and gastric disorders. Dr. Maclay reports two cases of gastric ulcer with immediate recovery under its use. In gastric catarrh not relieved by bismuth, soda, etc., recovery followed at once under treatment with resorcin. Intestinal catarrhs, chronic diarrhoea, etc., were in no way benefited by resorcin, nor were the evacuations disinfected, constituting a marked contrast to the action of naphthalin, and suggesting a special field of action for each of these two drugs; naphthalin for intestinal disorders or wherever it is desirable to disinfect the intestinal canal or render antiseptic its contents; resorcin for the same purpose in the stomach and externally on sensitive tissues. Internally, Dr. Maclay employs five grain doses of resorcin three times a day, given in water with a little glycerine, or in chloroform water. The taste is peculiar, but slight, and easily tolerated. Much larger doses have been employed, but are not advisable, thirty grains having caused febrile disturbance, and sixty grains marked toxic action, dizziness and collapse.

Corrosive sublimate.—The use of corrosive sublimate as an antiseptic has been on the accepted ground that in the weak solutions employed, while destructive to germs, it is not dangerous to the patient. Some recent observations and cases would suggest considerable caution, at least, in its use. Fleischmann, of Prague, reports a fatal case

of acute poisoning in a healthy primipara, from two vaginal douches before labor, sublimate solution 1 : 2000 being used.

Fleischmann calls attention to the danger attending the use of sublimate in puerperal patients with any lesion or disordered conditions of the bowels or kidneys, and quotes an eminent authority to the effect that the use of sublimate in obstetrics should be limited to disinfection of the hands, instruments and external genitalia. An article by the Paris correspondent of the *British Medical Journal*, October 9, 1886, is of interest in this connection. He calls attention to the frequency of intestinal lesions coming to the notice of medical men, especially those in obstetric practice, since the wide use of corrosive sublimate as an antiseptic, and refers to the experiments of Prévost, indicating that visceral lesions may be produced by sublimate.

Maximilian Jolles and Erlangen give an elaborate demonstration of the identity of lesions and clinical history in sublimate poisoning and septic infection. Gläser, of Hamburg, reports twenty-three cases of typhoid treated with corrosive sublimate with very bad results and no benefits. In diphtheria, on the other hand, Dr. Verner reports seventeen cases with very good results, giving one-fourth to three-fourth grains daily.

The conclusions warranted, seem to be that corrosive sublimate is an efficient antiseptic, but best adapted to external use, suggesting caution in its use in obstetrics for douching, especially with any disorder of bowels or kidneys, and throwing doubt on the possibility of safe disinfection of the blood or intestinal canal by internal administration in infective diseases.

Urethan.—This is a generic name given to a class of ethers derived from carbonic acid, the name signifying the close chemical relation of this class of *ethers* to *urca*. "Urethan," however, has recently been employed to designate one of this class of ethers: carbonate of ethyl, or, strictly speaking, "ethyl-urethan." Ethyl-urethan, or urethan, as it is ordinarily called, is a white crystalline substance, very soluble in water, alcohol and ether at all temperatures.

Without going into detail concerning the very numerous reports of its action and clinical use, the following points may be considered as fairly well established. It is a hypnotic, acting chiefly by depression of cerebral centres, not sufficiently powerful to cause sleep if pain, persistent cough, great dyspnoea, or analogous conditions are present. It is of no value in delirium tremens.

In simple insomnia, nervous sleeplessness from worry, over-excitement, etc., and in many forms of sleeplessness in insanity, it is very uniformly effective, producing restful, dreamless sleep, closely simulating physiological sleep. It is slightly stimulating to the respiration, and does not depress the heart, even in toxic doses. This is a marked advantage in action over chloral. It has in ordinary doses no unpleasant after-effect, but very large doses produce gastric irritation with nausea and vomiting. Concerning the dose: twenty grains seems a medium dose. Buchard gave forty five to sixty grains, and considered a single large dose better than several small doses. German observers recommend doses of fifteen to thirty grains (some seven and one-half to fifteen grains). Ordinarily, a single dose of fifteen to thirty grains at bedtime gives sleep without after-effects. The drug is not disagreeable in taste, and, as noted, very soluble. Prof. Anress has demonstrated the antagonistic action of urethan to convulsive agents like strychnine and picrotoxin. He considers it a safer and more effective antidote to strychnine than chloral. Its therapeutic action, if correctly observed, is certainly opposed to such a view, as it is said to act chiefly on the *brain*, while strychnine convulsions are from the *cord*.

Nursing Infants with Asses' Milk.

Dr. H. G. McGrew, in a letter from Paris to the *American Lancet*, October, 1887, says: During the past few years one of the causes of the depopulation of France has been proved to be defective nursing and alimentation during infancy.

The medical authorities and Dr. Peyron, Director of Public Assistance of Paris, have exerted themselves to modify the system of nutrition in hospitals and other medical institutions by nursing the new-born according to the necessities of their constitution and temperament. At the Hospital for Sick Children, in the Rue de Sèvres, are a number of pale, sickly, miserable infants of both sexes, whose appearance is painful to see. These unhappy children are suffering from various diseases inherited from their parents. In order to avoid all danger of contagion, these cases are put into pavilions isolated from the main building. These wards are very comfortably arranged, each one being lighted with large windows looking out upon a garden, and containing a double row of neat, tidy cradles. Here the new-born receive all possible care and attention.

The moment a new boarder arrives, a nurse takes the infant and places it in a pair of scales, such as are used by butchers for weighing large pieces of meat. The weight is then registered. This operation of weighing is repeated from time to time in order to note the development of the child. The infant is then put upon a special regimen of the most strengthening character. It was customary to suckle the child suffering from hereditary disease with the udder of the goat, but notwithstanding the nutritive qualities of this milk, it was found that the neuroses, with which the goat is often afflicted itself, were communicated to the child, and so an animal had to be found which would produce a milk having all the properties of goat's milk, without its inconveniences. Consequently the ass was chosen, and a stable, with a capacity for a dozen asses, was built adjoining these wards, with simply a small passage-way between. There is nothing so picturesque as this display of babies in long dresses being placed to the udder of the ass, which they suck greedily. Each nurse arrives with her little stool, which she places on the litter beside the animal, which stands quietly while the little patient swallows large mouthfuls of creamy milk.

It is calculated that these asses can nourish habitually during a period of eight to ten months, after which they are sold and replaced by others. The asses' milk approaches nearest, as regards its nutritive properties, to the human milk, and under its employment these little patients thrive and gain from day to day strength and health.

Modern Diet and its Effects on Health.

Dr. M. A. Boyd, physician to the Mater Misericordiæ Hospital, Dublin, says there are some points in connection with this subject which are not of merely professional interest, but of far wider significance, and may be regarded as of national importance also, as they embrace not only our every-day condition of health as individuals, but our very physical existence as a race. Foremost amongst these points, the question how many of our modern diseases depend upon our diet, and why dyspepsia and its concomitant troubles are so prevalent. In the consideration of this subject we might reasonably ask how much man's habits and occupation have contributed to the deterioration of his nervous and digestive powers? Where such a preponderance of albuminoids entered into our food as was at present the

case, the additional use of alcohol with them becomes a necessity, to aid in their digestion, more especially as from the impaired nervous energy of the present day the digestive organs require the stimulus they give to increase secretion. But is assimilation of a large quantity of albuminoids of benefit to our systems at large? Having regard to the fact that the ptomaines of our food were mainly derived from albuminoids, most certainly it cannot be; and in this meat-eating country, where, from climatic influences, rheumatism and its congeners are endemic, a greater liability to cardiac affections necessarily ensues. As most of the albuminoid waste passes through the kidneys, have we not a direct connection between our food and the prevalence of Bright's disease? The prevailing taste includes a large amount of animal food, and the present state of the laws allows too great facilities for all sections of society to poison themselves with this form of food. The State regulates the sale and the quality of the alcohol the public consumes, but exercises no control over the quality or character of the meat its people use. Some check must be put on the importation of meat, if the State desires a healthy population. This might seem an interference with the rights of trade; but it was very doubtful if the opportunity to purchase meat cheaply and use it in abundance was an advantage, looking at the matter from a public health point of view. It might be said that it was not the abundant use of meat, but the manner of cooking it, that was injurious. Granted that this was so, had not the State a greater reason to attend to the wants of its people in this respect? Schools of cooking, founded by the State, would seem, then, of paramount importance, to enable the poor to receive that instruction which was so essential to their moral and physical welfare.—*Brit. Med. Journal*, September 24, 1887.

Operations Upon the Kidney.

Dr. E. O. Otis, in an article in the *Boston M. and S. Journal*, says:

Two cases occurring in my own practice, the one fatal, and the other full of suffering, have indelibly impressed upon my mind the importance of surgical interference in certain affections of the kidney, notably calculus and suppurative lesions, as affording the only deliverance in otherwise hopeless cases. The one case was that of a young married man, who, for years, suffered from symptoms of renal calculus, enduring the most excruciat-

ing and convulsive pain of renal colic, and for which he vacillated between opium-eating and rum-drinking, becoming a curse to himself and his unhappy family. The other case was also that of a young man just beginning a professional career, from which he had much to hope, afflicted with a suppurative affection of one kidney. After dragging out a wretched existence for two years, he died of pyæmia, and the autopsy revealed an enormously dilated, pus-secreting sac in the place of the kidney. Both of these lives, I believe, might have been restored to usefulness and comparative health through the intervention of surgery.

To Simon, of Heidelberg, and Morris, of London, the surgical profession is indebted for firmly establishing the operations of nephro-lithotomy and nephrectomy, nephro-lithotomy having been first performed by the latter in 1880, and nephrectomy by the former in 1869.

Besides these two operations, with which the remainder of this paper will be chiefly concerned, we have nephrotomy, nephrorraphy, paracentesis, and what Mr. Lucas makes a distinct operation; exploration of the kidney, which is but a part of nephro-lithotomy.

Within the last few years, recorded cases of operations upon the kidney have been rapidly multiplying, and the literature upon the subject is becoming voluminous. Gross's paper, based upon an analysis of nearly four hundred and fifty cases of all kinds, embracing all he could collect up to May 15, 1885, is well known to you.

I have collected, of cases recorded since that date, sixty-eight operations of all kinds, as follows:

Nephrectomies, 28 with 6 deaths, 21.42 per cent. Of these 18 were lumbar with 2 deaths, 11.11 per cent.; and 8 abdominal, with 4 deaths, 50 per cent.; the incision in two cases was unknown. Nephrotomies, 13 with 4 deaths, 30.77 per cent. Nephro-lithotomies, 21 with 2 deaths, 9.52 per cent. Exploration, 2 with no deaths. Nephrorraphy, 4 with no deaths.

Drink for the Harvest Field.

R Sugar.....	½ lb
Barley meal.....	4 oz
Citric acid.....	½ oz
Essence of lemon.....	20 drops
Boiling water.....	1 quart

Mix and strain, then add cold water to make a gallon.

—*Chemist and Druggist*, Aug. 27, 1887.

Poisoned by Three Drops of Laudanum.

On Monday, Mr. William Carter, coroner for East Surrey, held at inquest at Brixton on the body of Alice Maud Holland, aged one month, the illegitimate child of a domestic servant. The child was being brought up by a Mrs. Segar. According to the statement of Mrs. Segar, the deceased on last Wednesday night appeared to have a slight attack of bronchitis, and having some laudanum in the house which she was in the habit of using for her toothache, she put three drops in the deceased's milk and gave it to her. The deceased fell into a deep sleep, and, as she did not appear to wake up next morning, Mrs. Segar became alarmed and called in a neighbor, and by the advice of the latter the deceased was taken to Dr. Clark's surgery and received medical treatment. The child, however, died the same night. The jury, after consulting in private for some time, returned a verdict of "Death by misadventure," and censured Mrs. Segar for administering the laudanum to the deceased.—*Chemist and Druggist*, August 27, 1887.

An Imbecile Punished.

At the Herts Summer Assizes, August 3d, a laborer was indicted before Mr. Justice Hawkins for setting fire to a certain stack of wheat straw. The act was admitted, but the plea of insanity was set up. Dr. Lipscombe, the medical officer of St. Alban's Prison, stated that for six weeks he had frequently examined him. He had arrived at the conclusion that the prisoner was an imbecile. He could not talk coherently, there was no sequence in his ideas, and his gait was unsteady. He did not know what he was about. He suspected that the man had been weak-minded all his life. The prisoner had said in reply to a question as to his age, that it was three years. A veterinary surgeon, Mr. Herbert Matthews, of Stevenage, said he had known the prisoner for nearly thirty years, and during the whole of that time he was looked upon as a sort of imbecile, and went by the name of "Silly Billy." The prisoner's brother said that he (the witness) managed the little property he had because he could not manage his own affairs. He believed he knew the difference between right and wrong. Mr. Justice Hawkins said, as in duty bound, that a man could not be exonerated unless he was absolutely incapable of knowing right from wrong. The jury found him guilty, but strongly recommended him to mercy. The prisoner was sentenced to imprisonment

for twelve calendar months with hard labor. This case is another instance of the injustice of the legal test of responsibility, which the judge simply applied in all its naked absurdity, the result being the punishment of an imbecile with hard labor. Such a sentence may have its use in opening people's eyes to the unsatisfactory state of the law, but that the unfortunate man should have to suffer as a victim is rather hard lines. We should have thought that this was pre-eminently a case in which the "Crown referee, in cases of supposed insanity," would have been consulted, but there is no reason to suppose this has been done.—*Brit. Med. Journ.*, August 27, 1887.

Poisoning by Datura Seeds.

A somewhat remarkable case of poisoning a husband, a double murder, in fact, is reported from Bombay, by mixing the seeds of datura with the bread prepared by the wife for the daily meal. The circumstances under which the murder took place are as follows: On the 12th April last, Moti Ludha, the husband of the guilty woman, one Reh-moo Vullee, a dealer in ghee, and a young woman named Rasul, left their village of Sela in the morning for the purpose of fetching ghee from another village. Halting outside the first village they came to, they sat down to partake of their frugal meal. The girl sat apart and ate her *bajri* bread, while the two men sat and shared their own bread together, and gave the fragments to the girl, who subsequently made them over to the police. Later in the day, as the party were proceeding in the afternoon towards Checkla village, the two men became giddy, began to stagger, and behaved like madmen. They soon became speechless, and fell down on the road. The girl ran for assistance to the village of Checkla, but on her return both men were found dead. A post-mortem examination showed that they were poisoned with datura seeds, as they were detected in the pieces of bread left uneaten. The bread had been prepared by the accused for her husband the night before he started on the journey. The prisoner was found guilty of murder and sentenced to death, subject to the confirmation of the High Court. The motive for the murder was that this woman was carrying on an intrigue with another man, and wished to get her husband out of the way. It is understood that it was the freshly gathered seeds of *Datura stramonium* that were introduced into the bread, and if so their toxic action

appears to have been unusually rapid, or the Indian-grown plant must contain a larger quantity of daturine than that of this country. This latter substance, it is well known, has an action very similar to that of atropine, and the fresh extract of stramonium is more powerfully poisonous than the green extract of belladonna. It is not improbable, however, that in this instance the fresh fruit of belladonna itself was used. The report of the case is very meagre, and by no means clear on this point.—*Med. Press and Circular*, August 24, 1887.

Dressing for Broken Finger.

At a recent meeting of the Philadelphia County Medical Society, Dr. A. C. W. Beecher reported a case of simple fracture of the distal phalanx of the index finger, which he treated by applying a narrow bandage from the end of the finger to the second phalangeal joint, making two layers. This he coated thickly with collodion, which, drying and hardening quickly, made a neat, smooth, and stiff waterproof casing, which was worn with but one change until the fracture was cured.

How Much a Man Eats.

Richard A. Proctor, in the October *Cosmopolitan*, says: It has been calculated that, on the average, each man who attains the age of three score and ten consumes during the course of his life twenty wagon loads of food, solid and liquid. At four tons to the wagon, this would correspond to an average of about a hundred ounces of food per day, or say some one hundred and twenty ounces per day during adult life and about eighty ounces during infancy and youth. Most modern doctors agree in regarding one hundred and twenty ounces of food per day, corresponding to five or six half-pints of liquid food, and seven or eight pounds of solid food, as in excess of the real daily requirements of a healthy man or woman.

Yet probably most of us take more than this, in one way or another, during the day. Dr. Lankester from an extensive analysis of the dietary of soldiers, sailors, prisoners, and the better paid classes of artisans and professional men in London, found the average daily quantity of solid and liquid food to be one hundred and forty-three ounces. Doubtless many take much less; but unquestionably many take much more than this. When some one mentioned before Sydney Smith the twenty wagon loads of food calculated for each man's allowance, he turned to Lord

Durham, who like himself was corpulent (and not without sufficient reason), with the quaint remark, "I think *our* wagons, Durham, must be four-horsed ones." There are members of the London Corporation, to seek no further, whose wagons must be six horsed ones, and well loaded at that.—*Cosmopolitan*, October, 1887.

Acids in Canned Goods.

T. P. White sends to the Chemical Society a communication, noted in the *Popular Science Monthly*, in which he gives a decidedly negative answer to the question whether the acids of canned fruits may not form poisonous salts with the tin. He reports as the result of his experiments that "tin is entirely devoid of danger when taken internally in any form that might arise from being in contact with fruits or vegetables." He believes that the cases of accidental poison attributable to tin were due to solder or other impurities—arsenic, copper or lead. Professor W. Mattieu Williams says that there need be no lead in the solder; that is only put in for cheapness sake, and that tin makes a superior solder to any alloy. Therefore, all danger may be obviated by prohibiting the use of any other solder than pure tin.

Renal Calculi and White Wine.

Eichhorst says that a rare case has come under observation in which a distinguished surgeon is able, with absolute certainty, to produce renal calculi in himself by drinking white wine. Even a quarter of a wineglassful is sufficient. At the end of a few hours violent pains are experienced, and finally calculi are voided. They may attain the size of a pea, and are composed exclusively of uric acid. Symptoms of calculi are never produced if the ingestion of white wine is avoided.—*Am. Pract. and News*, October 15, 1887.

Boric Acid a Remedy for Sty.

Dr. Geo. Reuling says: I have found a simple and effective remedy for sty to be a solution of fifteen grains of boric acid to an ounce of water. By applying this solution three times a day to the inflamed part of the eyelid, by means of a camel's hair brush, this painful and annoying affection will be conquered very rapidly.—*Virginia Medical Monthly*, October, 1887.

CORRESPONDENCE.

The Conjugal Question.

EDS. MED. AND SURG. REPORTER :

Sirs :—The views expressed by your correspondent, Janet Rees, in the REPORTER, prompt me to pen a few thoughts in reply.

I believe that conception does not take place as often as is generally supposed, when the coitus is not actively participated in by both parties to it, and that therefore "love children" do not bear such a small proportion to the "accidental children." This result is favored by the fact that women are supposed to have a stronger sexual passion about the time of menstruation, when they are most likely to conceive.

As far as the mere pleasure of the parties is concerned, I fancy that uncongenial coitus depends more upon uncongenial union than anything else. Your correspondent describes the wife as accepting the attentions of her husband passively, after the first passionate happiness of the honeymoon is over, and especially after she has given birth to children. This implies the belief—which I do not share—that child-bearing alone materially alters the sexual instinct.

Nor can I believe that very serious injury would be likely to follow coitus in which a woman did not actively participate. Excessive indulgence may do harm, but passive acceptance could hardly produce the same results. Of course extreme repugnance and disgust might act unfavorably through the central nervous system.

It is usually the case that women who deny that they experience any orgasm, or pleasurable sensation, during the sexual act, are *impotent—functionally deficient*. Your correspondent certainly depicts a deplorable state of family affairs: the husband, full of lewdness and passion, forcing gratification from his helpless wife; the wife disgusted, annoyed, passively submitting to the husband's embraces, and even "feigning pleasure" for fear of alienating her husband's affections.

I doubt if in such cases the husband has any affection, and if so, it is as the writer says: his "passion and affection are one." But to think that such a state of affairs is at all common is, I believe, an insult to husbands as a class; and to assert it as a general truth that man's affection and passion are one is to insult the sex. The experience of advancing years affords the strongest contradiction to such an assertion. For, do we not constantly see, when the sexual appetite abates

with the declining years, the noblest examples of pure strong affection—the affection of the aged? As age advances, the sexes become—as in childhood asexual, but, with this, the love of husbands for their wives does not wane, but seems to grow stronger and purer than that of their passionate youth.

Yours truly, W. N. SHERMAN, M.D.
Kingman, Arizona, Oct. 18, 1887.

EDS. MED. AND SURG. REPORTER:

Sirs:—The frank expression of opinion on the delicate subject of the conjugal relation, by Janet E. Runtz Rees, in the REPORTER of Oct. 1, deserves, as you suggest, a fair discussion. The writer seems to have been unfortunate in her observations, but she might bear in mind that instances of alleged brutality on the part of the husbands must be taken with some grains of allowance. The women from whom this testimony comes are said to be sufferers from obscure nervous ailments. Now, experience proves many patients of this class are untrustworthy, and cannot be considered good witnesses. As an instance of forbearance on the part of a man, I will relate the following:

A young man and woman were married after a courtship of about a year. Both had been previously engaged, so that they knew about what marriage meant, and after marriage slept in the same bed until the birth of a child. When this child was old enough to be weaned, the wife moved into another bedroom and refused to have any further sexual relations with the husband, and the husband patiently accepted the situation. This man might be regarded by some wives as a model; he certainly was not a brute, in one sense.

If woman's condition is really so deplorable, as Miss (or Mrs.?) Rees thinks, and man is actually so unreasonable in his demands, there would seem to be an excuse for polygamy. The majority of men do not appear to be the worse for frequent indulgence, and, if women suffer, how shall they be relieved? If their task is too great with a husband for each, shall each husband be given two? If this be considered too brutal a suggestion because it considers only man's appetite, Miss (Mrs.?) Rees may be asked why, if the woman's pleasures during the honey-moon gets recognition, man's capacity for longer continued pleasure is to be ruled out?

Again. Do women really suffer so much? My experience does not lead me to think so. And, if they do, it is remarkable how well the most of them stand it. And how does

it happen that so many women who are the mothers of children, and have lost their husbands by death, put themselves in jeopardy a second time? Again, unmarried women present by far the most striking examples of nervous diseases. Who has not seen marriageable girls, moping, listless and dull, who after marriage permitted a normal sexual hygiene, became bright and cheerful; while their improved appearance became the subject of congratulation among their friends?

The intimation that the birth of one or two children destroys the sexual appetite in woman may depend upon some isolated observation; it does not seem to me to be warranted by any very large number of them. The truth seems rather to be that women dread the danger of conception and the inconveniences of pregnancy, the pains of child-birth and the cares of maternity. Some or all of these rob the act of coitus of all its attractions, which are natural to woman as well as to man. Is not this what really makes women hold back and gives its importance to the "Conjugal Question?"

Yours truly,
JAMES E. FREE, M.D.
Benezett, Elk Co., Pa.

Gleditschine.—Stenocarpine.

EDS. MED. AND SURG. REPORTER:

Sirs:—The fact, seemingly well proven by the experience of Drs. Claiborne, Knapp, Jackson, Mitchell and others, that the newly discovered alkaloid, gleditschine, is largely like cocaine in its power as a local anæsthetic, has prompted me to determine whether it has a value akin to the coca alkaloid as a stimulant in the treatment of opium habitués, and I am now experimenting in this direction, using a two per cent. solution, exclusively by subcutaneous injection.

That cocaine, hypodermically, is a valued aid in treating the opiate neuroses is beyond question, in my opinion; but it is not a specific, and should never be given for this purpose by the patient himself, be he physician or layman. Should gleditschine have a similar value it may be found free from the ensnaring danger of cocaine, though, assuming the fact of its stimulant power, this freedom from risk will not be likely; and we shall note, probably, in the not far future, baneful effects from its abuse, and gleditschine inebriety be added to the list of toxic neuroses.

It has been stated by Dr. Seward that "he has observed antidotal effects to gleditschine from morphia." And W. H. Mitchell

asserts, "it is a direct antagonist to morphine and opium, ten drops of the two per cent. solution neutralizing one grain of morphia or six of opium." Experiments on rabbits now being made by myself will, it is to be hoped, sustain these claims. The two per cent. solution can be obtained at a present wholesale cost of six dollars per ounce.

I shall be pleased to receive and report the experience which any reader of your journal may have on this subject.

Yours truly, J. B. MATTISON.
Brooklyn, N. Y., Oct. 15, 1887.

Is Gleditschine a Fraud?

EDS. MED. AND SURG. REPORTER:

Sirs:—Since asking you to announce that we were investigating at our laboratory *gleditschia triacanthos*, which it has been claimed contained an alkaloid of greater anæsthetic value than cocaine, and mydriatic properties superior to those of homatropine, we have discovered that the two per cent. solution with which experiments have thus far been made, and of which we obtained a supply from Messrs. Lehn and Fink, of New York, to whom we were referred by the discoverers, and which purported to be a solution of the alkaloid obtained from *gleditschia triacanthos*, contains six per cent. of cocaine, and a sulphate of a salt which it is suspected further experiment will prove to be atropia. We have been able to obtain from *gleditschia triacanthos* only an infinitesimal percentage of an active principle in an amorphous state, which on experiment has not shown mydriatic or anæsthetic properties.

Yours truly, PARKE, DAVIS & Co.

[In view of these statements it is not surprising that Drs. Seward and Mitchell obtained the results attributed to them in Dr. Mattison's letter.—EDS. REPORTER.]

Localized Sweating.

EDS. MED. AND SURG. REPORTER:

Sirs:—With reference to the "localized facial sweating," discussed in an extract in the REPORTER, Oct. 15, p. 518, I can adduce my son, a very healthy young fellow, eighteen years old, robust and athletic, whose nose sweats without apparent cause, while the rest of his body is perfectly dry. This is naturally a source of some annoyance to him, and of amusement to the family.

My son has never had any rheumatic attacks; and a bad sprain of the ankle at football was well got over a year ago. His mother was a sufferer from rheumatism, and died at

the age of thirty-five of a cardiac affection. I have been told that she used to perspire across the bridge of her nose; but I think this must have been in her girlhood, as I do not remember it.

Yours truly, G.
New York, October 18, 1887.

NEWS AND MISCELLANY.

Medicine as Taught at the School of Salerno in the Eleventh Century.

In an instructive and interesting paper read before the State Medical Society of West Virginia at its twentieth annual session, July 13-15, 1887, Dr. J. T. Cotton, of Charleston, W. Va., says: Thirty-four miles south-east of Naples, on the western coast of Italy, lies the once beautiful city of Salerno. Even now it presents a fine appearance, with its ruins of an old Norman castle facing the sea, and its background of graceful limestone hills. By the medical world Salerno will ever be regarded with peculiar interest as the place where the first dawn of science was perceived, when the long night of barbarism, which had settled over Europe for five centuries, began slowly to disappear. Gibbon, in that fine rhetorical vein so characteristic of his pen, thus pays tribute to this historic city: "The treasures of Grecian medicine had been communicated to the Arabian colonies of Africa, Spain and Sicily, and in the intercourse of peace and war a spark of knowledge had been kindled and cherished at Salerno, an illustrious city, in which the men were honest and the women beautiful. A school, the first that arose in the darkness of Europe, was consecrated to the healing art. The conscience of monks and bishops was reconciled to that salutary and lucrative profession, and a crowd of patients, of the most eminent rank and most distant climates, invited or visited the physicians of Salerno. They were protected by the Norman conquerors, and Guiscard, though bred in arms, could discern the merit and value of a philosopher. After a pilgrimage of thirty-nine years, Constantine, an African Christian, returned from Bagdad, a master of the language and learning of the Arabians, and Salerno was enriched by the practice, the lessons and the writings of the pupil of Avicenna. The school of medicine has long slept in the name of a university, but her precepts are abridged in a string of aphorisms, bound together in the Leonian verses, or Latin rhymes of the twelfth century." Thus far the eloquent historian, Gibbon.

We will now make a plain statement of facts. The origin of this, the most important source of medical knowledge in Europe in the early middle age, is involved in obscurity. It is known that Salerno, a Roman colony in a situation noted in ancient times for its salubrity, was, in the sixth century the seat of a bishopric, and at the end of the seventh century of a Benedictine monastery, and that some of the prelates and higher clergy were distinguished for learning and even for medical acquirements. But it has by recent researches been clearly established that the celebrated Schola Salernitana, as it was called, was a purely secular institution. All that can with certainty be said is, that a school or collection of schools gradually grew up, in which especially medicine was taught. In the ninth century Salernitan physicians were already spoken of, and the city was known as the Civitas Hippocratica. A little later we find great and even royal personages resorting to Salerno for the restoration of their health, among whom was William of Normandy, afterward called William the Conqueror of England. Several thousand students now thronged the streets of this great seat of learning, and the number of teachers was correspondingly multiplied. Among the latter many were married, and their wives and daughters appear also in the lists of professors. The most noted female professor was the celebrated Trotula in the eleventh century. Now I have the rare good fortune to possess, and shall be happy to exhibit to my medical friends here to-day, a perfect copy of the lectures of this veritable female professor, Trotula! printed and bound in the city of Venice in the year 1554, more than three hundred years ago, printed in an exquisitely clean Italic type, on most excellent paper, and the binding, though somewhat worn, battered, and defaced, yet still retaining marks of great beauty and finish. These lectures of Trotula are in Latin, then in universal use among the learned, and almost entirely free from the barbarisms and many impurities which had gradually crept into that language during the mediæval period. The title of this book is "*Trotula de mulierum passionibus*," Trotula on the Diseases of Women. It consists of sixty-three chapters, or divisions, going regularly and systematically over the whole field of gynæcology, as far as it was then known. My reason for describing this book so particularly, is for the purpose of correcting the serious mistake of Prof. William Goodell, of the University of Pennsylvania, in an elabo-

rate article contributed by him to the *American Journal of the Medical Sciences*, for Jan., 1871. In this paper, entitled "A Critical Inquiry into the Management of the Perineum during Labor," Prof. Goodell repeatedly refers to this book as a mere fragment, and relying upon certain German, French and English authorities seems uncertain as to the time when, the place where, and the person by whom it was composed. I will first quote the passage in full, and then point out the errors into which this learned professor has fallen. We next come, he says, to a fragment entitled "*De Passionibus Mulierum*," which describes complete laceration of the recto-vaginal septum and its treatment in the following language: Sunt quadam qua ex gravitate partus incidunt in rupturam pudendorum. Postmodum rupturam intra anum et vulvam tribus locis vel quatuor suimus cum filo de serico. This interesting fragment contains probably the earliest authentic mention of a complete laceration of the perineum, and is also the first to give a method for both its cure and prevention; unfortunately neither the name nor the time of the author is known. The learned Gessner deems this fragment to be the composition of Eros, a freedman of Julia the debauched daughter of Augustus Cæsar, anno domini 10. Astruc, Denman and Velpeau attribute it to Eros, surnamed Trotula, a midwife of the school of Salerno, anno domini 1250, whilst Renzi and Darenberg place her in the year 1059. On the other hand, Sir Alexander Cooke says Trotta or Trotula is allowed to be a forgery, an opinion confirmed by Sprengel, Portal and Gruner, who assert that this fragment is neither by Eros nor by Trotula, nor by any pagan physician, but by some christian physician of Salerno.

Now from internal evidence alone furnished by the book itself it is manifest that every one of these statements is wrong excepting that made by Renzi and Darenberg, who place her in the year 1059.

It can only be explained on the ground that these eminent scholars and learned physicians had never met with a perfect and complete copy of the lectures of Trotula, but only with some fragmentary portions of it. That the author of this book was a resident of Salerno is evident from the frequent references in it to the manners and customs of the Salerno women, describing the various preparations which they used for coloring the hair, and for improving their complexion. For instance, in the sixty-first chapter and on page 513, we are told the women of Salerno put the root of Viticella,

that is of bryony, in honey, and with this anoint the face, and thus produce a wonderfully brilliant complexion.

There are other allusions to the women of Salerno, but I deem it unnecessary to multiply quotations, and will next attempt to show from the book itself the precise period of its author's existence. On page 515 we find this statement:

"For I myself saw a Saracen woman who relieved many women of offensive breath by directing them to hold a small quantity of laurel leaves and musk under the tongue." Again on page 513 we are told: "The Saracen women are in the habit of coloring or staining their faces with a certain composition made after this manner: Take that kind of seaweed which the Saracens use to impart a green color to the hides or skins of animals; boil this weed in a new earthen vessel, with the white of an egg, one-third part; then strain it, and add some well cut up pieces of bresilium and again boil, and then set aside to cool. Afterward put in some pulverized alum and pre-serve the mixture in glass or golden vessels for future use."

These and other references to the Saracens plainly show that the writer of this book had met and conversed freely with this remarkable people. Now it is a well established historical fact that the Saracens, who had held possession of Salerno for several years, were conquered and finally expelled from that city, and indeed from southern Italy, in the year of our Lord, 1080, by Robert Guiscard, the great Norman chieftain. Another inference to be drawn from the quotations already given refers to the sex of the writer. For the Mohammedan law, which has always been rigidly enforced, absolutely prohibits male physicians from seeing or converging with the occupants of the harem. But aside from this, that the author was a woman is conclusively proved by the curious and remarkable fact that of all the sixty-three chapters contained in the book, going over the whole ground of the diseases of females, by far the largest and most elaborate chapter is devoted to the instruction how best to beautify and adorn the person; how, for instance, to whiten the face and clear up the complexion, and how to make the hair long and black or yellow, or white or golden, in accordance with the taste or desires of the patient.

American Public Health Association.

The American Public Health Association will convene at Memphis, Tenn., Tuesday, November 8, at 10 o'clock A. M., and con-

tinue four days. The meetings will be held in Young Men's Hebrew Hall.

The Executive Committee have selected the following topics for consideration:

I. The Pollution of Water-Supplies.

II. The Disposal of Refuse Matter of Cities.

III. The Disposal of Refuse Matter of Villages, Summer Resorts, and Isolated Tenements.

IV. Animal Diseases Dangerous to Man.

These topics are exceedingly important, and apply to every section of the United States and the Provinces. Therefore it is expected that sanitarians, and others who have had experience and observation in these matters, will give their views to the association, and through it to the public.

Applications for certificates to enable members and those intending to become members, and their families, to obtain the reduced rates offered by the various railroad lines to Memphis, should be made without delay to the Committee of Arrangements, Dr. G. B. Thornton, Chairman, Memphis, Tenn.

All reports and papers must be in the hands of the Secretary by November 7th in order to receive the approval of the committee. After November 1st all communications to the Secretary should be sent to Memphis, Tenn., care of Dr. G. B. Thornton.

The Secretary would like, at the earliest moment, the names of all members of the association who have died since the last annual meeting, in order that proper mention may be made.

Clergymen, teachers, engineers, architects, builders, and all interested in the practical work of the association, are cordially invited to be present.

Condition of the Crown Prince of Germany.

Dr. Makenzie said on Oct. 12: "The Crown Prince's general health is good, but there are symptoms which cause anxiety. The chronic catarrh of the larynx tends to induce acute inflammation of the windpipe. The Crown Prince had such an attack, accompanied by high fever, during his stay at Toblach. The acute inflammation of the windpipe was speedily cured by treatment. The southern climate has also had a good effect, but the acute inflammation of the mucous membrane makes us fear a recurrence, in which event inflammation of the deeper-lying tissues may occur, which might cause changes in these tissues."

—Illinois has passed a law making the inter-marriage of cousins a penal offense.

Yellow Fever at Tampa.

Dr. Wall, President of the Health Board of Tampa, Florida, telegraphed, on Oct. 11, to Surgeon-General Hamilton, in reply to an inquiry as to the nature of the disease there: "It is unquestionably yellow fever, though popular sentiment of those remaining here is against me. Albumin in the urine, with the characteristic icteric hue. One death yesterday (10th). It is all over the place, and the city authorities are doing nothing." Three new cases and one death were reported Oct. 10th. The fatal case was marked by the characteristic black vomit.

There was a light frost at Jacksonville, Florida, on October 22. Quarantine against all points in South Florida except Tampa and Hillsborough county has been declared off by the Jacksonville Board of Health, and this example has been followed by other cities of the State. A rigid cordon will, however, be maintained around Hillsborough county, and it is believed that there is now no danger of the disease spreading outside of Tampa.

The Western Pennsylvania Medical College at Pittsburg began its second annual regular course on Tuesday, September 27th, with a class of near 100.

The introductory address was delivered by the Secretary of the Faculty, Professor W. J. Asdale.

This college requires an entrance examination, and provides a three years' graded course.

A Fifty Dollar Prize.

The *Pharmaceutical Era* offers a prize of fifty dollars in gold for the best essay on the relations of the pharmacist to the physician. The essay should endeavor to show how the ideal harmonious relations between physicians and pharmacists, both as individuals and as represented in their respective organizations, may be best realized, and all competitors must be governed by the following conditions:

1. Any one interested in the subject may compete.
2. The essay must not exceed 2000 words in length, and must reach us previous to January 1st, 1888.
3. The MSS. must be free from the author's name, address, or other marks of identification, and we recommend typewriter copy wherever practicable.
4. The author's name and address must

be enclosed with the manuscript on separate paper.

5. All the essays submitted in competition for the prize are to be the property of the *Pharmaceutical Era*, and to be published or not at the discretion of the editor, but names of authors will be suppressed if requested.

6. A committee consisting of five representative men chosen from the medical and pharmaceutical professions, to whom the essays shall be submitted anonymously, shall award the prize, and the names of the committee will be announced with their decision.

Congress of American Physicians and Surgeons.

A meeting of the Executive Committee of the Congress of American Physicians and Surgeons, for the purpose of organization, was held on October 5th, in the Hall of the College of Physicians of Philadelphia. The special societies were represented as follows:

American Surgical Association, Dr. Claudius H. Mastin, of Alabama; *American Otolological Association*, Dr. Cornelius R. Agnew, of New York; *American Ophthalmological Association*, Dr. D. B. St. John Roosa, of New York; *American Laryngological Association*, Dr. J. Solis Cohen, of Pennsylvania; *American Neurological Association*, Dr. L. Carter Gray, of New York; *American Dermatological Association*, Dr. I. E. Atkinson, of Maryland; *American Climatological Association*, Dr. A. L. Loomis, of New York; *Association of Genito-Urinary Surgeons*, Dr. John P. Bryson, of Missouri; *American Association of Physicians*, Dr. William Pepper, of Pennsylvania.

The Committee was organized by the election of Dr. Pepper as Chairman, and Dr. Bryson as Secretary.

It was decided to hold the Congress of 1888 in Washington, D. C., on Tuesday, Wednesday, and Thursday, September 18th, 19th, and 20th, respectively. The sessions of the Congress will be held in the evenings, leaving the mornings and afternoons free for the sessions of the special societies participating. The following officers were elected: *President*.—Jno. S. Billings, M.D., LL.D., U.S.A., of Washington, D. C. *Vice-Presidents*.—The Presidents-elect of all the participating societies. *Treasurer*.—Dr. W. H. Carmalt, of Connecticut.

The arrangement of the programme for the sessions of the Congress was referred to the President, the Secretary, and the Chairman of the Executive Committee.

An Unsanitary Prison.

Dr. Hunt, of the State Board of Health of New Jersey, states that the Camden prison is without a parallel in the State, and, as far as he knows, in the country, as regards the miserable construction of its underground, unlighted and unventilated vaults.

He further says: "The Camden jail is so much a place of demoralization and of consignment of persons to filth and degradation that we should be untrue to the decent and humane sentiment of the citizens of this State if, after repeated reports and persuasions we should not most emphatically protest against the continuance for another winter of such quarters and accommodations for human beings." He declared it to be the duty of the board to seek an injunction from the courts against further occupancy of the underground cells by prisoners.

County Physician Gress also, in his report, states that although there had been some improvements made the ventilation was abominable and the atmosphere and the darkness fetid.

The *Brit. Med. Journal* states that Sir William Gull, the eminent physician, was stricken with right-sided paralysis on October 15. His physicians report a gradual improvement in his condition.

Items.

—The New York Quarantine Commissioners have issued a circular, saying that they are "fully able to protect the city from cholera, so far as any apprehension from the Alesia's passengers is concerned."

—A telegram from Ishpening, Michigan, says the Iron Mountain village, on the Menominee River Railway, on October 18, that there were 200 cases of typhoid fever. Many deaths have occurred. Poor water and defective sewerage are generally blamed for the epidemic. A panic prevails, and many persons are leaving the place.

—Minnie Demor, seventeen years old, the adopted daughter of James Henderson, of Manistee, Michigan, has confessed that she smothered the baby which died suddenly a few weeks ago, because she did not want to nurse it. She poisoned the cows, so that she would not have to milk them, and set fire to Henderson's house five times. Here is a case which seems not unlike moral insanity.

—A white, sweet-tasting powder, said to consist of a soluble borate of magnesium, prepared by a special process, has been in-

troduced under the name "Antifungin" as possessing extraordinarily powerful disinfecting properties, and as being a specific against diphtheria. It is said to be soluble in four parts of boiling water, and it is used in form of a fifteen per cent. solution. From five to twenty drops, according to age, are administered every one or two hours, and about a teaspoonful is sprayed hourly in the sick-chamber. Further, the diphtheritic growth is painted with the solution every one or two hours until it disappears.—*Am. Druggist*, Aug. 7, 1887.

Marriage Notice.

SUNDBERG—BLACKMANN.—In San Francisco, Cal., by Rev. Geo. W. Izer, D. D., Dr. John C. Sundberg of San Francisco and Miss Ciara L. Blackmann of Los Angeles, Cal.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Oct. 16, 1887, to Oct. 22, 1887:

Major W. D. Wolverton, Surgeon, detailed as member of Army Retiring Board at Washington, D. C., convened by S. O. 78, A. G. O., April 5, 1887, vice Major C. C. Byrne, Surgeon, hereby relieved. S. O. 241; A. G. O., October 15, 1887.

Capt. Edwin F. Gardner, Assistant Surgeon, relieved from duty at Ft. Reno, Indian Ter., and ordered for duty at Ft. Lewis, Col. S. O. 241, A. G. O., October 15, 1887.

Capt. John J. Cochran, Assistant Surgeon, now on duty at the Presidio of San Francisco, Cal., is assigned to temporary duty at Headquarters Division of the Pacific as Assistant to the Medical Director of that division. S. O. 244, A. G. O., October 19, 1887.

First Lieutenant C. B. Ewing, Assistant Surgeon, granted leave of absence for one month, on surgeon's certificate of disability. S. O. 112, Dp. Mo., October 18, 1887.

Appointment:

Nathan S. Jarvis, to be Assistant Surgeon, U. S. Army, with the rank of First Lieutenant, October 14, 1887.

Changes in the Medical Corps of the Navy for the week ending October 22, 1887:

Passed Assistant Surgeon H. G. Beyer, ordered to hold himself in readiness for orders to the "Trenton." Assistant Surgeon S. S. White, ordered to hold himself in readiness for orders to the "Trenton."

Passed Assistant Surgeon F. B. Stephenson, detached from the "Bache" and ordered to the Navy Yard, Boston.

Assistant Surgeon E. P. Stone, detached from the "New Hampshire" and ordered to the "Bache."

Surgeon T. H. Street, detached from the "Patterson" and placed on waiting orders.

A Naval Medical Examining Board is now in session at the Naval Hospital, Philadelphia, Penn., for the purpose of examining candidates for admission to the Medical Corps of the Navy. Circular of information can be obtained on application to the President of the Board.

There are twelve vacancies in the list of assistant surgeons.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TRICHINIASIS—NINE CASES.

BY G. W. FUREY, M. D.,
SUNBURY, PA.

It has been my lot to be called to attend this, the only case, or group of cases, of this peculiar, tedious and dangerous disease, ever known to have occurred in Central Pennsylvania.

Owing to the fact that I was entirely mistaken in my diagnosis of the first stage of the first case presented, and that this disease fortunately *is* a very rare one, though liable in the practice of any physician to confront him with its mysterious, unintelligible and apparently harmless symptoms, I will endeavor to report my recent experience, as well as my memory and the few notes I was able to take, will admit.

I shall discuss the disease in a general way first, and then in detail the phenomena presented to me in a study of the first of the five cases.

About the 9th of December, 1880, a young man, H. L., by name, aged twenty-six, car repairer, called on me for treatment for what he described, and which I believed, to be a bad cold. I prescribed the usual remedies for it, telling him not to go to work for a few days. The next day I was sent for to attend him, and also other members of the family with which he was boarding. I was at once struck with the strange similarity of symptoms between him and the others; and concluding that a "bad

cold" never appeared so uniformly at once, and in so many cases, I became impressed with the conviction that I had to deal with some unfamiliar specific affection, or the result of some ill-marked poisoned condition. A search of the premises, an investigation into the manner of living, condition of the heating apparatus, cellar, out-house, etc., soon restricted my suspicion to something which they had eaten. The peculiarity of muscular "lameness," and the unanimity with which they were complaining of it, suggested *Trichiniasis*. I asked to see the pork they were eating; was shown the barrel, and on examining some of its contents was at once struck with its singular *leanness*, and peculiar pale, un-pork-like color, and general appearance. They told me that they had bought the hog of a butcher, dressed; that it weighed three hundred and seventeen pounds; had frame enough for four hundred and fifty pounds; that it might have been a "native" or a "western" hog.

I put the five patients on the treatment which I will mention, and requested them not to eat any more of the pork until told to do so. I removed several small pieces of the meat, and called upon Professor G. G. Groff, M. D., of Lewisburg University, for the use of his microscope, and for his assistance. After careful search, we were rewarded by finding in abundance—five in one field—*Trichina Spiralis*.

The five cases collectively presented the characteristics stated by writers upon the subject, though individually they did not, with the exception of the first case I saw. In all there was early languor, oedema of the face and eyelids, hoarse-

ness and irritable fauces; while in only two was there any noticeable swelling of the extremities. Only one was troubled with profuse perspiration; but one had gastric trouble; one was distressed for a few days with colic, neuralgia and diarrhœa; two had considerable bronchial trouble; all had more or less congestion of the conjunctivæ, with corresponding lameness of the orbital muscles. The febrile stage—present in all the cases—also varied in degree and duration. Only one approached anything like delirium (H. L.), and he presented a very marked degree of disturbance of muscular and nervous coördination. The cephalalgia varied somewhat as to situation: being in the anterior portion of the head in all, while two in addition had very severe pain in the posterior part. My attention was drawn to the constant presence of a special lameness of the trapezius muscle. Next to be complained of were the deltoid and brachialis, and those of the lower extremities. All had difficulty of deglutition.

I noticed in the morning a marked intermission of fever, but especially of the soreness, with a want of appetite. The two specially troubled with bronchitis, were also specially sore in the region of the inter-costal muscles and diaphragm. The distress, too, corresponded with the movements of the body, and direct pressure on the muscles. The case of I. W. suggested to me the belief that the intensity of the disease depends considerably upon the amount of parasites ingested, he being under dietetic restrictions for indigestion; and in consequence had eaten sparingly of the infected pork. Another reason for these cases being so mild, according to this same idea, is that the family had been eating of a quarter of beef, and had only indulged in a few dinners of the *boiled pieces* of the pork. That they had eaten of the large pieces, will account for the non-destruction of parasites lying deep down in the muscles, and therefore my five cases of trichinosis, which would never have occurred if the meat had all been sliced thin and well cooked. I have been impressed more than by anything else, with the conviction that it requires either a very considerable previous experience with the disease, or a *group of cases and a microscope*, to establish a diagnosis.

When we consider that a man may have trichinosis and not be confined to bed; not "sweat profusely," not "cough extensively," nor even suffer from "nausea," nor "diarrhœa," the inefficacy of book descriptions,

in one's first case at least, is very apparent. I mean that all the works I have read on the subject have considered only typical cases, while here in one family, three of whom were of the same family habits, and condition, I found only one typical case, while the other four were so ill-marked and moderate that I should never have suspected any one of them, alone, of having trichinosis. For further assurance that we ought to be on the alert for such contingencies, it is only necessary to say that while I have been attending my five cases, I have read in the papers of seven cases in one family, and four in another, in Franklin, Erie county, Pennsylvania, who were treated for typhoid fever until six of the first seven died, before it was ascertained that the disease was trichinosis; and also of one, a butcher in New York, who was taken sick with a brief illness, and underwent the most modern approved treatment for rheumatism.

I have already mentioned that of my five cases there was only one typical case; and I have pointed out the most essential points in which the others differed from it; so that by referring to the general description, and comparing them with the record I propose giving of the first and worst case, it will obviate the need of reporting all.

H. L., aged twenty six, began to feel languid and distressed on Sunday, December 5, 1880. Concluding that he had only a cold, he resumed work as usual on Monday, Tuesday and Wednesday. Thursday morning, the 9th, he felt entirely unable to go to work. He called on me for treatment for "his cold," and I prepared some medicine for a *cold*. Yet, I was not exactly clear as to the cause of the peculiar œdema of his hands and face; which he told me had showed itself on Monday. Friday evening I was called to see him and others of the family where he boarded. It was at once apparent that even a very bad cold would not account for his symptoms. His temperature was $103\frac{1}{2}^{\circ}$, pulse 100; face, much swollen; cough, dry and irritable; bowels constipated. Tongue not coated. Considerable pain in anterior and posterior part of head. A dull, indescribable pain, or lameness in the muscles of the back, arms and limbs, and considerable distress occasioned by efforts at respiration. He preferred to lie on his back. I noticed no indication of flexion of the extremities. The fever began on Wednesday evening the 8th, and continued until Sunday. The œdema mentioned, which had attained its maximum by the 12th, wholly closing both eyes, was entirely gone

by the 15th. On the 12th I noticed that the dry, irritable cough brought from his throat a tenacious sputa considerably mixed with blood. The discharges from the nostrils, though not so tenacious, were also colored. This peculiar symptom also affected in the same manner one of the other patients, a brother. During the time it remained, which was about six days, he complained of dryness of the throat, and a prickling sensation. Profuse diarrhoea began on the 15th, lasting to the 21st. The sweating was first complained of on the 17th and continued till the 24th. It was worse at night. There was considerable emaciation.

When I first suspected trichinosis, I ordered thorough evacuation of the alimentary canal, which was followed by large doses of quinine. Then when I found the parasite unmistakably in the pork, I began the use of as large doses of sulpho-carbolate of soda as the stomach would bear. This, with a liberal diet, and ammonia liniment externally, constituted the treatment. Forty-two days after the first attack, I considered him to be out of danger and able to resume his work.

In the face of the discouragement afforded me by the perusal of several works on the subject, Ziemssen's Cyclopædia, for one of them, I must, with all deference and some modesty, affirm that were I to be called again to attend a similar case or group of cases, instead of pursuing the weird and shadowy pathway offered me by the authors referred to, I should, and I think conscientiously, follow my above-mentioned treatment.

The foregoing cases occurred in the fall of 1880. In the fall of 1885 a German, having supplied his larder with plenty of "city-cured hams," proceeded, as a matter of course, to slice one of them off, and eat of it raw. In a few days his family physician was called in to attend his little eight-year old daughter. In the course of treatment, consultation was had, and the child treated for rheumatism. After suffering terribly for about a week, she died. About this time the father and a little son, aged five years, began to manifest symptoms similar to those the little girl complained of at first. I was sent for, and after getting a description of the girl's case, together with all the attending circumstances, immediately pronounced the trouble to be trichiniasis. The father gave me no difficulty at all; but it was far different with the little boy. He rapidly developed all the classical symptoms and more too. I had no hopes of his recovery; but, after following the treatment I have mentioned above, with the

addition of santonine, I was rewarded by a complete recovery of both my patients. I verified the diagnosis by examining the faecal matter under a lens, the ham which caused the disease having been all eaten.

Two years ago this fall, I was called down to Bethlehem, to see the two surviving cases of that sad group of trichinosis. The mother, and thirteen-year-old daughter had recently died of it. I found the father, though not confined to bed, suffering very much indeed, while the little five-year-old girl was lying very low. The same treatment was ordered as the above, with, of course, tonic and sustaining measures. Both recovered, and when they visited me, a year after, were enjoying usual health.

The mother and daughter who died, were, I was informed, treated for rheumatism during the first part of their sickness, which teaches the lesson that it is necessary to be extremely particular in diagnosing rheumatism. To Mr. Eugene A. Reau, of Bethlehem, the accomplished microscopist, is due the credit of first suspecting and demonstrating these cases to be trichinosis. He prepared some of the best specimens, both photographs and slides, from muscles of the patients who died, that I ever saw. No doubt he would be willing to furnish them to any person desiring them.

The facts in this report are: In the space of five years, in my practice, I have encountered three groups of this troublesome affection, in which, every time, the first cases were mistaken for something else. Three cases, associated with the nine I treated for trichiniasis, and which were treated for rheumatism, died. The nine subjected to the treatment I have mentioned, recovered completely. I do not wish to imply that it is infallible, or that I think it is; but I would certainly rely on it were I called to see other cases. I would be pleased to correspond with any physician who has had experience with the disease.

IT WAS NOT THE EDITOR.—"Can you tell me where I can find the man who wrote this article?" asked an enraged individual of the city editor. "I want him discharged immediately."

"I really don't think you could have him discharged," replied the city editor, cautiously.

"Why not, sir? I demand it."

"Well, you see, the proprietor of the paper wrote that article. You might go and ask him to suspend publication, however."—*Washington Capital*.

ACUTE RETROVERSION OF THE UTERUS.

BY JOHN M. KEATING, M.D.,
PHILADELPHIA.

I have met with three cases in a short time which have been so interesting to me that I deem them worthy of your consideration. The first patient was a young girl, aged 20, unmarried, to all appearances in good health. I had attended her family, though I had never prescribed for her personally. She was strong and robust. She was most constant in her attendance upon a very ill brother. I was summoned one day in great haste and found her suffering excruciating agony, referred to the rectum, with constant bearing down and symptoms of such severity as to demand immediate relief. I made a rectal examination at once and found, about midway between the outlet and the promontory of the sacrum, a round and elastic tumor, which I at once recognized as the fundus of the uterus. Her constant and uncontrollable bearing down seemed to be dependent upon the desire to extrude this mass, which was so firmly pressed against the bowel as to almost occlude its calibre.

By firm pressure, directing my force upward to the left, I was able to push the fundus beyond the reach of my finger, and relief from pain was immediately noted. An opium suppository, rest in bed for a day or two, and enemata to keep the bowels free, administered daily, was all the further treatment. My patient was soon as well as ever. The history of the case was that of constipation, frequent attempts at evacuation, which required a great deal of effort, causing more or less annoyance and pain. On the day in question she had been sweeping the room, and attempted to lift some heavy object, which caused her to use her abdominal muscles with some force; this was followed by the acute attack just noted.

Another case I give from notes of Dr. W. A. Edwards, with whom I saw the patient. "Fannie M., aged 18, a healthy mulatto girl, fell from a step ladder to the ground, a distance of perhaps five feet. She was immediately seized with sharp pelvic pains, and experienced a sensation as though something had given way. She was obliged to seek her bed. Forty-eight hours afterward her menses set in with extreme pain, her physician was called in, and treated her with opiates, etc., for one month. During this time there was a constant discharge of blood—sometimes

almost purely arterial; then mucus tinged with blood; and again active hemorrhage.

The patient continued about in the above condition, and her next period set in with increased pains; in fact, they were almost unbearable." She then consulted Dr. Edwards, whose notes continue as follows: "I was called in to see the case, and after quieting the pains by vaginal suppositories of opium, an examination was made. The genitals were extremely sensitive, the vagina hot and dry, the fundus was found posteriorly and low down; in fact the womb was turned almost upside down, and the examining finger first came in contact with the firm rounded fundus through the intervening vaginal wall. The os looked upward, anteriorly and toward the internal pubic ligament. The uterus was movable, but appeared to be incarcerated by the firm aponeurotic fibres of the pelvic ligaments. The patient was obstinately constipated, and experienced much pain and difficulty in urinating.

Recognizing the unusual character of the uterine displacement, a consultation was held with Dr. John M. Keating, who after examination confirmed the diagnosis, and we were enabled to restore the womb to its natural position by rectal and vaginal manipulation, with the patient in an exaggerated knee-chest position. Immediately the girl expressed herself as relieved from pain; she was able to have a natural fecal evacuation, the first in thirty-two days; urination was no longer painful, nor was the call so exacting. A well-fitting Smith-Hodge pessary was introduced, and worn for about fourteen days, when it was removed on account of giving some pain, and was not re-introduced as the case no longer demanded it. The girl has now entirely recovered, has no uterine symptoms whatever, and says that she would not know that she had a womb, had it not so recently caused her so much trouble.

Her menses are now regular and painless as they were before the fall. It may be of interest to note that this patient's mother suffered an acute prolapse of the womb while our patient was in utero; after reduction, however, gestation proceeded to full term."

A third case: I was sent for in haste to see a girl about thirty years old. She was a domestic, living at service; had previously been in perfect health; the only history was of constipation, as in the case previously noted. While washing windows, on attempting to push up an upper sash which required considerable force, she was suddenly seized with excruciating agony in the pelvic region, and constant bearing down which required

her at once to lie down. Applications were made to the abdomen, and within a short time the pain somewhat subsided. She did not see a physician, was able to walk a short distance to a friend's house. The next day she suffered intense pain, and then I saw her. Examination was made under ether. The uterus was found in a state of very acute retroversion, the fundus pressing down upon the bowel almost obstructing its calibre. It was impossible to push it up further than a short distance. In this position the patient was allowed to come from under the ether, an exaggerated knee-chest position assumed, and by exerting gentle but firm pressure, the fundus was finally pushed beyond reach and the uterus assumed its normal position. The patient was kept in bed for a few days with cotton tampons, opium suppositories, and injections of hot water, to thoroughly relieve the bowel which was very much packed. She finally recovered without further bad symptoms. It may be of interest to note that the patient about a year after, while arranging some Christmas decorations at a house at which she was at service, set her clothes on fire, and was so badly burned that she died in the Jefferson College Hospital.

I had frequent opportunities of examining this girl, and of studying her case carefully, and may state that the uterus was perfectly movable, normal in every way, and that the retroversion was very acute, and undoubtedly caused by the strain alluded to.

These cases certainly should be of interest, because they prove that such a condition of affairs can exist; though, as far as I know of, I have seen no report of such in the textbooks. Let us consider for the moment the anatomy of the normal pelvic tissue in young women, and then we can probably come at a better understanding of these cases.

Through the kindness of my friends, Dr. George McClellan, and Dr. J. B. Deaver of the University of Pennsylvania, I have been able to make some careful studies upon the cadaver. The conclusion that I have reached may be of interest to those who have seen cases like these I have reported. When I saw my first case I might have supposed that, with sudden effort, the fundus uteri had been pressed downwards and had gotten beneath the utero-sacral ligament of the left side and there become bound down. Theoretically, such a condition could exist, because the utero-sacral ligament, which is composed of a band of fibrous tissue covered by peritoneum, forms a distinct band when examined *in situ*. But I am satisfied that practically this condition of affairs can-

not exist, because the utero-sacral ligament is but a fold of fascia attached to the uterus at a level of the internal os, and running backward to the sacrum, becoming entirely obliterated when the uterus is turned backward either in a state of retroflexion or retroversion, and it then becomes impossible for the fundus to get caught beneath it. Of course, I am now speaking only of the pelvic organs of the virgin. The cases I have reported were all virgins. My observation has shown me that the space which normally exists between the uterus and rectum is usually filled with small intestine, the uterus clinging closely to the bladder, and rising and falling as this viscus becomes full or empty, the small intestine filling up this cavity and pressing downward upon the floor of the pelvis in the triangular space usually called Douglas's cul-de-sac, bounded by the utero-sacral ligament and the posterior walls of the uterus and vagina; the floor is the projecting portion of the rectum. This space is also frequently—in cases that I have studied, always—filled with small intestine.

It is interesting to note this especially, as the rise and fall of the uterus, which allows more or less tension upon these ligaments, depends upon the condition of the bladder. We can then readily understand how, in a case where the bladder is empty, and the uterus sunk into the pelvis, any sudden effort of the diaphragm and abdominal muscles may throw the force of the small intestine upon the uterus and force it backwards and downwards, very readily hold it there by the pressure of the bowel above, and give rise to the condition of affairs which we have noted in the three cases above related.

A short time since, I had an opportunity of examining carefully the position of the intestine during life. I removed the ovaries from a young unmarried woman of about 25 years, for disease of the tubes. The abdominal tissues were very thin; there was scarcely any fat. I made the initial abdominal incision, and when within the peritoneal wall, carefully passed my hand over the uterus and down into the cul-de-sac. A coil of small intestine, seated in the cavity, formed a cushion at the back of the uterus, and as long as this rested there, it would have been impossible for the uterus to have left its customary anteverted state and become retroverted. I was able to lift the intestines out of the way and place the uterus back in position; but I found no means of holding it there by catching it beneath any ligamentous tissue, as the broad ligament and the utero-sacral folds were relaxed.

This satisfied me that any sudden strain that would displace this intestinal cushion, especially if the bladder was empty, could force the fundus backwards, almost completely invert it, and the mass of the intestines, with their contents crowding on top, aided by the spasm of the abdominal muscles and those of the floor of the pelvis, could incarcerate the uterus.

LOCAL ANÆSTHETICS.

BY LAURENCE TURNBULL, M.D., PH.G.,

PHILADELPHIA.

To diminish or abolish the sensibility of the skin and mucous membranes in regions where surgical operations are to be performed, and to avoid the dangers of general anæsthesia is a matter of the greatest importance. One of the earliest and most efficient means of accomplishing local anæsthesia is cold; either ice or snow, with or without a mixture of the chloride of sodium, potassium, ammonium or calcium. Then we have the rapid evaporation of chloroform, ether, rhigolene, carbon bisulphide, absolute alcohol, benzol, and many other like substances, the action of which is expedited if they are applied in a fine spray.

Chloroform, ether, and the other allied substances before mentioned not only act on the peripheral nerves of the skin, and produce local anæsthesia, but anæsthesia may be caused by these agents by direct action on the nerve cells themselves. Thus Prevost found that chloroform applied directly to the brain of a frog narcotized it when the aorta was tied. When the aorta was released, so that the current of blood could wash the chloroform away, the narcosis disappeared.

The objections to these agents are that when the application has been made, and the operation performed without pain, there is a reaction if too freely used, by the return of the blood, with great force, pressing upon the nerves, or there is a partial death of the parts if frozen completely, so that the pain following is intense and prolonged. At times there is loss of the parts, also profuse hemorrhages. Still, with all these drawbacks, they can at times be employed with success, when no other agents are at hand.

Carbolic acid, painted over the surface of the skin or applied to a nerve exposed in a tooth, will cause it to become white and lose its sensibility, producing local anæsthesia.

In 1772, Percival introduced carbonic acid as a local anæsthetic to relieve pain, and the late Professor Dewees, of Philadelphia, recommended it in carcinoma uteri, also in

cancer of the rectum. In 1856, the late Prof. Simpson improved the apparatus so as to apply it with more efficiency.

The pain felt during the extraction of a tooth is lessened by the employment of violent muscular effort, as in grasping the arms of the dentist's chair. A still more powerful adjunct is electricity applied along the course of the nerves. The Faradaic or interrupted galvanic current was at one time employed in this city to produce local anæsthesia. This employment of electricity has been revived by Dr. I. Corning, of New York, by first perforating the skin with needles with the instrument of "Baunscheidt," and then applying over the surface a sponge electrode saturated with a two per cent. solution of hydrochlorate of cocaine. It should be kept connected with the battery from three to four minutes, and of sufficient intensity to cause a slight sensation of heat. It has been suggested that the method can be made more efficient if the surface be rendered almost bloodless by the pressure of Esmarch's bandage.

Hydrochlorate of Cocaine.

One of the most valuable and perfect of the local anæsthetics yet discovered is the solution of the hydrochlorate of cocaine applied to an abraded surface, mucous membrane, or hypodermically. Much has already been written and numerous experiments have been made in regard to the hydrochlorate of cocaine and its powers, under various conditions as an anæsthetic. Now after three years use of it we are better prepared to determine to what special cases it can be applied, and in what class it is either useless or injurious.

In September, 1884, the attention of the medical profession was first called to the anæsthetic properties of the hydrochlorate of cocaine by its discoverer, D. C. Koller, of the Vienna Hospital, who applied it to his own eye, and found it to produce entire insensibility to pain. Prior to this, its dilating effect on the pupil was known, and had been employed in laryngology, to diminish the sensibility of the throat; but it was reserved for Koller to make the valuable discovery for which all credit is due.

Soon after this I obtained a supply, and studied and experimented upon myself and many others, and collected all the published facts found in the medical press concerning its use.

Erythroxylon Coca; Folia Cocæ. The Leaves. Nat. Order: Erythroxylaceæ. Lamm. U. S. P. The coca is a small tree, 4 to 6 feet high, indigenous to the mountains of

Peru and Bolivia, and cultivated in both these countries on the eastern slope of the Andes, in damp warm valleys. The leaves are chewed by the natives to satisfy hunger, to strengthen the weak, to stimulate the nerves, and to remove depression or melancholy. The extract obtained by alcohol of 21° and 56° has all the gummy and resinous



EXPLANATION.

- | | | | | |
|---------------------|-------------------------------------|----------------------------------|------------------|----------|
| 1 Coca plant; | 4 flower without sepals; | 7 and 8 transverse section of 5; | 12 piece of stem | |
| 2 flower; | 5 flower without sepals or stamens; | 9 bud; | 10 fruit; | 13 leaf. |
| 3 sepal, dissected; | 6 longitudinal section of 5; | 11 transverse section of 10; | | |

principles of the coca leaf, as well as the fatty nitrogenous principles, the tannin, the chlorophyl and the alkaloid. It is this extract which represents best, and in exact proportion, the *constituent principles of coca*.

Like tea and coffee, coca is used in nervous headache, and as a substitute for opium in opium habit. A similar use has suggested itself in the treatment of alcoholism, spermatorrhœa, generative debility, granular pharyngitis, and relaxation of the muscles of the larynx, pharynx and middle ear.

In man, Von Bebra states that coca suspends the appetite for food for some hours, and at the same time greatly increases the muscular strength and endurance. The celebrated traveler "Tschude" found when coca leaves were taken in infusion, it conferred a singular immunity from suffering, and prevented the hemorrhages which were apt to occur in the elevated passes of the Andes, some of which are 17,000 feet high. The experiments of Mason, of Boston, upon himself with the fluid extract of coca confirm some of the above observations. If used to excess, coca deranges the digestion and causes habitual constipation. The effects of coca may be summed up in its action upon man as a stimulation of the nervous system and retardation of metamorphosis:

The pure alkaloid "Cocaine" was extracted for the first time in 1855, by Gædeke, and subsequently after an improved method in 1860, by Nieman and Wöhler. It is in the form of fine prismatic crystals, colorless and odorless, of bitter taste, and it is easily soluble in alcohol and ether, but only in 704 parts of water. Its atomic formula is $C_{17}H_{21}NO_4$. The salts which have already been prepared are: The muriate ($C_{17}H_{21}NO_4HCl$), the sulphate, nitrate, tannate, salicylate and hydrobromate.

The chief salt now in use is the hydrochlorate. It is yellowish white, and appears in the shape of soft, silky prisms. It is almost insoluble in water, quite soluble in alcoholized water, and very soluble in alcohol and ether.

Ecgonine.—When cocaine is warmed to 100 degrees in a sealed tube with concentrated chlorohydric acid, it separates into two substances, viz.: benzoic acid, and a new base for which M. Woehler proposed the name Ecgonine. Ecgonine crystallizes in oblique rhomboid prisms, colorless, shiny, and containing one molecule of water of crystallization. Ecgonine is very soluble in water, less soluble in alcohol, and absolutely insoluble in ether.

Hygrine is a liquid alkaloid which M. Woehler discovered in treating Coca leaves with amylic alcohol. Its odor is like that of trymethyamine; it possesses a strongly alkaline reaction, and its taste is not bitter; its chlorohydrate is crystallizable, but deliquescent; with the bi-chloride of platinum it forms a flaky precipitate. A volatile principle has also been discovered in the fresh leaves which is lost when the dried leaves are employed.

The presence of hygrine and egonine in the hydrochlorate of cocaine may be detected by treating the salt with cold concentrated sulphuric acid. If the salt is pure, the result is a completely colorless solution. The impurities will stain the solution.

Cocaine in Ophthalmic Surgery.—Cocaine hydrochlorate has been found of priceless value in ophthalmic surgery. Experience has determined that a one per cent. solution is the proper dose for operations like cataract, and only one drop in the eye. The solution should be made fresh just before using it. If this cannot be done then a solution containing a minute quantity (gr. $\frac{1}{20}$) of bichloride of mercury, may be employed after keeping a few days, if made with pure distilled water. The injurious results which were published¹ from the use of hydrochlorate of cocaine in the practice of Drs. Keyser and Strawbridge, were owing either to the impurities in the solution or to its being too strong. It has been found by me that a strong solution will cause a feeling of roughening and will detach the epithelium of the eye. This will require an infusion of pith of sassafras, with camphorated tincture of opium (a teaspoonful in a coffee cup of the tea), to relieve the disagreeable symptoms. The following is an extract from Dr. Keyser's letter and his mode of using cocaine:

NOVEMBER 29, 1886.

"I have had no further mishaps with cocaine, and use it constantly for everything. I use only a 2 per cent. solution, and have it made in a saturated solution of boric acid."

In the early history of cocaine, experiments with it were very costly. One instance is reported in which six hundred grains were required to kill a dog. The cost of this experiment was one hundred and sixty dollars. The same number of grains can be obtained now for thirty dollars.

The cause of the troubles in the use of cocaine is either the use of too strong a solu-

¹ The New Anæsthetic, etc. By Laurence Trumbull, pp. 53. Pamphlet of 76 pages, published by P. Blackiston, Son & Co., Philadelphia, 1885.

tion, or allowing the patient to swallow the solution, which should never be permitted. Many persons forget when they are using a 10 per cent. solution, that there are 45 grains of the active hydrochlorate to one ounce of water.

The question of using a freshly prepared solution is of the utmost importance. Cases of irritation and inflammation after using solutions too strong or containing mould. Likewise the syringe must be kept scrupulously clean, and after washing and wiping, draw a few drops of equal parts of olive oil and liquid carbolic acid up and down the needle, then wipe it dry.

When cocaine is employed for the removal of cancerous tumors or other growths, the strength of the solution is increased to six or even eight per cent., but limited to the locality by a bandage.

When intra-laryngeal growths are to be removed, the best plan is to mix the cocaine in a powder of starch, boric acid or gum-arabic finely levigated. The powder is to be applied to the part to be operated upon, desiring the patient not to swallow any of it, but to expectorate it when it falls into the throat.

In ear operations, a much stronger preparation is used, from 10 to 20 grains to the ounce of solution of phenol or pure crystallized carbolic acid. It can also be employed mixed with lanolin, simple cerate, or vaseline, and applied to the parts.

Brucine, Lewinin, Apomorphine, Drumine, Gleditschine, (so-called Stenocarpine).

Having given briefly the most important results of the recent observations and experiments with cocaine, I now pass to the second part of our subject, the more recently introduced new local anæsthetics, Brucine, Lewinin, Apomorphine and the so-called Stenocarpine or Gleditschine.

Dr. Mays, of this city, introduced pure brucine as a local anæsthetic, and kindly furnished me with a solution in oleic acid. I made a number of careful experiments with it, and found it had some slight anæsthetic properties, but with the objection that when used freely on a mucous membrane or abraded surface it produced some of the symptoms of strychnia poisoning. It is true it is less powerful, and eliminated more rapidly than strychnia, but it has this one serious objection. The old idea was that the effect of brucine, in producing convulsions, was said to depend on admixture with strychnia, but Dr. L. Brunton found that pure brucine would produce convulsions

and death in rabbits when injected subcutaneously.

Lewinin is an alkaloid, allied to cocaine, but much inferior to it.

The objection to Apomorphia is that it causes very profuse secretions from the mucous membranes. It also acts as a poison on the muscular fibre of the ventricle of the heart like an acid.

Drumine has not been found of any value, except in the hands of the discoverer.

Gleditschine, so-called Stenocarpine.¹

The salt not being permanent, we have only obtained it in two per cent. solution. This new anæsthetic and mydriatic was discovered by M. Goodman, a veterinary surgeon of Louisiana, in the *Gleditschia triacantha*, which he describes as a tree growing to the height of thirty-five or forty feet, with a diameter—at the bole—of about eighteen inches, and a spread of foliage of about thirty to thirty-five feet. The leaves resemble those of the locust tree; the bark is smooth. From the ground up the tree is furnished with clamps of forked spines or thorns, the parent spine springing at right angles from the bough or trunk. As for the fruit, it bears pods eight or ten inches in length, flat and slightly curved, containing seeds and a viscid juice. The spines are very tough and highly polished, and the wood is extremely tough. It grows in clumps and singly, and is found in abundance in Louisiana.

It is not, as was supposed by Dr. Seward, the *Acacia stenocarpa*. The discovery of the anæsthetic properties was made by Goodman applying to the fetlock of a horse the leaves of what was known in Louisiana as the "Tear Blanket Tree." On making a free incision into the parts, there was no evidence of pain. He supplied some of the leaves to Dr. Allen M. Seward, a chemist of Bergen's Point, N. J., who separated by careful minulation an alkaloid. On testing a two per cent. solution on the eye of a cat it was found to produce local anæsthesia. A portion of this two per cent. solution was placed in the hands of Dr. J. H. Claiborne, who found that it produced anæsthesia in the eye of the rabbit, and in man with full dilatation of the pupil, and in some cases a diminution of intra-ocular tension; also anæsthesia of the mucous membrane of the nose and of

¹ Investigations reported since this paper was prepared for publication seem to prove that so-called gleditschine solution is a fraud, being a mixture of atropine, cocaine and some other undiluted substances.—EDS. REPORTER.

the skin, slight dulling of the sensibility of the tympanic membrane.¹

Dr. H. Knapp having obtained a small quantity from his colleague, confirmed his results with the exception of its influencing the sensibility of the skin, but we find that this depends upon the condition of the skin, as we have fully determined by employing both agents. The skin and tympanic membrane to be influenced must have the scarf skin removed by a strong alkali, or by chloroform; or its surface must be ulcerated, inflamed, or elevated from the cellular tissue beneath by fluid. Both cocaine and Gleditschia act alike in producing local anæsthesia by hypodermic injections.

In the experiments of my son, Dr. C. S. Turnbull, his assistant, Dr. Charles L. Weed, of Philadelphia, and the writer, the patient almost invariably complained of pain when the solution of the drug was applied to the conjunctivæ, for the space of from a few seconds to five minutes; then it ceased entirely. The pupil begins to dilate, and gradually assumes the maximum dilatation in the course of from five to ten minutes, causing after a time paresis of the accommodation, but not the dryness or pressure of cocaine. The mydriatic effect upon the pupil continues only about half the time of atropine. It has so far in some twelve or fifteen cases produced no tendency to glaucoma, as is apt to be the case when atropine is employed in a diseased eye. Glasses can be fitted, and make the patient much more comfortable in a much shorter period than when atropine was employed. No toxic results have followed so far in our hands with the use of a two per cent. solution of the so-called stenocarpin in the eye.

In experiments on frogs, according to the results obtained by Dr. Edward Jackson, of Philadelphia, a two per cent. solution was more powerful than a four per cent. solution of cocaine, and a frog was killed by two grains of a two per cent. solution.² In certain individuals of a hysterical or highly nervous organization, with a very open puncta, care must be taken not to allow a large quantity of the solution to pass into the nose and throat. It will be necessary in all cases to use but one-half the strength of the so-called stenocarpine that we employ of cocaine.

In a case of concussion of the retina with some exudation of lymph, and blood in the anterior chamber, the gleditschin did not

act and I had to fall back on a solution of atropine sulphate (gr. j to f5 ij), one drop every two hours; yet it relieved the pain.

Note of Caution.

Upon a careful evaporation of some of the two per cent. solutions of the so-called "stenocarpine or gleditschine," it was found that they contained a much larger per cent. of residuum than was proper. Also from the persistent dilatation of the pupil in other cases, it has been almost proven that certain other agents have been improperly added. It must also be borne in mind, that a great deal of doubt exists in the minds of chemists as to the true character of the agent employed in this solution. Another cause of hesitation has been the counterfeiting of certain labels of eminent chemists' products. In 1878 it is stated in the *Philadelphia Medical Times* that the late Dr. Lautenbach discovered an alkaloid in the Gleditschia triacanthus or honey-locust, but found no local anæsthetic properties in it.

LARGE DOSES.

BY LOUIS LEWIS, M.D.,
PHILADELPHIA.

Recklessness in the administration of large doses of drugs is always to be deprecated, but many medicines in our armamentaria may be judiciously prescribed in far larger quantities than has been hitherto sanctioned, in chosen and suitable cases. Delirium tremens and surgical shock may often be benefited by tincture of digitalis in one, two or even three drachm doses.

Succus conii is efficacious in chorea in ounce or larger doses. A drachm or even two of tincture of belladonna may be given in some cases of urinary incontinence; a child can take at least twenty minims with safety. Quinine may be and frequently is administered in half-drachm doses. Tincture of hyoscyamus renders good service in drachm doses, as also bromide of potassium. Large doses of iodide of potassium are frequently of immense value, in many instances.

Dysentery is shorn of much of its terrors by large doses—half a drachm or more—of powdered ipecacuanha. A dram of tincture of perchloride of iron is not too much sometimes in diphtheria and erysipelas. Five or six grains of sulphate of zinc can be given without nausea in chorea. Tincture of nuxvomica is safe and useful in twenty or thirty minim doses; and the liquor strychniæ of the British pharmacopœia, of which the

¹ *Medical Record*, July 30, 1887.

² Observations on the action of Stenocarpin by Edward Jackson, M.D., Philadelphia. — *Medical News*, September 3, 1887.

official dose is from four to ten minims, is often given in half-drachm doses in alcoholism with telling effect; this represents a quarter of a grain of strychnia. A drachm of antimonial powder has been administered with advantage. Heart troubles are frequently relieved by fifteen minim doses of tincture of aconite, three times in the day. Subnitrate of bismuth may be taken by the drachm in certain affections of the stomach, diarrhœa and dysentery. One drachm of chloroform is safe and useful for "worms." Phosphorus may be used in doses of one-twelfth of a grain without danger, so long as the urine is watched. Croton-chloral hydrate, originally prescribed in grain doses, relieves neuralgia in ten-grain doses, which may be repeated at intervals of four hours. Even a grain of morphia is often required several times daily, and sometimes every hour, in special cases; but of course great caution need be observed.

800 Corinthian Ave., Philadelphia.

STILL-BIRTHS.

BY H. V. SWERINGEN, A.M., M.D.,
FORT WAYNE, INDIANA.

I have often in former years been at a loss to account for the cause of still-births, occurring usually in primiparæ and when no physical or objective reason was furnished by the physique of the child or its mother, the presentation having been in the great majority of the cases normal and no ergot having been administered in the course of the labor. I was quite well satisfied that they were due to pressure upon the cord; but how, where and when that pressure was exerted, was not at that time so well settled.

Since then my observation has led me to conclude that many stillbirths are due to pressure upon a cord coiled once or more times around the neck; for in every case of stillbirth I have seen this condition of the cord existing. The shoulders are forced by each pain against the head, or the breast against the chin, more or less violently, and during the continuance of the contraction the intervening coil of cord is deprived of its circulation, and all communication between the mother and child is for the time absolutely cut off.

Recently I attended a primipara, when I am certain I should have lost the child had I not delivered with forceps. As it was I was obliged to work with the child for nearly an hour before it cried and breathed naturally. The cord was wrapped around

its neck three times, and the mother's pains were as strong as any I had ever observed, long continued and close together, but produced little if any progress. In a case like this, the forceps cannot well be employed too soon unless a stillbirth is desired, which is not infrequently the case, I am sorry to say.

In multiparæ it is quite common to find the cord wrapped around the neck of the babe without any serious results following. But in multiparæ genital passages are more roomy and relaxed, the pains not so violent and continued, and they are seldom so close together; while, as a rule, labor is ended sooner after the second stage is reached than is the case in primiparæ.

If there were any means of determining beforehand whether or not the cord was wrapped around the neck of the child in the case of primiparæ, the knowledge would constitute a strong indication for the use of the forceps, or the speedy termination of the case in some way, especially if the pains were strong, long continued, close together, and the labor protracted and slow.

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, October 12, 1887.

The President, J. SOLIS COHEN, M.D., in the chair. Dr. VAN HARLINGEN read a paper on

Notes of Three Cases of Leprosy, with Presentation of One Case.

Case I.—Anæsthetic Leprosy of Mild Type. —(I am indebted to my friend, Dr. Curtin, for the opportunity of seeing this case, and of following the course of the disease for a year or more.) Señora R. was first seen by me on February 1, 1883. The patient, a native of Cuba, had only been in this country a few months, and could not speak English. She was a stout, lymphatic person, about fifty years of age. Her history, obtained with some difficulty, was essentially as follows:

She had always enjoyed good health until about a year previously, when she was suddenly attacked by vertigo and syncope, followed by a general swelling, affecting chiefly the head, arms and trunk. A little later, small macular lesions began to show themselves, at first over the forearms, and, later elsewhere. The lesions, at first brownish-

red, grew in size and became annular, leaving a dead-white condition in the centre. Usually beginning singly, the lesions coalesced as they grew larger. The patient's general health had not failed materially.

On examination, the eruption was found to affect the following regions: face, neck, shoulders, back, flexor surface of arms and legs, with some few lesions on the feet. They were macular and maculo-papular in color, most of them being raised above the skin, rather sharply defined, of a dusky reddish brown color, smooth and without scales. The smaller lesions, from a pea to finger-nail in size, were papular, raised above the skin, and sensitive to the prick of a pin. The larger lesions, from a half-dollar to hand in size, showed a depressed centre of smooth, abnormally white skin, with a brown, raised margin, giving them a ringed appearance. In some places these rings intersected each other, giving a figured or gyrate appearance. Where the skin was depressed and white it was anæsthetic to a greater or less degree. In places a needle could be thrust in half an inch or more without the patient showing any sign of pain.

The tips of the patient's ears showed some slight infiltration and thickening, and the nose was somewhat broadened; but the face had not at that time become so disfigured as to present the characteristic leonine appearance, though the surface was mottled with disease patches. The hands were rather puffy and of a deep brownish-red color, and covered with tubercular lesions. Anæsthesia existed to an extreme degree; a pin could be driven deeply into the back of the hands without causing pain. There was no change in the palm of the hand, nor any referable to a diseased condition of the ulnar nerve, although a general numbness of the finger-tips occurring at times was complained of. The feet were somewhat puffy, but no distinct disease was observed here. The eyebrows and other hairy parts seemed unchanged. There were no general symptoms, excepting languor with occasional headache. There was no history of chills and fever, or of any eruption of blebs.

The patient was at first ordered to take Fowler's arsenical solution in small doses. This was soon changed to sulphate of strychnia, of which she took one sixteenth grain thrice daily for some months, and, later, one-eighth grain nux vomica with two grains quinine four times a day. The affected parts were rubbed daily with a mixture of three parts oil of cashew with five parts oil of almonds. Under this medication the patient's general

condition improved markedly. She suffered with photophobia, however, and other eye symptoms, including the appearance of a small tubercle near the iris. At this time Dr. Harlan saw her with me. Later she suffered from some mental disorder, for which Dr. Curtin attended her. I did not see her from February, 1885, to January, 1886. She had been in Cuba in the interval, and was in a decidedly worse condition than when I saw her last. The face had begun to assume the peculiar leonine expression due to infiltration, with leprous matter at various points. The nose was markedly broadened. New superficial dusky red nodules appeared here and there, especially on left upper and lower eyelids. On the arms and forearms the white anæsthetic patches were sharply defined, and looked as if red-hot coins of various sizes had been laid upon the skin and had burned in. The left arm was the worst, and most highly anæsthetic. The hands showed the most changes. The fingers were swollen greatly, cylindrical, curved, and claw-like. Numerous tubercular elevations could be seen scattered over the backs of the hands. A lentil-sized subcutaneous nodule of gristly consistence could be felt under the skin on the back of the left wrist. The ulnar nerve could not be felt. Touch normal. The feet showed deposits similar to those on the hands. They were not, however, swollen nor markedly misshapen.

The eyes looked worse. There was considerable congestion of the conjunctiva with apparently incipient deposits of leprous matter.

Examination of oral cavity showed nothing abnormal, though her voice was hoarse.

The patient was once more placed under treatment, at first taking one-third grain extract nux vomica thrice daily, and, later, a pill of strychnia, arsenious acid, and quinine. An ointment of pyrogallac acid, at first of the strength of thirty grains, and, later, a drachm to the ounce, was prescribed. Ichthyol was also used locally, but the patient objected to the smell and use of the drug, and soon after disappeared from observation.

Case II.—Mixed Tuberculous and Anæsthetic Leprosy of Moderate Type Accompanied by Marked Eye Symptoms.—Mrs. P. M., forty years of age; born in Pennsylvania of German parentage; always enjoyed good health. Married at the age of seventeen to a native of Brazil. She lived for ten years with her husband in Philadelphia, bearing him two children, now living and healthy. In 1873, fourteen years ago, she went with her husband to Brazil, where she settled in

Para, while her husband lived in a small town six days' voyage up the Amazon. She only saw him occasionally; but, after six months, joined him, and bore a third child while there—our Case III. She returned with her husband to Para, in a year or so, and they lived there some years, the husband being captain of a steamer trading to San Antonio, at the headwaters of the Amazon, for India-rubber.

About three years ago, she and her family being at that time in good health, she made her first voyage with him up the Amazon to San Antonio. The patient stayed at this place some days, and on one occasion took dinner with a party of natives from the interior. The strange and peculiar food eaten on this occasion made the entire party sick, and our patient attributes all her subsequent misfortunes to this indiscretion. About fifteen days later, her husband was seized with the symptoms of beri-beri, and died in a few weeks.

While he was ill our patient began to observe the first symptoms of the disease, or what she supposed to be such. General nausea and loss of appetite, dizziness, and somnolence, pain in the hepatic region, swelling of the feet, and a sort of intermittent fever. These symptoms lasted for some months. Meantime other external symptoms began to show themselves. Blotches of a whitish color appeared upon the face, which disappeared, and were followed by an increase of pigment over the face and front of legs. Occasional attacks of redness and swelling of the skin, resembling erysipelas, were also observed. Blebs showed themselves on the soles of the feet, at first one or two at a time, later in crops; crusts or scales formed on the edges of the feet, especially about the heels, and dropping off left ulcers behind, which, with the blebs, healed spontaneously. The toe-nails were affected, one nail fell and was reproduced five times. Loss of hair occurred, to a considerable degree, during this period, and the patient's face became disfigured and deformed to a marked degree, so that, when she came to this country from Brazil, about two years ago, she was scarcely recognizable.

In the early part of 1886 this patient was sent to me, with her daughter, by Dr. Charles Turnbull, to whom I am indebted for the opportunity of examining and studying the case. Her condition at that time (she had been four months in Philadelphia) was much improved, but so marked and characteristic was the disfigurement that I recognized the character of the disease almost at once by

the peculiar *facies*. This presented the peculiar leonine expression so often described by authors. There were marked deposits in the eyebrows, which were thick and heavy. The tissues of the nose were much thickened, and the nose much broader. The lips were much thickened, and board-like to the touch, and were slightly everted. There had been a sore on the upper lip, but this had healed up when I first saw her, and there were no ulcerated surfaces, either at this time or subsequently. The ears were much enlarged and deformed, the lobes being particularly huge and misshapen. The eyelids were thick and infiltrated, the eyebrows and lashes mostly wanting; there was congestion of the conjunctivæ on both sides, and a small opaque patch on the upper segment of the cornea on the left side. There was brown discoloration on the shoulders and arms, with some anæsthetic patches. The hands were puffy, fingers thickened and cylindrical. The feet were in the same condition. There were not many anæsthetic patches on the lower extremities.

The patient was ordered a quarter of a grain of the extract of *nux vomica*, with a grain of quinine, three times a day. Under the use of this medicine she improved slowly, but steadily, for some time. She seemed brighter and in better spirits, her voice less hoarse, and her condition improved. Her face, however, continued to show signs of some progress in the disease. On December 3, 1886, when she had been eight or ten months under treatment, the nose was broader, especially at the alæ, and there were new deposits in the skin covering the chin. The tongue, now examined carefully, was markedly thickened, with deep fissures, and a smooth, grayish, board-like surface. It had been chapped and painful, but was now better.

During the previous month the eye-changes had become more noticeable. There was some opacity of the cornea, and several well-marked nodules of leprous tissue in the edge of the iris, and projecting into the anterior chamber of the eye. The patient could only distinguish light from darkness in this eye.

The treatment was continued until toward the close of the year. The patient declaring that she was constantly improving, but no very perceptible change being manifest, excepting that the hoarseness had disappeared, and her voice was clear, and her feet were not so swollen.

On December 22d, the patient was ordered two grains of salicylate of sodium, with three grains of potassium iodide. Within a day

or two she was attacked by high fever, with a copious eruption of petechial spots. Fearing this might be due to the medicines, both of which are known to produce such an effect, the dose was reduced one-half, under the use of which she improved.

About this time the patient was sent to St. Joseph's Hospital, where her general health improved greatly under careful nursing and attendance. Suspicion having been aroused as to the nature of the disease, she was dismissed.

Since that time she has been living with relatives, and lately has found employment in a small hotel. Her general health has improved, although she has lost flesh. The leprosy deposits about the ears and face are more marked than before, and I am inclined to think that the utmost that can be asserted is, that the patient is losing ground very slowly. She has been taking, since the beginning of the year, a solution containing one-twentieth of a grain of sulphate of stychina, with two grains of quinine, thrice daily.

Case III.—*Marked and Severe Anæsthetic Leprosy in its Earlier Stages.*—Anita M., daughter of Case II., above described, aged twelve and a half years, was seen, for the first time, a year and a half ago. No history could be obtained, excepting that the disease began about the same time as that of the mother.

Attention was first drawn to the child by the appearance of a well-marked raspberry-colored circinate eruption on her face, resembling most closely that of erythema multiforme. Only a few of the lesions were at this time decidedly anæsthetic. On stripping the child, circinate lesions could be seen over the body and limbs. These patches were whitish in the centre, slightly sunken, and surrounded by narrow brownish-red, slightly elevated borders, which had intersected at many points large gyrate figures. The patches on the lower limbs were all more or less anæsthetic, and did not seem to follow the distribution of any particular nerve, but to involve large irregular areas.

The patient was placed upon the extract of nuxvomica and quinine, and later, in addition to this, salicylate of sodium, in five-grain doses.

No very marked changes occurred during the summer of last year, but with the approach of winter the child's general condition became markedly worse. She suffered from conjunctivitis, and later from various nervous symptoms, prominent among which was an attack of temporary loss of power in the lower limbs.

The little patient's aspect began to change from this time, the lesions in the face taking on a more decided tubercular character, and her aspect being dull and stupid. The anæsthetic areas became more marked, particularly those connected with the ulnar nerves. The hands and fingers became numb, and gradually the fingers, particularly the ring and little fingers, became crooked, and nearly immobile, not showing skin, precisely the appearance known as *mains en griffe*. At one time she was seized with pains in the groins, running down the limbs, and confining her to bed several days. At another time she had rheumatoid pains in the various joints of the lower limb; and at another swelling in the left hand. There was a cardiac mitral murmur. Chorea followed these attacks in May last, for which I consulted Dr. Mills, who prescribed Fowler's solution, five minims, with four minims of extract of conium, thrice daily. Under the use of this combination the little patient's general health improved, and the choreic symptoms disappeared by the middle of August.

The disease, however, has continued to make steady progress. The nodules on the face have somewhat enlarged, and the tongue has shown signs of involvement.

The ulnar nerves on both sides can be distinctly felt from the elbow to the shoulder, rolling like large whip-cords under the skin. They are quite painful to the touch.

I have brought forward the notes of these cases with the purpose of pointing out the peculiarities of leprosy as it presents itself in the earlier and comparatively mild stages of the disease, and with the view of assisting, in some degree, in familiarizing us with its most numerous symptoms.

The matter is one of practical importance, for there is no question that the disease is on the increase in this country, and before long we may be called upon to decide what course is to be taken for the protection of the community, and, not less important, the care of the unfortunate victims of this disease.

In addition to the fact that centres of leprosy exist in Canada, in Minnesota, in Louisiana, and in California, several cases have been reported as occurring *de novo* in American soil in persons who have been born in and have never left the country.

Under these circumstances it behooves each member of the profession to ascertain and make himself familiar with the appearance of leprosy, so as to be able to recognize it at sight, and to make up his mind with regard to the contagious character of the disease, and, finally, setting aside all sentiment

and ignorant fear of the malady, to do what can be done for its removal.

I question if; at present, these patients of mine would be received by any hospital in this city were the nature of the disease known. I question if there be any refuge to which these poor lepers can resort when the time comes that those around them shall be aware of the affection from which they suffer. In the face of a disease which has, for ages, been accounted one of the most dreadful plagues, it is not surprising that uninstructed persons should be struck by blind panic. But it is the duty of our profession to instruct the public in this respect.

Leprosy is, indeed, contagious in my belief and in that of the majority of observers; but contagious in a slow and uncertain manner. Therefore we need have no such fear in approaching it as we should have in coming in contact with syphilis, much less any of the contagious exanthemata.

DR. C. S. TURNBULL, in opening the discussion, said: Dr. Van Harlingen has described the cases so carefully that very little is left to be added. With reference to the second case, it will be of interest to state that when the woman first presented herself at the Eye Department of the Dispensary of the German Hospital, we were led to believe, from the appearance of the eye, that she was suffering from syphilitic iritis. The primary affection began in the iris. There were pain and plastic exudation, and the other symptoms usually complained of. The disease, however, failed to yield to specific treatment. Subsequently nodes appeared upon the conjunctiva of the left eye, and later one commenced to form upon the cornea, closely resembling a case of (Arlt's) lymphatic keratitis, and finally involved the entire cornea. About last December the centre of the anæsthetic nodule began to break down, and we believed that the eye was about to perforate. This, however, did not occur. The opening closing over, and the eye remaining in about the same condition in which it is at present, with the exception that every portion of the cornea has become involved, and is now one anæsthetic leprous nodule. Having once started in an eye, this affection is slowly but surely fatal to the sight. A suspicious spot is seen on the conjunctiva of the fellow eye, and we fear that if the affection starts in the cornea of that eye the woman will soon be completely blind.

DR. J. W. HOLLAND said: I regret that I have no personal experience to communicate. In the interior, where I resided for

years, leprosy was practically unknown. In Minnesota, where the disease is epidemic, I fancy that it has been brought there by the Norwegian immigrants, who are very numerous in that State. The same is probably true of Canada. I believe that, as a rule, the distribution is largely on the sea-boards. I have seen the disease in New Orleans some four years ago. I saw a case in the Charity Hospital of that city in the later stages of ulceration. The pain was so severe that the patient had to be kept under the influence of morphia. The physicians did not consider the disease contagious, and they have had considerable experience with it. At one time there was a leper hospital in the vicinity of the city, but at present the cases are treated in the ordinary hospital in wards with other patients. At the same time there were in the out-patient department two children suffering with the same disease, and the affection was supposed to be due to the character of the food. It was thought that the eating of stale fish had something to do with it. This idea was not based upon any research into the constitution of the food, but rather from the fact that the persons affected with this disease lived, as a rule, a maritime life, and, being in the lower walks of life, had to take what food they could get. It was also recognized that the disease might be inherited.

DR. H. W. STELWAGON said: I hesitate to express a positive opinion regarding a disease which I have seen so little clinically. Various views of the etiology of the disease have been held from time to time, and even at the present time these differences prevail. It was formerly charged to dietary and climatic influences, but these, as exclusive factors, have been disproven. Another view holds that its spread is due entirely to hereditary transmission, but a study of the affection has excluded this as a main etiological cause. Later opinions are that the disease is contagious through inoculation, a view that has much in its favor, but this also has been disputed by some writers who have been in position to study the disease. One fact that appears to be against this view is, that in Norway, where there are from two to three thousand lepers, the number of cases has been steadily decreasing for the last fifteen or twenty years. This decrease is due, it is true, in a measure to the establishment of lazarettos, but not entirely so, for these contain not more than one-third of the whole number of lepers. At the present day, therefore, more or less doubt still exists as to the nature of this disease.

DR. W. OSLER said: The questions with reference to the contagiousness or inheritance of leprosy are, of course, exceedingly interesting. Dr. Graham, of Toronto, has made an elaborate study of the disease as it occurs at Tracadie, New Brunswick, and has come to the conclusion that the disease is contagious, and that it is not transmitted by inheritance. There, as in Norway, the cases have been progressively diminishing in number. Certainly, if contagious, it must be so in a very slight degree. It is probably not nearly so contagious as ordinary tuberculosis.

I would ask Dr. Van Harlingen, whether he has made any examination of sections of the skin in the second case? We may, however, take it for granted that bacilli are present.

I have had few opportunities for seeing leprosy. A case of interest, which came under my observation in Canada, was that of a man occupying a prominent position in one of the religious denominations, who had suffered for some thirty years with the anæsthetic variety, and whose sight was finally destroyed by leprosy keratitis.

DR. A. HEWSON said: I should like to make a few remarks with reference to the treatment of this anæsthetic form of leprosy. I have seen something of it, and recently resorted to a plan of treatment which I may say was suggested to me by the lecture of the President of the Society on Bergeon's use of gas, as in the treatment of phthisis. I resorted to this expedient in a case where the bacilli were recognized in the skin. I applied the mixture of gases to various parts of the skin, especially the lobes of the ears, by means of inverted funnels, for twenty minutes each day. There was a perceptible reduction in the induration in the course of twenty-four hours, and at the end of ten or twelve days there was such an improvement that one would hardly have recognized him as the same patient.

I may say in this connection, that I have been treating cases of keratitis with granular lids by means of these applications of the sulphuretted hydrogen and carbonic acid gases together. Within twenty-four hours there is such a reduction in the swelling and induration that the lids, which before could not be everted, can be examined without difficulty, and the presence of granular lids as the cause of the keratitis demonstrated. The application in all such cases proves acceptable to the patient by its characteristic sensation of gentle warmth to be felt in the part.

DR. VAN HARLINGEN said: My object, to-night, was simply to exhibit this case of leprosy, and not to read a paper on the disease; I have, therefore, not referred to certain of the points brought out in the discussion. I have not yet made such examinations as Dr. Osler has suggested, but I shall be glad to do so. My main reason for not making sections was, that I did not wish to run the risk of producing lesions that might give the woman trouble. I see, to-night, that she has cut her hand severely. If these wounds heal kindly, I shall be tempted to remove a piece of the diseased skin for microscopical examination.

The treatment has been referred to. It may be said that as the cause of the disease lies in bacillar infection, anything that will kill the bacilli will probably benefit the patient. Dr. Unna, of Hamburg, from a study of certain cases, has come to the conclusion that a great deal of benefit is to be obtained by the application of certain agents which kill the bacilli. How far this method will prove effective I do not know. That it will prove effective in the anæsthetic form I very much doubt. The reason that a patient has anæsthetic patches is not that the bacilli are in the skin, but that they are deposited in the nerves which supply these patches.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, October 24, 1887.

The President, Laurence Johnson, M.D., in the chair.

Dr. Johnson was re-elected President; Dr. L. Bolton Bangs was elected Vice-President; Dr. Carpenter, Secretary; Dr. Alexander Hunter, Treasurer. Five Censors were also elected—Drs. Daniel Lewis, J. S. Warren, R. Van Santvoord, W. E. Bullard, and William Stevens. Dr. Charles H. Avery was re-elected Assistant Secretary.

Dr. O. B. Douglas, having filled the office of Treasurer for eight years, had declined a renomination. He read an interesting review of the work of the treasurers of the society since its foundation, eighty-two years ago.

Dr. John C. Peters had been appointed by the Committee of Hygiene to investigate with regard to cholera at quarantine, brought on the steamer Alesia. He had made but one visit to the two islands, and on that occasion he found everything in a very cleanly condition, and at Swinburne Island, where those sick with the disease occupied pavilions, everything was in perfect order. The

immigrants not affected were kept on Hoffman Island, on which were three buildings, clean but dingy. They were divided into three classes, according to their degree of neatness. Among the dirtiest class only had the disease spread; one case had occurred among the second-class. The food was good and well cooked. The immigrants had to eat many of them from a common vessel, without knife or fork, employing their fingers.

The class among whom the disease had spread were dirty, and appeared to have wiped their hands on their clothes after eating. There was no water in the wash-basins in the room; he forgot to inquire as to the facilities for bathing and washing the hands and face. Putting the hands into a common dish at dinner would be an efficient mode for spreading the disease. He was told it was the custom of steamship officers not to give Italians knives and forks with which to

eat, through fear they might use them as weapons.

New Yorkers had let an important opportunity pass for a thorough study and investigation of cholera which had not appeared at this port for twenty years, and the Philadelphians had come over to reap the reward. He understood the report of the committee from Philadelphia would contain a less favorable statement regarding the condition of the buildings at that time. There was no resident physician on either of the islands. He was unable to say exactly where the responsibility rested for any faulty condition of the institutions, but according to law appropriations should be made by the Legislature for keeping them in order. The income from the quarantine department was amply sufficient, he understood, for this purpose, if it were not used for election purposes, as it was commonly believed to be.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Chronic Diphtheria.

Dr. Luigi Concetti, of Rome, Italy, gives the following account of this case: In a Roman family in good circumstances, the five-year old son, Umberto, was taken sick about the middle of November, 1885, with a serous and occasionally bloody discharge from the nose. This child, like the other children of the family, was of lymphatic temperament, but had enjoyed good health, with the exception of a slight malarial affection in his third year, which quinine cured, and some other slight ailments.

This discharge from the nose was not accompanied with the symptoms of ordinary catarrh, though the parts adjacent to the nostrils were red, and on the right side of the septum was seen, firmly adherent to the swollen mucous membrane, a grayish-white film. The affection received no further attention until December 13th, when fever of a remitting type, varying from 99° to 104°, appeared. This attack continued for eight or ten days, was treated as a catarrh of the stomach, and was not thought to be connected with the nasal affection. As the fever lessened the discharge from the nose increased. Ulcerations appeared, which were covered with a grayish-white, firmly adherent film, and with yellow crusts. Washings with

a weak solution of salt and water had no effect in changing the condition; the tongue was slightly coated at its base, and the throat was normal. On January 10th, fever reappeared for three days. On January 13th, an older child in the same family was taken sick with a severe attack of the ordinary anginal diphtheria, and recovered after an illness of eight days. On January 15th, a younger brother, fourteen months old, likewise fell ill of diphtheria, and died on the second day; and on the very same day the maid servant had a slight attack. On January 17th, a little sister, three years old, was taken sick in the same way as her elder brother.

Umberto still continued to have the discharge from his nose, which was now treated with borax and salicylic acid, and, though this did not improve the local disease, the fever subsided and the general condition became considerably better.

No diphtheritic membrane was ever noticed in the throat. About the middle of February the voice became nasal; on the 23d, swallowing became difficult, and fluids that were taken often passed out through the nose; subsequently, these symptoms became still more decided. After a few days, both the children developed diphtheritic paralysis, the latter lasting in Umberto's case six weeks. As it gradually grew better, the false membrane in the nose and also the discharge, disappeared. The whole duration of the nasal affection was four months.

That it was really diphtheria is proved by the fact that characteristic false membrane persisted for four months; that fever was not present at the beginning of the local affection, and that no other febrile process could have been concerned; that this fever arose from the absorption of products formed in the nose. Besides, there are no other nasal affections which produce the peculiar paralysis observed after diphtheria. The incubation period of diphtheria occupies, as we know, from six to ten days or more; therefore the four other cases of diphtheria in the same family, whose symptoms were classic, must have had a common source of infection, as only three days separated the beginning of the first case from the beginning of the last; and though diphtheria is at times prevalent in Rome, the fact that the others were in intimate contact with Umberto is first to be considered.

The author gives a review of the literature of cases of chronic diphtheria and finds that most of the others began in an ordinary acute attack, whereas this one was chronic from the beginning, and only interrupted by two short febrile periods, which the author attributed to absorption of the decomposed discharge from the nose—*Deutsche Medizinisch-Zeitung*, September 1, 1887.

Salicylic Acid in Food and Drink.

The effect of this acid upon health has been thoroughly investigated in France, and its use in foods and drinks has been prohibited in that country since 1881. Prof. E. H. Bartley, of the Long Island College Hospital, Brooklyn, has recently examined this question with great care, and in an article which appears in the *American Analyst* his views and those of other authorities are given in full. In the use of this acid in the treatment of rheumatism, clinical observation shows that it cannot be continued for a long period of time without impairing digestion, and in its elimination it passes out undecomposed through the kidneys. It has been recognized that under these circumstances it not only irritates but inflames these organs. In preserved food we have to do with smaller quantities of the acid, as a rule; though that this is not always the case is shown by Professor Bartley's figures. He says, "The quantity of salicylic acid usually employed in wines is from six to eight grains per gallon, and in beer from twelve to fifteen grains per gallon; or, in the case of beer, from one to one and a half grains to the glass. As many men habitually drink twenty-five glasses

during the day, they take from twenty-five to thirty-seven grains of the acid per day. The medicinal dose is usually stated to be from ten to twenty grains." He also calls attention to the fact that nursing mothers are frequently recommended to drink ale, porter, or beer, with the idea that it stimulates the mammary gland, and mentions the additional fact that temporary renal disease is frequent during the first weeks of lactation. In conclusion, Professor Bartley says, "I should state that another serious objection to the use of salicylic acid is the fact that many samples found in the market contain more or less carbolic acid. It is now almost entirely manufactured from this very poisonous substance, and, unless great care is exercised, an appreciable amount of it is left in the finished product. Indeed, some writers think that some of the fatal accidents recorded from the use of salicylic acid have been due to the presence in it of carbolic acid. If the use of this acid is to be countenanced, impure articles will be used, and greater damage may be done than could come from the pure article. From a careful consideration of the whole subject, I am compelled to regard the use of salicylic acid in foods and drinks, and, especially in lager beer, as at least open to serious objections. If it be harmless to healthy adults, the evidence of its deleterious action upon the aged and certain other classes of the community is too strong to be disregarded by sanitary authorities, and should prohibit its use for this purpose."—*Science*, Oct. 7, 1887.

A Case of Hypospadias in the Female; Operation; Cure.

Dr. A. Rabagliati reports the following case in the *British Medical Journal*, September 17, 1887:

E. D., aged 24, was admitted an in-patient of the Bradford Infirmary on September 24, 1886, and remained in until October 28. She complained of incontinence of urine, saying that she had not proper control over the bladder, and that the urine dribbled from her more or less constantly; but that the dribbling was worse at some times than at others. This condition had lasted for some years, but was getting worse of late. During her stay in hospital an emplastrum cantharidis was applied to the nape of the neck, and she was treated by the internal administration of belladonna, bicarbonate of potash, bromide of potassium, henbane, iron and other remedies. The blister to the nape of the neck seemed undoubtedly to relieve her, and

after five weeks she left hospital somewhat improved. The relief, however, was not permanent, and in March, 1887, she again became an in-patient of the infirmary. The medical measures being inefficient, an examination of the parts was made. When a Sim's speculum was passed into the vagina the upper surface of the urethra was seen for half an inch. It was red and prolapsed. Patient had seemingly no control over the flow of urine, as it came away in gushes while the speculum was in the vagina. After the menstrual period was over, on May 4, the patient was put under ether, when a catheter was passed into the bladder, and the margins of the urethra pared on the under surface. The mucous membrane was then brought into apposition, edge to edge, with chromic gut sutures, and the vaginal surface also brought together. On May 8, the patient was found to be able to retain her urine and control her bladder. On the 12th, an aperient was administered. The urethra was found to be lengthened by half an inch. On the 16th the last stitch was removed, and on May 24th the patient left hospital with full control over her bladder. When seen a month later she was quite well.

This case is interesting because it was found that the cause of the discomfort was one which could be remedied by surgical interference. Many cases of what is vaguely called incontinence of urine are very troublesome, although most, being found in children, usually improve as development progresses. The cause here was deficiency of the inferior wall of the urethra, a condition which I have not before seen in the female, but which, under the name of hypospadias, is not so uncommon in the male. The deficiency may be of many degrees, from the slightest want of approximation of the two halves of the urethra inferiorly and anteriorly, as in this case, to complete deficiency of the floor of the urethra, from failure of the two halves of what corresponds with the corpus spongiosum urethræ in the male to unite. The moral of this case obviously is that in all cases of incontinence a physical examination ought to be made to determine the exact condition of parts, and whether, therefore, any surgical help can be given to the patient, or not.

Parotitis after Ovariectomy.

Dr. E. Bumm, in a communication to the *Münchener med. Wochenschrift*, No. 10, 1887, says that after ovariectomy there sometimes occurs an inflammation of the parotid gland, which pretty frequently leads to suppura-

tion. He has found seventeen cases of parotitis of this kind. It cannot be explained as a coincidence, nor can it be referred to pyæmia. Bumm found in the sero purulent secretion the staphylococcus aureus.

In explaining this symptom, the author refers to the well known connection between the sexual organs and the parotid glands. He is disposed to think that nervous paths exist between both, which permit a reciprocal transference of irritations. In this way, perhaps, an irritation which affects the ovary, produces a vaso-motor disturbance in the parotid, which increases up to simple inflammation. If, while in this condition, pus-forming bacteria, which are perchance in the mouth, should wander into the salivary glands, the inflammation may result in suppuration. — *Deutsche Medizinical-Zeitung*, September 29, 1887.

Dislocation of the Scapula.

Dr. W. E. Home, Surgeon to H. M. S. *Alexandra*, reports the following case in the *British Medical Journal*, October 8, 1887:

A seaman, when on leave in Valletta, on July 1st, 1886, slipped on a piece of orange peel and fell, striking the back of his left shoulder against the curbstone. On rising he felt pain in and about the shoulder, so much increased by movement that he came off at once to the ship. When I saw him, half an hour after the accident, he was sitting stripped to the waist, and leaning forward so as to support the left elbow on the knee. The anterior axillary fold was lower on the left side than on the right, and the girth round the shoulder through the axilla was also greater on this side than on the other by an inch. The left clavicle was the same length as the right, and, like the left acromion, was smooth in outline and continuous with itself all round; however, between the clavicle and acromion was a deep groove in which the finger could be laid. The scapula had been displaced downwards, outwards and forwards, the tip of the coracoid being an inch and a quarter below and a little to the inner side of the outer end of the clavicle. On pressing the clavicle down and the shoulder upwards and backwards, the pain (felt along the insertion of the trapezius chiefly) was relieved, and the normal appearance of the shoulder was restored. To retain the parts in position, the outer end of the clavicle was fixed by a piece of strapping (4 inches by 15 inches) passed over it, another strap, folded round the middle third of the arm and drawn tightly across the back, steadied the arm and shoul-

der, while the elbow was brought forward and pressed upward by a flannel roller, passing round the body and over the right shoulder. The patient was then laid on his back in bed. On July 9th the strapping was reapplied; and on the 17th he was allowed to get up. The strapping was removed on the 22d (three weeks after the accident), and he was discharged to duty, well, on the 24th.

Seen again on August 21st, 1887, fourteen months after the accident, he declared that the arm was as strong as ever, and that it gave him no inconvenience. The outer end of the clavicle was somewhat thickened; but the relations of the clavicle to the coracoid, acromion and scapula generally, were quite normal, and were so maintained during movements, which were all perfectly performed.

The primary treatment was Sayre's for fractured clavicle; but I believe that the fortnight's rest in bed had nearly as much to do with the successful result.

A Case of Rupture of the Diaphragm and Dislocation of the Thoracic Viscera.

Mary S., twenty years old, while engaged in digging sand in a sand-pit on December 1, 1886, was called to by some of her female friends, and looked around; at the same instant she fell upon her back, and a mass of sand was suddenly precipitated upon the lower part of her body, especially over the abdomen, while the upper part of her body remained entirely free. Help was at hand, and she was quickly drawn out and put to bed.

An hour after the injury happened, Oscar Kirschen, who reports the case, reached the unfortunate woman, and found her entirely conscious, but complaining of horrible pain in the abdomen. She was exceedingly pale, with a small, scarcely perceptible pulse, so that Kirschen at once thought there must be internal hemorrhage, and gave her a hypodermic injection of ergotin. But when he removed the bed-clothing from his patient, he discovered an enormous quantity of blood, which proceeded from a linear tear with ragged edges, including skin, subcutaneous tissues and the muscles, and extending on the right side from the mons veneris through the clitoris into the vagina, and posteriorly just to the anus. The hemorrhage had already ceased of itself, and when a closer examination was begun, the condition of the patient all at once changed; she became suddenly very cyanotic, screamed, called for water, and constantly tried to get out of bed, so that she had to be held. Finally, she became

completely unconscious, her pulse became quick, and she died quietly three hours after the injury.

On the 3d of December, two days after the injury, an autopsy was held, which disclosed, the following interesting results: The stomach, with its greater curvature looking anteriorly, occupied the normal site of the heart; next this, occupying the entire space usually filled by the left lung, was the large intestine and a great part of the small intestine; beneath this coil was found the spleen. The left lung was completely raised from the posterior thoracic wall and placed over the anterior surface of the stomach, which, as has been stated, occupied the normal site of the heart. The heart had been pressed over into the right side of the chest, and was completely covered by the right lung. The left lobe of the liver projected in like manner into the left thoracic space. Inspection of the diaphragm disclosed a complete rupture of its tendinous part, the tear extending also to several places in the muscular part. In spite of this extensive injury both in the belly and in the chest, there was no effusion of blood. This latter phenomenon is accounted for by the author in part by the fact that the injury through the clitoris had allowed such an enormous quantity of blood to escape, and in part by fact that the pressure of the mass of sand had prevented any entrance of blood into the abdominal and thoracic cavities.—*Wiener Med. Presse*, No. 35, 1887.

Eucalyptus in Whooping-Cough and in Bronchitis.

Witthauer (*Memorabilien*, Sept. 3, 1887) strongly recommends the administration of eucalyptus for whooping-cough and bronchitis. In whooping-cough, he gives from five to twenty drops of a mixture of equal parts of tincture of eucalyptus and glycerine, according to the age of the child, every three hours. He also administers inhalations as follows: A piece of linen is made into a bag, in which is placed a piece of cotton on which ten drops of oil of eucalyptus is put every morning. The bag is tied around the neck of the child so as to be under the shirt, and so the child is in an atmosphere of eucalyptus by day and by night.

In bronchitis, Witthauer gives to an adult from fifteen to twenty drops of the tincture of eucalyptus every three hours. Inhalations are given by placing ten drops of the oil in a cup of hot water, and causing the steam to be inhaled.—*Allg. Med. Central-Zeitung*, Sept. 10, 1887.

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ON THE ACT OF CONCEPTION.

At the present time but little is known positively about the manner in which the spermatozoa are brought into such a contact with the ovule as is favorable to conception. Little reliance can be placed upon the theory that they find their way into the uterus or Fallopian tube by means of their own power of locomotion. On the contrary, it seems most likely that they are transported thither by influences external to themselves. These influences depend chiefly upon the functional activity of the female sexual apparatus: the vagina, uterus and tubes, all of which are organs the shape and consistency of which alter under varying circumstances. The fortunately rare occurrence of tubal or abdominal pregnancy probably depends upon the possibility that the Fallopian tubes may alternately draw and propel the sper-

matozoa until they reach some point within them, or even are expelled from the orifice at their free extremity. But before this can occur the spermatozoa must enter the uterus; and the question how the latter may take place must take precedence of any question in regard to the former occurrence.

We have not space to discuss many of the theories as to how the spermatozoa enter the uterus, but will present what seems to us to be the most rational one. In 1872, Dr. BECK, in an able article cited in this journal (MEDICAL AND SURGICAL REPORTER, October 12, 1872, pp. 340, 341), described certain observations made upon a prolapsed uterus. These observations and others led WERNICH (*Berliner klin. Wochenschrift*, March 3, 1873) to describe the act of entrance as follows: As erection takes place in the penis in man, so a preliminary erection of the vaginal portion of the uterus—and of this alone—takes place in the woman at the period of most intense orgasm, and almost simultaneously with ejaculation on the part of both individuals, the cervix becomes relaxed and soft again, and the os uteri opens. With this comparatively sudden relaxation of the erected condition, which is made possible by a peculiar arrangement of the blood vessels, a series of gasping or sucking movement of the cervix takes place, during which the os is retracted, and the semen is aspirated into the womb.

This theory seems to harmonize with many facts with which students of the subject are familiar. The female is rarely absolutely passive in the act of coitus. Even those women who have little inclination, or even a moderate repugnance to the act itself, yield involuntarily to the reflex stimulation which it occasions, and their sexual organs respond, though their will may not. Further, there are times when this response is more favorable to conception than others. The more active the participation of the female, the more likely is it that the share in the act of conception which nature intended for her shall be performed. And this participation is apt to be most active when her instincts are normally developed

and normally brought into play. When circumstances occur inimical to her full and willing participation, her share in the work of propagation is unlikely to be performed.

Equally true is it that the act of coitus, to be most favorable to conception, must be marked by simultaneous culmination of the orgasm. When the man and the woman reach this point at different times, especially when the woman reaches it first, the spermatic fluid may remain as a foreign body in the vagina, to be afterwards expelled by the natural contraction of this canal.

The habit of intercourse which is established in the married state sometimes leads to frequent conception, and sometimes to infrequent conception, depending upon the times at which the act is performed. If these are the times when the wife is most likely to participate unreservedly, and, when the menstrual function is not likely to imperil conception, conception will occur often. If times are chosen when the wife is less subject to reflex excitement, or when the monthly molimen will shortly sweep out the contents of the uterus, conception will not occur so frequently.

Thus, conception is seen to depend largely upon mechanical conditions inherent in the female sexual apparatus, regulated by influences partly psychical and partly physical. The share of the female in the event is by no means passive, and its occurrence may be regulated by a line of conduct based upon a judicious observance of the facts to which we have called attention.

Of this subject we shall speak at another time; for we believe that a proper understanding of it, and a chaste utilization of its suggestions, would remove some of the hardships to which many married women, and some married men, are subjected, as has been declared by certain of our correspondents upon the "Conjugal Question."

We do not hesitate to bring before our readers the consideration of this very important subject, and of those with which it is allied; because we feel convinced that they need discussion, in the interests of humanity and of civilization.

MORPHINOMANIA.

Dr. Seymour J. Sharkey has a very interesting article on morphinomania in the *Nineteenth Century*, September, 1887, in which we think he takes a somewhat exaggerated view of the extent of this evil, founded upon a too implicit acceptance of the statements of men who, because they have made a study of the subject, have been brought into contact with a disproportionate number of its victims. There can be no doubt that every large city contains a certain number of persons who have yielded to the subtle influence of the morphia habit; but we believe this number to be absolutely and relatively small. When one thinks of the enormous quantities of morphia which are administered by medical men, and the too loose way in which physicians sometimes authorize their patients to take morphia by the mouth or hypodermically, the wonder is that there are not more morphinomaniacs.

At the same time, one such unhappy creature would be too many. and it is a duty which becomes daily more pressing that medical men, appreciating the horrors of the morphia habit, and the almost equal horrors of the attempt to escape from it, should exercise the greatest prudence in the administration of opiates, and the severest caution in suggesting self-administration of morphia to their patients.

For a fair presentation of the horrors alluded to, we can refer our readers to the article of Dr. Sharkey. For the prudence and caution which we believe to be important, we can only refer them to their own good judgment. The use of morphia, at proper times, is one of the greatest boons which suffering humanity has ever enjoyed; its misuse may become one of the greatest curses with which mankind can be afflicted.

IODOFORM AS A GERMICIDE.

About a year ago Heyn and Rovsing, two physicians of Copenhagen, startled the surgical world by announcing that they had made a series of experiments which proved that iodoform had no real power as a germicide, and that, in fact, certain bacteria would thrive in iodoform. This announce-

ment was so inconsistent with surgical experience that it led to new investigations, which demonstrated anew the interesting and important fact that it is unsafe to generalize from the action of a remedy in chemical, or artificial physiological, apparatus as to what it will do in the tissues of the living body. It was soon found that, however iodoform might behave in test tubes and experiment flasks, it did protect against the action of disease germs when applied to wounds or diseased surfaces. This effect is due, as De Ruyter, of Berlin, has shown, partly to the mechanical obstruction (filtration) which it afforded to the entrance of germs from without, and partly to the fact that, when in contact with the fluids of the body, it is decomposed and free iodine is liberated, which is a potent germicide. If iodoform is dissolved in ether, or in ether and alcohol, it is decomposed by the action of sunlight. Further, when such a solution is added to water, iodine is liberated and mingles with the water.

These experiments establish the value of iodoform as a dressing for wounds, and confirm the results of innumerable clinical experiences. So that surgeons may rationally continue the employment of this agent, and expect it to serve in the future as in the past, as one of the most valuable aids to aseptic surgery.

SACCHARINE.

In the *Allg. Med. Central-Zeitung*, September 17, 1887, Dr. Th. Clemens describes the nature and uses in medicine of this newly discovered substance. Saccharin was first isolated from petroleum by Dr. Fahlberg, of New York. Chemically, it is benzoyl sulphonic imide; a white powder, easily soluble in alcohol and hot water, and less so in cold water. One part in 70,000 parts of water makes the latter taste sweet, and it has 300 times the sweetening power of cane-sugar. It can be used instead of the latter by patients with diabetes. It has also very great antiseptic power. According to Aducco and Mosso, if urine is mixed in equal parts: 1st, with a 0.32 per cent. solution of

saccharine, 2nd, with a 0.32 per cent. solution of salicylic acid, and 3rd, with distilled water, after seven days no alkaline fermentation will have occurred in the first mixture, while it will have begun in the second, and have gone very far in the third. Similar results have been obtained in experiments with a pancreas-emulsion.

For internal administration, saccharine, which is an acid, must be given with soda. In Germany, tablets are prepared made up of saccharine, about $\frac{1}{8}$ gr., bicarbonate of soda $\frac{1}{3}$ gr., and mannite $2\frac{1}{2}$ grs. Saccharine is harmless when given internally, but Clemens believes it acts on the salivary glands and hinders the reduction of starches into glucose. He has also used it with advantage in two cases of ammoniacal urine. He thinks it a valuable agent in the treatment of fermentative processes in the stomach and intestines, and that it is superior to boric acid or salicylic acid in this respect.

THE JEFFERSON MEDICAL COLLEGE.

We observe with regret that there appears to be a concerted attempt, on the part of certain medical men in this city, to create bad feeling against the Jefferson Medical College. There seems, also, to be some ground for believing that this effort is made with the expectation that it will indirectly benefit a rival institution. If this be a fact, we think it is time for the alumni of the Jefferson Medical College all over the country to recognize it and to exert themselves, in order that any hopes founded upon such a course of conduct shall not be too easily satisfied. Loyalty to their Alma Mater should, we believe, prompt them to meet this peculiar exigency with courage and firmness. In so doing they will have the approval and good wishes of all men who think that fidelity is something more than a name.

—The *Deutsche Med. Wochenschrift*, Oct. 6, 1887, announces the death of three distinguished medical men: Dr. Friedländer and Dr. Hirschfeld, in Breslau, and Dr. Wecker, in Frankfurt-on-the-Main.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the *REPORTER*.]

LESSONS IN GYNECOLOGY. By WILLIAM GOODELL, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. Third edition, thoroughly revised and greatly enlarged. 8vo, pp. xiv, 579. Philadelphia: D. G. Brinton, 1887. Price, \$5.00.

This third edition of a book already well-known has all the characteristics which made those that went before so successful. The author's wide experience in practicing and in teaching the healing art, as applied to the diseases peculiar to women, make him more fit than most men for preparing such a book. His writings are therefore always welcome, and enhance the reputation which he has gained in the clinic and in private practice. His literary style is peculiarly charming. There is a directness and simplicity about it which it is easier to admire than to copy. His choice of plain words and almost blunt expressions, his familiar comparisons and homely illustrations, make his writings, like his lectures, unusually entertaining. The substance of his teachings we regard as equally excellent, but their acceptance will rest more upon his reputation than upon anything which we may say about them. If we were to criticize, we would suggest that the author is too strongly impressed with the necessity for certain details of the so-called antiseptic method. When he recommends "Strict Listerism" in certain surgical operations, we believe he has too good an opinion of this method, which has been abandoned as dangerous by some of the most successful operators in general and special surgery. And when he says: "In every case of labor, the vagina should be syringed out with a quart of 1:2000 solution of corrosive sublimate, both as soon as the os has fairly dilated, and directly after complete delivery," we believe that thousands of our readers will feel that he insists upon a needless, as well as a troublesome precaution.

But these are matters of opinion. As a whole, we can heartily recommend this book, which contains so much wholesome instruction that it can hardly be spared from any physician's library.

DIFFERENTIAL DIAGNOSIS. By F. DE HAVILLAND HALL, M.D., etc. Third American edition. Edited by Frank Woodbury, M.D., etc. 8vo, pp. xii, 255. Philadelphia: D. G. Brinton, 1887. Price, \$2.00.

Dr. Hall's manual on "Differential Diagnosis" is made up of brief descriptions of different diseases, and a comparison, in parallel columns, between each one and others with which it might be confounded. In the main, it is an excellent work, and a good guide to those to whom it is addressed. We observe certain omissions; as, for example, the statement that trichinosis may be mistaken for rheumatism, when speaking of the latter disease; and the questionable assertion, when discussing trichinosis, that "the differential diagnosis from rheumatism is in the soreness being in the muscles and not in the joints." We agree with the author (or editor?) that "the diagnosis of hydrocephalus may be confirmed by tapping the fontanelle with the aspirator, or a hypodermic syringe;" but we would not advise our readers to adopt this means of confirming their diagnosis.

We would be glad to know that Dr. Hall's book was published in this country with due regard to the moral rights of its author. We trust it is not an example of that modified form of literary piracy which has been too prevalent on both sides of the Atlantic Ocean.

FUNCTIONAL NERVOUS DISEASES; THEIR CAUSES AND THEIR TREATMENT. Memoir for the Concourse of 1881-1883. Académie Royale de Médecine de Belgique. With a Supplement on the Anomalies of Refraction, Accommodation, etc. By GEORGE T. STEVENS, M.D., PH.D., etc. 8vo, pp. xiii, 217. New York: D. Appleton & Company, 1887. Price, \$2.50. From P. Blakiston, Son & Company, Philadelphia.

This work is a translation of the essay which received the highest honor awarded by the Royal Academy of Medicine of Belgium for the competition of 1881-1883. It is the result of a study of twenty-six hundred and ninety-two cases of nervous disease in private practice and of a considerable number in public institutions. The conclusion of the author is that difficulties of accommodation, and of adjusting the eye for vision, or irritations of the nerve involved in these processes, are among the most prolific causes of nervous disturbance, and more frequently than other conditions constitute a neuropathic tendency.

In discussing this thesis, the author adduces a very convincing array of cases in which persistent headache, neuralgia, spinal irritation, neurasthenia, chorea, epilepsy, and even insanity, were cured by correction of disorders of the muscles of accommodation or of adjustment of the eyes. He also gives an interesting exposition of the way in which deficiencies of these muscles, being propagated, lead to a hereditary tendency in certain families to the development of nervous disorders. His argument is illustrated by beautiful reproductions of photographs, which show the appearance of patients before and after the eyes had been treated, and which strongly support the views he expresses.

We heartily commend his book to all thoughtful students of nervous diseases, feeling sure that they cannot fail of finding in it most valuable suggestions.

ARTIFICIAL LIMBS, AND THE AMPUTATIONS WHICH AFFORD THE MOST APPROPRIATE STUMPS. By HEATHER BIGG, Assoc. Inst., C. F., L.R.C.P., etc. 8vo, pp. vi, 128. London: published by the author.

Mr. Bigg has had unusual opportunities to study the question of the forms of amputation which are best adapted to the subsequent use of artificial limbs, and the results of his study are embodied in this book. He demonstrates that the best forms of amputation are not always those which would be suggested by the natural desire to save as much of a limb as possible; but that one should rather choose those which promise the greatest usefulness attainable under the circumstances. The book is illustrated with a large number of cuts, which add much to its worth.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION, NINETEENTH ANNUAL SESSION, 1887.

There is a breeziness about the report of the business and general transactions of the Texas Medical Association, which makes the first part of this volume very interesting reading. The gentlemen who make up the Society seem to be given to speaking their

minds with great plainness, and not to fear having what they say put into print. Questions in regard to breaches of the Code of Ethics are handled without gloves, and the interests of the medical profession are defended with great vigor.

The scientific part of the volume is also very interesting. The subjects discussed are of the most varied character, and they are handled in an excellent manner. One of the more interesting of the papers is that of Dr. Thomas Wooten on the University of Texas, in which a strong plea is made for the establishment of a Medical Department in it. With this object, we feel a hearty sympathy, and hope that the great State of Texas may soon have what its extent and resources seem to demand.

MARYLAND STATE BOARD OF HEALTH, 1887. The Sanitation of Cities and Towns and the Agricultural Utilization of Excretal Matters. Report on Improved Methods of Sewage Disposal and Water Supplies. By C. W. CHANCELLOR, M.D., Secretary, etc.

This is an admirable report, containing much which is interesting to students of public hygiene. The author describes a plan and apparatus of his own invention for disposing of excreta, a patent for which has been applied for. This plan consists essentially in permitting the excreta to fall into an air-and water-tight compartment below the level of a filtering arrangement, through which the water and soluble ingredients pass up to a higher level. From this, they pass over to a second compartment containing another filtering arrangement, through which they are filtered downward. In this way the solid parts are detained in the first receptacle, and the last contains only a liquid, which has been, by mechanical and chemical means, rendered comparatively pure. For further details of the apparatus we must refer our readers to the Report itself.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—We have received the first number of the *Annals of Gynecology*, a monthly journal edited by E. W. Cushing, M.D., of Boston, and published by Rockwell & Churchill. Price, \$1.00 the first year, and after that, \$2.00. The initial number, dated October, 1887, contains several interesting articles, and is handsomely illustrated.

—*Lea Brothers & Co.* announce a new edition of Gray's Anatomy, edited by Dr. W. W. Keen, with corrections and additions to the text and over a hundred new illustrations. A part of this edition will contain colored illustrations; in a part, the illustrations will be printed only in black, as heretofore. The colored edition will be ready in November, and will cost \$1.25 a copy more than the uncolored one.

—*Seidel's Industrial Instruction*, translated by Miss Margaret K. Smith, of Oswego (N. Y.) Normal School, is to be published by D. C. Heath & Co. in a few days. This book presents the principles underlying the claims of hand labor to a place on the school programme. Persons interested in the present discussions concerning industrial education will feel an interest in this timely addition to the literature on the subject.

CORRESPONDENCE.

Priapism in Leukæmia.

EDS. MED. AND SURG. REPORTER :

Sirs:—Dr. Ady's case of priapism in enlargement of the spleen illustrates a curious symptom which has been observed in seven or eight cases of leukæmia. Dr. Edes, late of Harvard Medical School, was the first, in 1871, I think, to call attention to it. Peabody, of New York, has reported a case of six weeks' duration. Other references are given in Osler's article on Leukæmia in Pepper's system of medicine. The cause is not known.

Yours truly, X.

Philadelphia, Oct. 22, 1887.

Localized Sweating.

EDS. MED. AND SURG. REPORTER :

Sirs:—I noticed in the REPORTER, for Oct. 15, that Dr. Rice reports in the *British Med. Journal*, three cases of localized facial sweating, following a parotid abscess, and says it would be interesting to know of other cases. I know of a gentleman in our community, who had typhoid fever thirty-eight years ago, followed by an abscess of the left parotid, who has had localized facial sweating on that side ever since, especially while chewing on that side. He has also an epithelial tumor on the inside of the same cheek.

Yours truly, J. M. STANSILL, M.D.

Rockingham, N. C., Oct. 24, 1887.

Saccharin.

EDS. MED. AND SURG. REPORTER :

Sirs:—I have your note of the 24th of October, inquiring about saccharin, for the information of the readers of the REPORTER. In reply, I would say: Saccharin is worth about one cent a grain to-day, in prescription: by the ounce of course it is considerably less, say about \$2.00 to \$2.50. It is soluble in 500 parts of distilled water, at ordinary temperature, but very readily soluble in boiling water. It is very soluble in alcohol and ether, and forms soluble salts with the carbonates and hydrates of the alkaline metals. These salts are quite soluble in water.

Saccharin, when given internally or subcutaneously, is excreted completely by the kidneys in unaltered state. It is, therefore, not decomposed in the body; nor do the saliva or the fæces contain any traces of it, even after large doses. Unlike benzoic and salicylic acid, it is not converted into hippuric or salicyluric acid. It has scarcely any retarding effect on the digestion of either

proteids or hydro-carbons, and in fact is said to increase the diastasic action of malt. When given to man, in doses of from 15 to 75 grains, no injurious effect, or even disturbance of the appetite, is produced. The urine is not altered, either in specific gravity, quantity, or amount of urea and sulphuric acid; it, however, does not readily undergo fermentation. The amount of chlorides in the urine appear to be increased during the use of saccharin, while the phosphates remain normal. Animals on full diet, along with saccharin, increase in weight, and frogs may be kept alive indefinitely in neutralized watery solution of saccharin. Saccharin therefore is not possessed of any toxic or deleterious effects on the human organism. Its principal use in therapeutics is as a corrective for the taste of other substances, for employment in cases of diabetes mellitus, and in persons under treatment for the reduction of obesity. Dr. Dreschfeld has found that it relieved some of the troublesome symptoms of acid dyspepsia. One part of saccharin largely corrects the bitter taste of two parts of quinine, with which it unites chemically. It may be used for sweetening the food, or the coffee and tea of diabetic patients, either by the direct addition of a grain or two of saccharin, or it may be used in the form of a syrup made as follows:

Dissolve ten parts of saccharin and eleven parts of carbonate, or twelve parts of bicarbonate, of sodium in 1000 parts of distilled water, at a temperature of 40° (Centigrade), or 104° (Fahr.).

Yours truly, GEO. I. MCKELWAY.
Philadelphia, Oct. 25, 1887.

A Case of Dysentery.

EDS. MED. AND SURG. REPORTER:

Sirs:—I would like to get advice from some medical brother on the following case:

I have a case of dysentery in a woman about forty years old, which, since three months, has baffled another physician and myself. My patient is in pregnancy (four months), and decreases in strength every day. She passes from six to eight ounces of blood daily. Yours truly,

THEO. GRENIER, M.D.
Banks, W. Bay City, Mich., Oct. 20, 1887.

[Our correspondent probably has made a careful local examination of the anus and rectum to exclude the possibility of the bleeding being caused by hemorrhoids or any vascular morbid growth. If so, we would recommend him to try the effect of first, cool,

then cold water enemata, using first small and then gradually increasing quantities.—
EDS. REPORTER.]

Iodide of Bismuth for Chancre.

EDS. MED. AND SURG. REPORTER:

Sirs:—Since the introduction of iodoform, it has been used very extensively in surgery and surgical diseases. The great objection, of course, is its odor; and it is very difficult to effectually conceal it. Patients, as well as the physician, know the smell, and I have had persons object to its use in non specific diseases, saying that "persons who smell it on them will think they have some 'bad disease.'" In this country the Indians call for "chancre medicine" (iodoform) at the drug stores, and the increasing demand will no doubt force its regular issuance with the monthly rations.

I treat a great many cases of chancre and chancroid, and for a long time I have been using the sub-iodide of bismuth, and with very satisfactory result. It has no odor, and when used with the insufflator forms a thin bronze film over the sore, which is both protective and healing. The only objection to it is its intensely red color, which, if it is carelessly applied, may soil the linen.

So far as my experience goes, I have found it to possess all the virtues of iodoform without its disagreeable odor) both in venereal ulcers and in surgery.

Very respectfully,

W. N. SHERMAN, M.D.
Kingman, Arizona, Oct. 13, 1887.

Laparotomy too Late.

DR. C. W. DULLES, EDITOR OF MED. AND SURG. REPORTER:

Dear Sir:—During your recent illness you kindly sent me a patient upon whom you had been summoned to do an abdominal section. A brief outline of this case may be of interest to the readers of the REPORTER, and will warn practitioners against delay in similar cases. The history of the case pointed to a tumor of the uterus or ovary, with subsequent acute obstruction of the bowels. The local and general conditions were desperate. An examination showed marked symptoms of strangulation of the bowel and general peritonitis, due to an inflamed tumor, which was easily mapped out low down on the right side. The family was plainly told how few the chances for recovery would be, even with an operation for the removal of the tumor and the release of adhesions; but there was a chance and the family desired patient

to have the benefit of it. The patient and her family decided to have the operation performed. On opening the abdomen, I found a sloughing fibroid, or sarcoma, of the right ovary, about the size of a child's head. There were general adhesions and numerous strangulations by inflammatory bands. The small intestine was adherent to tumor from the sigmoid flexure to the cæcum. The large bowel about the ileo-cæcal valve was strangulated and gangrenous to the extent of some inches. Resection was out of the question. The strangulation had probably been of ten days' standing. The patient survived the operation only two hours.

This adds one more to the great number of delayed operations. The mortality in the removal of such tumors, if done early, or when the tumor is first discovered, would be about *nil*. Yours truly,

M. PRICE, M.D.

Philada., Oct. 10, 1887.

Correction.

EDS. MED. AND SURG. REPORTER :

Sirs :—In my article (REPORTER, Oct. 22, p. 558), I notice several errors which I would like to have corrected.

1st. Gen. *Opdyke* was the mayor, not Vandyke.

2d. The bandage was above the wound, the bite.

3d. Oil of tobacco, 20m to the oz., and not as stated.

4th. Maximum dose of strychnine was $\frac{1}{2}$ of a grain. I am sorry to trouble you.

Yours truly,

EDW. VANDERPOOL.

228 E. 68th St., N. Y., Oct. 24, 1887.

—Dr. J. Matthews Duncan says: It is an open question to what extent a great income truly elevates a professional man, to what extent a general high level of income elevates the profession—and one difficult of solution. It may be now passed over with the slinging of two stones from the brook. Who has done more to elevate the profession than John Hunter? And he died poor. Who have done more to degrade the profession than our unworthy rivals the quacks, whether within or without the regular ranks? They make large incomes, and not rarely leave great hoards of wealth behind them. It is not pelf on the one hand, nor is it philosophy on the other; it is science that has elevated our profession, maintains its high position, and by its growth will continue to aggrandize it.—*Brit. Med. Journal*.

NOTES AND COMMENTS.

Fracture of the Fifth Cervical Vertebra.

The *Lancet*, October 1, 1887, contains an account of a case under the care of Surgeon-Major Myers, in the Windsor Station Hospital, of unusually long survival after a crush of the body of the fifth cervical vertebra. The patient, a soldier, twenty-three years old, dived head foremost into water only two feet deep. He was taken out by his comrades and was found to be paralyzed in the legs, and devoid of sensation and motion in the lower part of the trunk and to about the lower angles of the scapulæ. There was some power of movement in both arms at the shoulder; respiration was entirely diaphragmatic; pulse slow and strong; the patient complained of no pain excepting at the back of the neck in the region of the fifth and sixth cervical vertebræ, and chiefly on the left side. He stated that while lying under water he knew he was quite paralyzed, but held his breath, hoping that assistance might be sent him.

Some days after admission the arms became motionless, excepting a slight power to raise the elbow from the side, and remained flexed. Sensation returned in the right arm, but it soon became apparent in the left arm as low as the elbow, and extending over the anterior surface of the radial half of the forearm, and at a later period in the tips of the thumb and first and second fingers. Over and above the shoulders there was marked hyperæsthesia. For many weeks bedsores were well kept in check, though continually threatening; but in course of time they formed in numerous places, especially along the under surface of the right leg, and even on the toes, where no pressure occurred. At a later stage the integument of the back became completely undermined and converted into a large sac, containing very offensive pus. This sac, by irrigation twice daily with disinfectants through the sacral bed sore, completely disappeared; and a short time prior to death the bedsores of the right leg had healed, and others over the scapulæ, elbows, and hips had nearly done so, and even the deep sacral bed sore had greatly contracted. Cystitis set in at an early stage, hastened probably by an acute attack of gonorrhœa, from which the patient was suffering on admission. This was completely arrested for a time by frequent irrigations with different disinfectants. Two months after admission the patient stated he could feel the flow of water from the irrigator into the bladder, and this regained

some power, the urine being occasionally expelled with force, though unconsciously to the man. After some months slight reflex action of the leg muscles could be obtained by the galvanic battery and by tickling the soles of the feet, and tended to increase to the last. Latterly, he began to raise both elbows to the level of his head, and flex the left arm sufficiently to enable him to touch his face with his fingers, but he could not bring the arms back to his side. Rotation of the head became quite free and painless, and considerable pressure could be borne over the seat of fracture without causing discomfort. The temperature rose irregularly till the evening of August 16th, when it reached 103.2° ; after that date it gradually became normal or subnormal, and, excepting occasional short and sudden rises, remained so until the last week. The action of the bowels from the first to the last remained involuntary. About the middle of April, 1887, his appetite, which had been surprisingly good, began to fail, the urine became fetid, vomiting set in, the bedsores began rapidly to reappear, and on April 28th urine ceased to enter the bladder. Vomiting then became incessant, and on May 2d the patient died.

At the post-mortem examination the cervical vertebræ were removed. The kidneys were completely disorganized. The right one being almost entirely converted into one fetid abscess. The ureters were much dilated and thickened, and deeply stained. The bladder was also much hypertrophied and stained, and contained only a little fetid pus. There was nothing special to remark about the thoracic organs. The brain was not examined. The body of the fifth cervical vertebra had been crushed and somewhat displaced backwards, giving rise to a projection in the spinal canal. Opposite this projection the spinal cord was almost completely disorganized, evidently by the pressure exercised upon it.

A Case of Cerebellar Tumor; Operation; Death from Shock.

Dr. C. W. Suckling, in the *Lancet*, October 1, 1887, gives an account of a girl twelve years old, with a neurotic family history, but free from phthisis or struma, who was admitted to the Queen's Hospital, Birmingham, on March 28, 1887. She had been in good health until two years ago, when she began to complain of headache and suffering from frequent morning vomiting. On her admission the symptoms were briefly as follows:

Headache, vomiting, double optic neuritis, nystagmus, facial paralysis on the left side, slight hemiplegia on the right side, diplopia, vertigo, staggering to the left, and inability to rotate the eyeballs outwards. The diagnosis of brain tumor was rendered certain by the symptoms just mentioned, and the staggering gait pointed to the cerebellum as the seat of the growth. The diagnosis was glioma of the left lobe of the cerebellum. As the mother desired the child to have the benefit of an operation, Dr. Suckling transferred the patient for this purpose to Mr. Jordan Lloyd, who performed the operation according to the method advocated by Mr. Horsley. A soft, very vascular tumor was found occupying the left lobe of the cerebellum, part of which was removed, with considerable hemorrhage. The patient soon sank into a collapsed condition, from which she rallied somewhat in twelve hours, and was able to speak rationally. She died, however, in collapse, forty-eight hours after the operation.

At the autopsy a large tumor, proved by microscopic examination to be gliomatous, was found to occupy nearly the whole of the left lobe of the cerebellum, and to have invaded the middle lobe also.

This makes the third operation for removal of a tumor of the cerebellum, and all three patients have died from shock. Dr. Suckling thinks that operation is justifiable, considering the otherwise hopeless nature of the disease, but that the only hope for success lies in early performance of it.

Impure Drugs in New Jersey.

Under the provisions of the "Food and Drug Act," passed by the last Legislature, the Dairy Commissioner of New Jersey is empowered to examine foods and medical products offered for sale in this State, for the purpose of testing their purity. Assistant Dairy Commissioner McGuire has been visiting drug stores in the different parts of the State, and has found that many pharmacists have adulterated the drugs and chemicals sold by them. Mr. McGuire discovered that with drugs such as laudanum, spirits of nitre and purgatives in common use the adulterations had made them below the United States pharmacopœia standard. At one place, Mr. McGuire collected twelve samples of different drugs from the drug stores and found one-half far below the standard. In another, he was surprised to find that nearly all of the seidlitz powders exposed for sale were only about half weight.

Homœopaths' Opinion of Homœopaths.

At the opening ceremonies of what is to be known as the "Hering Building" of a Hospital established by the "Women's Homœopathic Association of Philadelphia," one of the speakers thus referred to the large number of so-called homœopaths who look one way and now another: "This occasion gives us joy because it occurs in the interests of truth and uprightness—truth as opposed to ignorance and falsehood; uprightness as set against cowardice and dishonesty. Long enough has the spurious been passing for the genuine. For long has public confidence been misled and the community deceived; and now, through the stand which the management of this hospital has taken, and which this event celebrates, you cause us to hope that the cloud is to be lifted from the hearts of those who have long deplored a state of things they were powerless to change. Hahnemannian homœopathy is to be the rule of practice in this institution. The unmixed and pure law is to have full sway. The weights of stupidity and duplicity that have so often and so long hindered the soaring aloft of this wonderful truth have been cast away."

That is plain enough; and we wish its significance could be grasped by the community so that those who call themselves homœopaths, but are not such, could be separated from those who are homœopaths sincerely and consistently. Then we should see what the latter could do without getting surreptitiously help from the practices of the regular practice.

Treatment of Neuralgia by Intense Cold.

Dr. George W. Jacoby, in a paper read before the American Neurological Association on this subject, says:

The subject of this paper is not by any means new, but since 1884 our methods of applying cold therapeutically have been, so to say, revolutionized, and this has been accomplished by the introduction of chloride of methyl into our therapeutic armamentarium. Since Debove recommended this agent for the treatment of sciaticas, reports of so many successes with its use have been received from other quarters that we simply cannot avoid paying some attention to the matter. Since Debove's first publication I have, at different times, given considerable attention to the therapeutic action of the various refrigerants, and have finally come to the conclusion that we possess only two which can be easily and practically utilized.

These are the chloride of methyl and the fluid carbonic acid.

The method of application is as follows: The screw at the top of the copper cylinder containing the chloride of methyl is opened, and the opening of the atomizer is then directed obliquely against the part to be treated. The jet is then moved over the entire course of the nerve, also being applied to the surrounding parts. During the entire application the cylinder must be held in the left hand, and the right one must not be removed from the regulating apparatus.

The length of time during which it is admissible to act upon one spot cannot be estimated in seconds, but will depend upon the coloration which the skin assumes. As soon as it grows very pale the jet must be displaced. This occurs in a few seconds, but will vary in different places, according to the thickness or thinness of the skin. The skin must be continually under observation, and the apparatus displaced at the proper time. As the skin becomes pale it also becomes hard, and the patient complains of a burning feeling. As soon as the entire nerve has been acted upon in this manner, the patient is generally free from pain. In the majority of cases the pain returns again, after a few minutes, at certain points. These must be at once treated again, and thereupon the pain will be entirely gone.

Relief after the first application is the rule, but sometimes a second one is necessary. As stated, the spray must be directed obliquely against the skin, and not vertically, for in the latter case the great pressure produces a depression of the tissues, and this depression is the frequent seat of a blister or an eschar. A large surface must also be acted upon, as the success is to a great extent dependent upon this. Sluggishness of circulation, with reduced vitality of the skin, would contraindicate its use. There are certain objections to its use, which, however, are only of relative importance.

The pain produced by the applications is rather severe, but it is never as great as that produced by the actual cautery or the galvanic brush. Hyperæsthesia and redness of the skin remain in some cases for hours, and even for days. Vesications and eschars may be produced if sufficient care is not taken in the application; but Debove, in 1885, said that he had then used it over a hundred times without producing an eschar.

My general impression, from this brief experience, is that we have in the chloride of methyl a reliable analgesic, which does not affect the general condition of the patient,

and that it is invaluable in the treatment of neuralgias for the immediate relief of severe pain. On account of the difficulty of obtaining the chloride of methyl, I made use of the condensed carbonic acid for the treatment of the cases of sciatica which came under my observation.

In short, my conclusions are that the carbonic acid, used as above stated, is, in the absence of the chloride of methyl, able to take its place in the treatment of sciatica. That the pain is relieved very promptly by its use, but that its curative effect is not as great as that attributed to the chloride of methyl by other observers. If future observations show that in intense cold we possess a remedy which is capable only of relieving pain, we still will have very valuable remedies in the chloride of methyl and carbonic acid, remedies which all of us, who have at times found it almost impossible to relieve the intense sufferings of some of our patients, will know how to appreciate.

Ever since reading the "Bradshaw Lecture" for 1883, by John Marshall, I have come to agree with this author that in very many cases the neuralgic pain is situated in the nervi nervorum. At that time the existence of these nerves was only surmised by Marshall, but since then Mr. Victor Horsley has satisfactorily proven their existence. Now admitting, as we must, the existence of these nerves, we can easily understand that they must be acted upon much more intensely by the severe cold than the underlying nerve-fibre itself, and that in many instances they are entirely destroyed, or, at any rate, completely paralyzed.

Thus I account for the cases of permanent cure, which of necessity must also be a rapid one. Certainly, I am far from believing that the pain in all cases of neuralgia is in the nervi nervorum, and consequently in those cases in which the seat of pain is in the nerve-fibre itself, this seat not being so accessible to the freezing process, the pain will necessarily return after a longer or shorter interval.—*Med. Record*, October 8, 1887.

Rhus Aromaticus for Enuresis.

Dr. May, of Brussels, has had very good results in the treatment of children suffering from nocturnal incontinence of urine with from 20 to 50 drops daily, in three doses, of a tincture of *rhus aromaticus*, prepared by macerating 200 parts of the bark in 1000 parts of alcohol, at a temperature of 64° (Fahr.).

NEWS AND MISCELLANY.

Fraudulent Life Insurance.

Some time since, one Von Scheurer, a Bavarian by birth, a naturalized American, had his life insured for 300,000*fr.* in three British companies—the amount to be paid to Von Bakfalua, his mistress. Finding the premiums heavy, he thought the insurance money would be preferable, and devised an ingenious plan to secure it without the silly formality of dying. To this end he procured the assistance of "Dr." Castelnau, under promise of a share in the plunder. The "Doctor" is a character. Although not a graduate of the Faculty, but only at one time an *interne* at the St. Lazare Hospital, he was some thirty-five years ago the editor of a medical paper notorious for its virulence. He was also known as a model socialist and popular agitator. Of late years he was a contributor, under the name of Dr. Lux, to Rochefort's paper, the *Intransigeant*, always bitterly attacking Pasteur. At Mme. Huot's anti vivisectionist lecture, he sat next to her on the platform, and was conspicuous because he has no nose to speak of, and persisted in addressing the audience as "citoyens et citoyennes" in a snuffling voice. He had not been prosperous—he is now seventy-two—and it is said the hope of getting money enough to buy a pharmacy for his son led him to join Von Scheurer in the conspiracy. First they approached one L., a consumptive, who expecting to die, consented to personate the Bavarian for the sake of ease and comfort during his last days. So he was placed under the name of Von Scheurer, in a "Maison de Santé" at Bellevue. But there he was so well cared for that he recovered. The conspirators then looked for a better subject. One was supplied by a pharmacist of the Rue Geoffroy-St. Hilaire, named Martinet, also a shining light of the Socialist party, but who is thought to have acted innocently, under the belief that some new cure for consumption was under trial. The second patient, a Swiss called Glockner, in the last stages of phthisis, was then, under the name of Von Scheurer, installed in Dr. Castelnau's house at Meudon, where he soon died, and was buried in November, 1883. The legal mortuary papers having been duly obtained, the British companies paid the insurance money to Mlle. Von Bakfalua, and the German-American, after giving the Doctor, 25,000*fr.*, it is said, decamped with her to New York, where they now may possibly be riding in

Fifth Avenue or the Riverside Park. But it is different with Dr. Castelnau. On some information he was arrested a few days ago, and is now in jail at Versailles, under the charge of conspiracy and murder. The body of Glockner is to be exhumed for judicial investigation. M. Martinet has also been taken to Versailles jail, and so have Dr. Castelnau's son, son-in-law, and a servant girl. Many wild stories are circulating, hatched by inventive Parisian reporters, but the foregoing details are in the main supported by reliable evidence.—*Chemist and Druggist*, October 1, 1887.

Bay Rum Trade-Mark Case in Germany.

A lawsuit has just been brought against the Hamburg perfumery firm of C. Riese, for having fraudulently used the registered trade-mark of Mr. H. Michelsen, of St. Thomas, West Indies, on bay rum sold by the defendant. It appeared that Mr. Riese had been for many years in business relations with Mr. Michelsen, from whom he bought bay rum in casks, afterwards bottling it in Hamburg, and providing it with labels similar to those used by Mr. Michelsen himself, and apparently with the latter's knowledge. In 1884 Mr. Michelsen instructed his Hamburg agent, a Mr. J. D. Saune, to enter his trade-mark in the German register, a proceeding of which the firm of Riese was informed in 1885. As soon as the defending firm heard that Mr. Michelsen's trade-mark had been registered in Germany they wrote to the St. Thomas House, requesting permission to continue the use of the trade-mark on the bottle-labels, and while awaiting an answer to this request they continued to affix the label to the bottled bay rum which they sold. Mr. Michelsen wrote declining to allow the continued use of his trade-mark, whereupon Mr. Riese substituted another label, which was now complained of being a colorable imitation of the St. Thomas trade-mark. The genuine labels consisted of a representation of a bay rum leaf on a white background, with the words "Bay Rum. H. Michelsen in St. Thomas," whereas those used by Mr. Riese contained the same leaf on a golden background and bore the legend "Bay Rum of H. Michelsen in St. Thomas." On behalf of Mr. Riese it was shown that the latter did buy all the bay rum bottled by him in bulk from Mr. Michelsen's firm only, and that Mr. Michelsen had omitted to have his trade mark entered at Leipzig, where a register of foreign trade-marks protected in Germany is kept as well as at Hamburg. In

the result the Court decided against the St. Thomas manufacturer.—*Chem. and Druggist*, July 30, 1887.

Cholera at New York.

The committee appointed by the College of Physicians of Philadelphia to investigate the efficiency of quarantine arrangements for the exclusion of cholera at New York, which was composed of Doctors J. C. Wilson, E. O. Shakespeare and R. A. Cleeman, made its report to the college on October 28. From this report it seems that the committee finds it necessary to condemn the carelessness in respect to cleanliness among the passengers; the fact that cisterns are in the ground and accessible to the immigrants; that windows are in the disinfecting chambers; that there is a temporary hospital room opposite a lavatory; while there is no resident physician to alternate on duty. They further object to lack of official supervision of the personal hygiene of the immigrants; promiscuous heaping of blankets and bedding when the disinfectant floor washing was done, the occupation of beds by more than one sleeper, the successive use of bedding by different people, the absence of a resident physician even at the hospital, and the presence of male nurses in charge of female patients; the return of convalescents to Hoffman Island from the hospital without the disinfecting bath, and the lack of precautions against the presence of small boats which may communicate with the surrounding country. The report also suggests the prohibition of vessels from the infected Italian ports.

At the conclusion of the reading of the report the following resolution was unanimously adopted:

Resolved, That in order to secure concerted action among the medical societies of the United States looking to the early adoption of a uniform and efficient quarantine of all exposed ports, the committee be continued and be authorized to issue an address to medical societies of the country, and seek their co-operation.

Another Abortionist Brought to Grief.

Thomas B. Miller, who claims to be a Methodist clergyman as well as a physician, and who was "Dean" of the so-called Philadelphia University, conducted by Dr. Buchanan, some time since sent to prison for his offences, was on October 21st convicted of criminal malpractice and sentenced to an imprisonment of seven years in the Eastern Penitentiary of Pennsylvania.

—The American Association for the cure of Inebriety will begin its semi-annual meeting at the Turkish Bath Hotel, Brooklyn, on November 9th. The following is a list of the papers and addresses to be read: *The President's Address*, "On the Responsibility of Inebriety," will be delivered by Joseph Parrish, M. D., Burlington, N. J.; "*Report of the Colonial Congress on Inebriety*," London, by T. D. Crothers, M. D., Hartford, Conn.; "*The Pathology of Inebriety*," by Dr. Norman Kerr, London, England; "*The Physiology of the Drink Impulse*," by Dr. J. T. Searcy, of Tuscaloosa, Ala.; "*Cocaine Toxæmia*," by Dr. J. B. Mattison, of Brooklyn, N. Y.; "*The Power of Alcoholic Influence*," by Dr. T. L. Wright, Bellefontaine, Ohio; "*Turkish Baths in Inebriety*," by Dr. C. H. Shepard, Brooklyn; "*Hygiene in the Treatment of Inebriety*," by Dr. Albert Day, Boston; "*Report on Asylums for Inebriety in New Zealand and Australia*," by Dr. D. McGregor, Government Inspector, New Zealand; "*Sexual Insanity in Inebriety*," by Dr. T. D. Crothers, Hartford, Conn.

News Items.

—"Gentlemen," said a German professor, "I begin to-day my lectures on the practice of medicine. When a man is sick, nature and the disease are in conflict. The physician comes in and strikes at the disease. If he hits it, the man gets well; but—if he hits the man, it is all up with him."—*Zur Gene-sung*.

OBITUARY.

DR. S. B. KIEFFER.

Dr. S. B. Kieffer, a leading practitioner in Cumberland county, Pa., died October 28, 1887, aged 64 years. He was born in Franklin county, Pa., in 1823, and was graduated from Franklin and Marshall College in 1848. He was President of the Pennsylvania Medical Society, and was a member of the American Medical Association.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Oct. 23, 1887, to Oct. 29, 1887:

Major Chas. R. Greenleaf, Surgeon, will proceed from this city to the place hereinafter named, in the order in which they are named, for the purpose of investigating the methods of examining recruits at the depots and rendezvous located thereat, and of instructing recruiting officers in matters pertaining to such examinations: Baltimore, Md.; Philadelphia, Pa.;

Camden, N. J.; New York City and David's Island, N. Y.; Boston, Mass.; Portland, Me.; Albany and Buffalo, N. Y.; Cleveland, Ohio; Detroit, Mich.; Chicago, Ill.; Milwaukee, Wis.; St. Paul, Minn.; Jefferson Barracks and St. Louis, Mo.; Cincinnati and Columbus, Ohio, and Pittsburg, Pa. S. O. 240, A. G. O., Oct. 25, 1887.

Major P. J. A. Cleary, Surgeon, ordered to proceed from Ft. Huachuca to Ft. McDonald and report to the commanding officer for duty as Post Surgeon. S. O. 111, Dept. Ariz., Oct. 10, 1887.

Capt. Paul R. Brown, Assistant Surgeon, leave of absence extended one month. S. O. 250, A. G. O., Oct. 27, 1887.

Capt. H. G. Burton, Assistant Surgeon, ordered from Plattsburg Barracks, N. Y., to Watervliet Arsenal, N. Y.

Capt. J. C. Merrill, Assistant Surgeon, ordered from Watervliet Arsenal to Frankford Arsenal, Pa. S. O. 249, A. G. O., Oct. 26, 1887.

Capt. Chas. Richard, Assistant Surgeon, granted leave of absence for one month, to take effect when his services can be spared by his post commander. S. O. 247, A. G. O., Oct. 22, 1887.

First Lieutenant Nathan S. Jarvis, Assistant Surgeon, ordered for field duty in Dept. of the Platte. S. O. 246, A. G. O., Oct. 21, 1887.

First Lieutenant Nathan S. Jarvis, Assistant Surgeon, ordered from Dept. Platte to Dept. Missouri, for duty in the field. S. O. 249, A. G. O., Oct. 26, 1887.

List of Changes in the Medical Corps of the U. S. Navy, during the week ending Oct. 29, 1887:

Medical Inspector N. L. Bates, ordered to hold himself in readiness for orders to the "Trenton."

Assistant Surgeon F. A. Hesler, ordered to examination for promotion.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the three weeks ended Oct. 29, 1887:

P. H. Bailhache, Surgeon, to proceed to Buffalo, N. Y., Erie, Pa., Ashtabula, Cleveland, Sandusky, and Toledo, Ohio, as Inspector, Oct. 14, 1887.

C. S. D. Fessenden, Surgeon, detailed as Chairman of Board for the physical examination of cadets, Revenue Marine Service, Oct. 15, 1887. To proceed to Cape Charles Quarantine Station as inspector, Oct. 26, 1887.

H. W. Satelle, Surgeon, detailed Chairman of Board for the physical examination of officers, Revenue Marine Service, Oct. 27, 1887.

Fairfax Irwin, Passed Assistant Surgeon, to inspect unserviceable property at Boston, Mass., and Portland, Maine, to proceed to Vineyard Haven, and New Bedford, Mass., as Inspector, Oct. 8, 1887.

F. W. Mead, Passed Assistant Surgeon, detailed Recorder of Board for the physical examination of cadets, Revenue Marine Service, Oct. 15, 1887.

J. H. White, Passed Assistant Surgeon, leave of absence extended four days. Oct. 21, 1887.

P. M. Carrington, Assistant Surgeon, detailed as Recorder of Board for the physical examination of officers, Revenue Marine Service, Oct. 27, 1887.

J. B. Fattie, Assistant Surgeon, granted leave of absence for seven days. Oct. 28, 1887.

—J. Pettus, Assistant Surgeon, when relieved at Savannah, Ga., to proceed to Galveston, Texas, and assume charge of the Service, Oct. 17, 1887. Granted leave of absence for thirty days, Oct. 21, 1887.

J. J. Kinyoun, Assistant Surgeon, granted leave of absence for fifteen days, Oct. 19, 1887.

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ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

COMPRESSION OF ONE HALF OF THE SPINAL CORD: BROWN-SE- QUARD'S PARALYSIS; LO- COMOTOR ATAXIA.

BY M. ALLEN STARR, M.D.,

Professor of Diseases of the Nervous System in the
New York Polyclinic.

Gentlemen:—The patient whom I show you first to-day is suffering from a disease which is very rare.

The patient is a girl fifteen years of age. She says she was perfectly well until three months ago. The only instance of traumatism was a fall from a window eleven years ago, from which no serious symptoms resulted.

Three months ago, she began to suffer from pain and stiffness in the neck. She then began to hold the head in the position in which you now see it, turned somewhat to the right, the chin slightly elevated and pointing toward the right shoulder. When I attempt to move her head with my hands, she resists very perceptibly. I am able to move it only very slightly, while the patient cannot move it except by turning the body. This stiffness of the neck is accompanied by pain running up over the back of the head. The pain is made worse by movement.

After this condition had continued about one month, she began to grow weak in the legs and arms. This weakness has continued up to the present time, and has grown somewhat worse.

Lately, she has noticed that the power of the left arm is less than that of the right, while the sensation in the right arm is less than that in the left. So much for her history as she has related it.

We will now make a careful examination of her present condition. You see at once that she is unable to turn her head to the left side; she is unable to innervate the right sterno-cleido-mastoid muscle which turns the head to the left, and the muscles of the neck are quite rigid, their contraction being independent of the will.

The neck is peculiarly prominent. It looks almost as if she had a goitre. The back of the neck is not only flat, but it curves forward in a manner so that I can place my finger in the depression; there is not that prominence of the vertebræ usually seen, especially of the fifth cervical. In your own necks there is a prominence at this point, while in hers there is a depression. When I put my finger into her mouth and feel the vertebræ at the back of the pharynx, there is a decided projection of the bodies.

She says she is weak in both legs; that she is unsteady on them; but there is no apparent ataxia. There is marked weakness in ordinary walking. I find marked flexor weakness in the left leg. I can bend the knee easily, although she opposes me. The right knee I am unable to bend; the flexor weakness on this side is very slight. There is hardly any difference between the two legs with regard to extension.

There is more sluggishness in flexion of the left foot than in flexion of the right foot.

The grip of the left hand is much weaker than that of the right.

The motions of the left forearm and arm are very limited, and although both arms are weak, the left is far worse than the right. There is in the left arm great exaggeration of the triceps tendon reflex, causing a trembling, wavy motion of the forearm on a single percussion at the elbow which I have never before seen. The motion resembles that of the foot in ankle clonus. The tendon reflex is also present at the wrist in the left hand. The patellar tendon reflex is very much exaggerated on the left side, and ankle clonus is also readily elicited; it is absent on the right side. The tendon reflex is much less marked in the right than in the left knee. There is slight tendon reflex at the right wrist.

She says that during the past two weeks she has had some difficulty in the control of her bladder. She has to evacuate the viscus very soon after the need arises. She has not yet had any dribbling of urine. But she is aware of the fact that her control over the bladder is not what it ought to be. That is another important symptom. The same is true of the rectum.

Now we come to sensation. She says her limbs are not steady. Steadiness of motion depends largely upon the muscular sense. There are two cases of locomotor ataxia present, which illustrate this fact, the men being strong in the legs, but unsteady. When this girl attempts to stand with the feet close together, she is unsteady. Her hands do not move with precision. This is not due alone to weakness of the arms, but in a degree to loss of muscular sense. Romberg's symptom, inability to stand steadily with the eyes closed, is manifest to some extent. It is called Romberg's symptom because Romberg, of Berlin, was first to elicit it. It is a very common symptom in locomotor ataxia, and indicates lack of perception of muscular impressions from the legs.

Precision of movement in walking is impossible with this patient. You see how she staggers, especially when she attempts to walk backward with the eyes closed. She seems to stagger more to the right side than to the other side. We see, then, a certain amount of ataxia in this patient's legs as well as loss of power.

When she tries to bring the index finger of her right hand to mine, or to her nose, when her eyes are closed, it tends to shake, showing some loss of muscular sense. Her left hand is too weak for this test, as she cannot lift the hand at all. I have placed her left hand in a particular position, and asked her, with her eyes closed, to place the right hand

in a similar position, which she has done. The same test for the other hand is less quickly responded to, showing impairment of the muscular sense of the left side.

We will now test the sense of touch. The most delicate test is by means of a piece of cotton-wool. We find slight anæsthesia to a touch on the right side. You will remember that the paralysis is most marked on the left side. The anæsthesia is less marked in the left than in the right leg, and less marked in the right leg than in the right hand.

She perceives sensations of cold very much better on the left side than on the right. She perceives sensations of heat on both sides, but more acutely on the left side.

The line of anæsthesia to touch extends up on the right side to the shoulder; it is not marked on her neck, and there is no anæsthesia on the left side at the shoulder; rather a peculiar fact.

Sensation on the face is normal, and she notices no difference between sensations on the face and on the left limbs, which indicates that there is no hyperæsthesia in them.

What, then, have we in this case? We have partial paresis with increased tendon reflexes on the left side of the body, and partial anæsthesia on the right side. Now, that is characteristic of only one form of spinal disease, called Brown-Séquard's paralysis, after Brown-Séquard, who was first to describe it. It is produced by a unilateral lesion of the cord. I have here a diagram showing two segments of the spinal cord, with the tracts passing through them,—from this you will see that the motor nerve fibres coming from the brain cross over and descend at the medulla, in the lateral pyramidal tract of the cord, to supply the muscles of the opposite side of the body. It can also be seen that the posterior nerve roots, on entering the cord, cross over at once to the opposite side, and there ascend in the posterior column to the medulla and brain. It is evident, from this arrangement of the motor and sensory nerve fibres in the cord, that a lesion limited to the left side of the cord will interfere with the motor nerve tract governing the left limbs, and with the sensory tract coming from the right limbs. In other words, a unilateral lesion in the left half of the spinal cord in the cervical region will produce paralysis of the left limbs with regard to motion, and anæsthesia of the right limbs with regard to sensation. No other lesion in the cord will produce such a trouble. It is evident, therefore, that this girl has some trouble in the left half of her

cord. To what can that trouble be due? We have a peculiar forward projection of one of the cervical vertebræ; we have a marked stiffness of one side of the neck, and a depression posteriorly where there is projection anteriorly of the fifth cervical vertebra. Therefore, I think we may say this patient is suffering from compression of the spinal cord due to displacement of one of the vertebræ following disease. The pathological condition is undoubtedly one of caries of the body of the fourth or fifth cervical vertebræ, possibly of both, and the symptoms are all due, primarily, to disease of the vertebræ, but secondarily to disease of the nerves and cord, set up by the trouble in the vertebræ. One of the first symptoms produced by caries of the vertebræ is interference with the conduction of impulses through the nerves which pass out between the vertebræ. That is true in this case, as it is the cervical nerves which go up to supply the back of the head and innervate the deep muscles of the neck. It has only been by watching this case for sometime that we have been able to draw a picture of the disease perfectly characteristic of a spinal lesion.

Under these circumstances the prognosis is rather unfavorable. The danger is that this carious process will go on; that there will be a greater amount of pressure on the cord. The fact that she already has weakness in both legs, and some weakness in the right arm as well as in the left, shows that the pressure upon the cord is now considerable, interfering with conduction not alone on one side, but upon both. In other words, interfering somewhat with conduction in the right half of the cord, but to a greater extent with conduction in the left half. So that already, at the end of three months, she has come into a condition which is pretty serious. And further, the pressure is exerted very near to the level of the cord from which the phrenic nerves arise, hence she is in some danger of death by their paralysis.

What can we do for her? The first thing, of course, will be to treat the cause of the trouble. You can not treat the paralysis or the anæsthesia in a case of this kind. You have first to remove the pressure from the spinal cord. That will have to be done by very careful adjustment of apparatus which will separate the vertebræ slightly from one another. That will take off the pressure consequent upon assuming the upright position. You will remember that she said she was more comfortable lying in bed than sitting or standing. Therefore, rest in bed and proper apparatus will prove of great value in

a case of this kind. I shall send her to Dr. Gibney, who is in charge of the orthopædic department, who can, I doubt not, construct such an apparatus as will support the head, and take off the pressure which is being made upon the cord and diseased vertebræ. If the condition has not gone on too far it may be that the pressure on the cord can be removed. It is amazing to what an extent the spinal cord will recover its functions after pressure upon it has been removed. We often see in caries of the dorsal region complete paralysis of the legs, which has existed for some time, disappear after removal of pressure upon the cord by suitably applied apparatus. It may be some time before the paralysis disappears. In one case which I recall it required three years, but at the end of that time it had disappeared entirely. If the compression has gone to the extent of producing disintegration of the elements of the cord and a transverse myelitis, of course the prognosis is worse. But, even in a case of transverse myelitis, if it has not gone on to absolute disintegration, breaking the continuity of the tracts in the cord, there may be a considerable degree of recovery. The treatment must be carefully carried out, largely by apparatus.

I will next show you two cases of locomotor ataxia.

The outline of this man's history is, that about eight years ago he began to have disturbance of vision, which has progressively increased until for two years past he has been unable to read. The trouble with the eyes was the first symptom in this case. That is an important fact, because many patients consult the physician with regard to trouble with the eyesight, and it does not occur to them to test the tendon reflex at the knee. This should be done in every case of failing eyesight. This man first consulted Dr. R. H. Derby for his eyesight. Dr. Derby examined the discs, and found a very advanced degree of atrophy of the optic nerves, which is a symptom of locomotor ataxia. He made the diagnosis, and very kindly sent the patient to me. I found in addition to the trouble in the eye a marked degree of ataxia. But this has come on only during the last two years; consequently the eye trouble preceded the ataxia six years.

I have no doubt that at the time this man's eyes began to trouble him he had lost the tendon reflex at the knee. I can strike the tendon below the knee as hard as possible, and get absolutely no response. Loss of tendon reflex at the knee, combined with

eye symptoms, should always awaken your suspicions of locomotor ataxia. If you will watch such a case long enough you will generally find the patient complaining of lightning pains and symptoms of ataxia.

The sequence of symptoms in this case has been, first, eye trouble; second, slight pains; third, ataxia; fourth, slight loss of control over the bladder, and, lastly, tingling in the fingers.

Our second patient's symptoms date back about eight years. He has been near-sighted all his life, he says, but no changes in the eyes have taken place since the development of symptoms of locomotor ataxia; there are no changes in the optic nerve. In this respect the case is quite in contrast with the other. He has shown weakness in the limbs, staggering gait, slight shooting pains, which have never been severe. Both of these cases are interesting, from the almost complete absence of lightning pains, which are present in most cases of locomotor ataxia. The books tell us that the first symptom of this disease is lightning pain, but our experience tells us that there are quite a number of tabetic patients who do not have lightning pains to any great extent. Here are two men who have passed the stage for the pains, and entered the stage of ataxia, and neither has suffered to any great extent from lightning pains. This symptom, however, is present in the majority of cases, and it is that which often leads to locomotor ataxia being mistaken for rheumatism.

This second patient complains of feeling more tired in the morning than on going to bed. Often this feeling of fatigue is one of the first symptoms of locomotor ataxia. This man has complained of it throughout.

There has been some sluggishness in setting up the mechanical action of micturition.

Both of these men have marked absence of tendon reflex; it is entirely absent in this patient. You see when he walks marked ataxia; it is much more noticeable when he walks backward; the foot swings irregularly to a certain extent; when he closes his eyes the ataxia becomes worse; with the eyes shut and the feet placed close to each other, Romberg's symptom at once develops. There is, therefore, no doubt of the diagnosis in this case.

Allow me to call your attention to the existence of what is known as the Argyll Robertson pupil. In both cases when I expose the eyes suddenly to the light there is absolutely no contraction of the pupils; but they do contract in accommodation. In both

cases the right pupil is constantly larger than the left. This irregularity in the size of the pupils is accounted for in one case by the existence of old adhesive iritis in the right or larger pupil. Both of these men have had syphilis. There is a controversy at present as to whether locomotor ataxia is always due to syphilis. Some say ninety per cent. of the cases are due to this disease, while others claim that not more than fifty per cent. of the cases can be attributed to syphilis. It so happens that in these two cases there is a history of syphilis, yet antisyphilitic treatment has had no effect. That I think you will find is very frequently true. It is only in a small proportion of cases of locomotor ataxia that antisyphilitic treatment has any effect, and in these cases the disease comes on within three years after the initial lesion, and is very rapid in its progress. These two patients are both in the second or ataxic stage of the disease. Now, what is the pathological change present? Neither patient has had much trouble with tactile sense, pain sense, or temperature sense. Both of them have had a great deal of trouble with the muscular sense.

The lesion in this disease is that illustrated in this diagram. It consists of sclerosis of the posterior columns of the spinal cord, primarily of the columns of Burdack, or what is known as the posterior root zone. It is known as the posterior root zone because here enter some of the fibres of the posterior nerve roots. Now, sclerosis beginning just at this point will interfere with the conduction of impulses coming in through the sensory nerves to the gray matter of the cord. It not only interferes with the entrance of sensory impulses, but it also interferes with the nutrition of these posterior nerve fibres, for the posterior nerve roots are nourished by the spinal ganglion outside the cord. If the nerve is cut off from the ganglion at any point, it degenerates from that point upward. We know that the posterior nerve roots enter the cord at the root zone, and some of them at least turn up to go to the brain. These lower roots, made up of fibres coming from the legs and trunk, pass up through the column of Goll; the fibres from the arm go up through inner part of the column of Burdack. In the posterior root zone enter the fibres which convey sensations of pain, and of the muscular sense and some of the fibres which convey touch and temperature. The fibres which pass directly into the posterior horn by its apex, the fibres related to the sensation of touch, escape to some extent, consequently the sensations of

touch are less impaired than those of temperature, pain and muscular sense.

What is the explanation of the lightning pains? The sclerosis in this area of the column of Burdack produces pressure upon the nerves there entering the cord. Some of these fibres convey the sensation of pain. If they are excited either by the prick of a pin at the periphery or in any part of their course, the same sensation will be elicited, a sensation of pain. You know perfectly well that whether the ulnar nerve be irritated by pricking the little finger or by compressing it at the elbow, the sensation will be felt in either case at the little finger. And if the ulnar nerve roots be compressed just as they enter the cord the sensation will be felt at the same place, namely, at the little finger. Both of these patients have felt pains in the little fingers and in the legs, but the trouble lay not in the fingers or legs, but in the cord, as just explained.

How can we explain the existence of the Argyll Robertson pupil, as it is called? Why it should occur in cases of spinal disease, especially in locomotor ataxia, we cannot say; but as a matter of fact, the symptom is due to an interruption in the reflex arc. The spinal reflexes are also interrupted. We know that sensations coming in at the posterior part of the cord and passing forward to the anterior horn to give rise to knee jerk, are interrupted in their course in locomotor ataxia. This interruption takes place at the point of sclerosis in the posterior root zone. In a similar manner (by interruption of the reflex arc), do we explain the Argyll Robertson pupil.

This diagram represents the optic nerve with its fibres passing to the corpora quadrigemina. From the anterior surface of the crus cerebri, beneath the corpora quadrigemina, is seen emerging the third nerve, which regulates the contraction of the pupil. The impulse comes from the retina, passes into the corpora quadrigemina, and passes from them downward to the nucleus of the third nerve. Now, it is at a point between the corpora quadrigemina and the third nerve nucleus that the interruption takes place, which interferes with contraction of the pupil to light. In the second patient there is no affection of sight except myopia from early youth; therefore we know that his Argyll Robertson pupil is not due to any trouble in the optic nerve. In the first patient there is gray atrophy of the optic nerve, but that might have come on long after the Argyll Robertson pupil. If this affection of the pupil is not due to disease

of the optic nerve, may it not be due to a lesion of the third nerve? It cannot in these cases, for neither of them has paralysis of the third nerve. If they had, there would be external strabismus, dilatation of the pupil, and ptosis.

If then the Argyll Robertson pupil is not due to disturbance in either the optic nerve, or the third or oculo-motor nerve, it must be due to a disturbance either in the nuclei of these two nerves or in the tract which joins the nuclei. That the trouble is not in the nuclei themselves is evident from the fact that there is absence of blindness in one case and of strabismus in both. Why the lesion should lie in the tract connecting the nuclei of the optic and of the oculo-motor nerves in locomotor ataxia, we do not know. The hour is too late to allow any further discussion of these cases.

A word with regard to treatment. Both patients are receiving Fowler's Solution, in from four to six drop doses, three times a day. That is the treatment which all my patients with locomotor ataxia receive at present. It is a treatment for which we can give no other reason than an empirical one. We simply know that it has had a favorable effect in a large number of cases. Gowers, I believe, was the first to treat cases in this manner. Since the publication of his article I have put all my patients with locomotor ataxia upon arsenic. A number have improved in many respects. A cure, after a sclerotic process has occurred in the cord, is, I believe, impossible. I have never seen the slightest evidence of improvement from the use of galvanism to the spine in these cases. I often use it, for some authorities claim that it is of benefit, and I am willing to give my patients the benefit of the doubt.

—A meeting of ex-resident physicians of the Philadelphia Hospital, Blockley, was held on October 25, at the College of Physicians, for the purpose of forming a permanent organization. Among those present were Professors Gross, Wood and Harrison Allen, Drs. De Forrest Willard and James B. Walker. On motion of Dr. Wood, a committee of six was appointed to arrange for a permanent organization. It was decided to hold the annual banquet sometime during the winter months, the date to be left to the discretion of the committee. Dr. H. C. Wood was appointed chairman of the committee, and the temporary officers of the meeting, Drs. Gross and Walker, were made *ex officio* members of it.

COMMUNICATIONS.

INFLAMMATION OF THE BLADDER
AND URETHRA, FROM ABNORMAL
CONDITIONS OF
THE UTERUS.BY C. W. LEIGH, M.D.,
CHICAGO.

Frequently in the examination of patients suffering from abnormal conditions of the female generative organs, such as lacerations, displacements or ruptures, we find the conditions giving rise to the greatest amount of inconvenience and suffering, are those referring to the urethra and bladder: these varying in the same individual at different times, according to the duration of this diseased condition and the causes operating.

Hyperæsthesia manifests itself by a feeling of heat and weight, which may or may not be constant; a desire to urinate often, the quantity passed at each time being small and followed by a scalding or burning sensation with vesical tenesmus. This condition may continue for an indefinite length of time without producing serious structural changes, but eventually all the above mentioned symptoms become intensified, and genuine inflammation is developed, with the accompanying aggravating phases of the same.

Often it is a matter of some difficulty to draw a line between hyperæsthesia and actual inflammation, and in such cases it is not a matter of practical importance to differentiate, the treatment of each, in such an event being very much the same. In perhaps a smaller proportion of cases, true cystitis, urethritis, or both exist, although of a type peculiar to these cases.

When there is general pelvic congestion from any cause, the bladder is quite liable to participate.

In lacerations of the cervix, ruptures of the perineum, or in any condition where the uterus is made to assume an unnatural position, it sinks lower into the pelvic cavity, and, by the pressure it exerts upon the veins, retards the proper return flow of blood from the uterus. In other words, mechanical congestion results, which may terminate in inflammation; nutrition is imperfectly performed, ulceration follows, and an unhealthy discharge takes place.

This condition gives rise to hyperæsthesia of various parts of the body, but especially

of the pelvic viscera and markedly the bladder. The mechanical pressure exerted upon the bladder by a displaced womb is not so frequent a cause in these cases as is commonly supposed.

In retroversion, manifestly there is greater pressure upon the rectum than the bladder, while the latter suffers more than the former. Yet each are excretory organs, performing their functions in a similar manner, and are identical in anatomical structure, *i.e.*, each is composed of four coats: serous, muscular, cellular, and mucus.

A very important factor to be taken into consideration, and one very frequently overlooked, consists in the unhealthy discharges from the uterus and vagina coming in contact with the meatus and urethra, acting as an irritant and causing their inflammation. Urethritis is often produced in this manner, which in turn is followed by hyperæsthesia and inflammation of the bladder. Of course these are results of a mere important lesion. The treatment should be both palliative and curative. Displacements should be corrected by properly tamponading, etc. Lacerations and ruptures should be repaired, and an operation performed for the relief of the same. In the correction of displacements and preparatory treatment for gynecological operations, the use of "antiseptic wool" is to be preferred, inasmuch as it does not pack into a hard mass, but forming a soft elastic cushion supports the uterus better than cotton does, and at the same time admits of a more perfect circulation. It can be medicated if desired, or placed in position perfectly dry. It is freed from oil and foreign substances, and rendered antiseptic by a solution of biniodide of mercury. This method of treatment has been well described by Engleman of St. Louis, and Etheridge of Chicago.

The palliative treatment consists, in addition to the above, in the employment of remedies directed to the diseased mucous membrane of the bladder and urethra, and none fulfill this purpose any better, if so well, as the preparation of hydrastis canadensis, commonly known as fluid hydrastis, a concentrated fluid without alcohol.

By the process used in the manufacture of this article, the alkaloids in their native combination are said to be retained while the resin is rejected.

Seemingly better results are obtained in these cases from the internal administration of the drug in the proportion of one to four drachms to four ounces of water, a teaspoonful four times daily, than from its local use.

In a patient recently under my treatment,

aged 28 years, who had five years previously sustained a laceration of the cervix and rupture of the perineum, presumably by the use of forceps, urethritis and cystitis followed among the results.

Surrounding the meatus was a swollen and well marked deep red zone, extremely sensitive to the touch; slight supra-pubic pressure produced quite severe pain, and with the finger in the vagina making upward pressure, it was still greater.

Introduction of the finger or speculum into the vagina, either for the purpose of examination or treatment, was always preceded by the local application of a four per cent. solution of cocaine hydrochlorate to the mucous membrane surrounding the meatus urinarius, and by the injection of several drops into the urethra. This afforded considerable relief to the patient on these occasions.

The cervix and perineum were prepared for operation by local applications, tamponading with "antiseptic wool," administration of tonics, laxatives, etc. Specially for the relief of the bladder and urethra, fluid hydrastis was prescribed, both internally and as an injection.

The patient improved quite rapidly and both operations were performed at one sitting, Dr. J. C. Pickard, of this city, and others assisting.

In a short time the generative organs recovered their normal condition and functions, but the cystitis and urethritis continued after the removal of the immediate cause.

If from any reason the internal administration of fluid hydrastis was discontinued, she became worse, but immediately improved when it was resumed.

The same was not true of the injection, although it was beneficial without doubt. Now, at the end of eight months, what appeared as the predominating factor in the case has disappeared and the patient is fully recovered. The preparation is certainly a valuable one, and seems to have a special action upon the entire urinary tract. It is especially useful in the class of cases just referred to.

—Condensed beef in tablets is being introduced into French practice under the name of *tabelettes Rousseau*. Each tablet contains 20 grammes (about 5 drachms) of beef powder, representing 80 grammes of fresh beef. According to the author, this preparation soon makes chlorotic and cachectic patients able to digest other kinds of nourishment easily. —*Am. Druggist*, Aug. 7, 1887.

INEBRIETY AND INEBRIATE HOSPITALS IN AMERICA.¹

BY T. D. CROTHERS, M.D.,
Supt. Walnut Lodge, Hartford, Conn.; Editor
Journal of Inebriety, etc.

Origin of the Movement.—In 1809, Dr. Benjamin Rush, of Philadelphia, Pa., published a work entitled "Medical Inquiries," in which he declared "that intemperance was a disease, and that hospitals for its exclusive treatment should be established in all the principal cities of the land." Similar views had been urged at different times in the past, dating from the comments of Ulpian, the Roman jurist, who wrote in the second century of the Christian era.

The honor of bringing this fact into the realm of practical science is due to Dr. J. E. Turner, a practicing physician in the state of Maine. He vitalized this idea in the organization of the first inebriate hospital in the world. In 1846, Dr. Turner became interested in this work, from an ineffectual effort to save an early friend who was an inebriate. He recognized the nature of the disease of inebriety and the need of hospital treatment, and began an enthusiastic agitation of the subject. After eight years of most persistent effort, in the face of great opposition, he succeeded in enlisting the attention of many eminent medical men, and in forming a company to build an Inebriate Hospital, with the late famous surgeon, Dr. Valentine Mott, as president. Laws were passed to give power to hold inmates, a charter was granted, and nearly ten thousand pounds subscribed for the grounds and building. Ten years later, in 1864, a magnificent building was completed and opened for patients, at Binghampton, N. Y., the pioneer hospital of the world. Later, a fire destroyed part of the building, which was soon after rebuilt. Then the board of trustees became involved in a controversy with the founder, Dr. Turner, resulting in his retirement, and placing the hospital in the care of the State. Passing into the management of politicians, its history was a series of misfortunes, until finally it was changed into a chronic insane asylum. Thus Dr. Turner, the founder, who had conceived and built this hospital, giving over a quarter of a century of time and effort, and his own personal fortune, shared the fate of all reformers and benefactors of the world, in the obloquy and disgrace of being driven away from the creation of his own genius.

¹ From an Address delivered before the International Congress on Inebriety in London, England.

Thus the pioneers and leaders of all great truths of science are martyrs in their day and generation.

The enthusiasm which at first centered about Binghampton Hospital reacted, and the moralists and temperance advocates, who from the first had opposed this movement as an "infidel work" to diminish human responsibility, used every means to spread the idea of failure and condemn other efforts in this direction. But a great fact had been recognized, and its practical character had taken deep root in the public mind. The birth of the Binghampton Hospital was followed by the organization of over a dozen different hospitals for this work in different parts of the country, some of which are still in existence, doing grand work.

The Hospitals for Inebriates of to-day.—Notwithstanding the misfortunes of the first hospital and its founder, a large number of similar places have been organized and managed with success. As in all new enterprises, many of these hospitals must suffer from non-expert management, and be organized on some theory of the nature and treatment of inebriety not founded in correct study and experience. After a time they are abandoned, or changed to homes for nervous and insane cases. Over fifty different hospitals for inebriates have been established in America. More than thirty of this number are in successful operation; the others have changed into insane asylums, water cures, etc. Three large buildings or institutions are practically "faith cures," where all physical remedies and means are ignored. Several asylums are called homes for nervous people, to conceal the real cause, and thus protect the patients from the supposed stigma of inebriety. Others are literally lodging houses, where the inmates can remain a few days and recover from the effects of spirits. Several places make a specialty of opium cases; in some the treatment is often empirical. In only a few of these hospitals is inebriety studied and treated on a scientific basis. The others are passing through the ordeal of "elimination and survival of the fittest," incident to every new advance of science. In many of the States large public hospitals are projected, and are awaiting pecuniary aid from the State or from other sources.

Inmates of Hospitals, and the Cures.—Not less than two thousand inebriates are under treatment in hospitals in America. Over a thousand of this number are in special hospitals. They represent most largely the incurable cases; persons who have tried every means found in the pledge, prayer, and by

moral suasion, and exhausted every resource of home and friends, and come as a last resort, expecting extraordinary change and cure. They have been victims of this disease from five to thirty years, and present the most complex and varied degrees of physical and mental degeneration. Yet, notwithstanding this fact, the experience of the few scientific hospitals in the results of treatment is exceedingly promising. Statistics of over three thousand cases, which have been under treatment at different hospitals, indicate nearly forty per cent. restored and temperate after a period of six to eight years from the time of discharge from the hospital. The best authorities unite in considering thirty-five per cent. of all who remain under treatment one year or more as permanently restored. In view of the chronic character of these cases, and the imperfect means of treatment, these statistics are encouraging, and indicate great possibilities in the future from a better knowledge and control of these cases.

Legal Control of Inebriates.—The legal control of the inebriates in America, and legislation, are very imperfect. In Connecticut, the best laws are in force, giving power over inebriates to voluntarily commit themselves, or be committed by their friends, without the formality of appearing before a judge or court. In other States they are committed to asylums in about the same way as the insane are. In the hospitals they are controlled legally the same as the insane, only with more difficulty, and the constant intrusion of disputed questions of authority which cannot be settled. Nearly all the leading hospitals have special powers of control, which they exercise with caution in most cases. But generally both legislation and legal authority are not far ahead of public sentiment, and hospital managers are unwilling to go beyond this. Most of the hospitals have power to control patients a certain specified time, agreed upon when admitted to the hospital.

Hospitals organized by State and private means.—Most of the inebriate hospitals in America are private and corporate organizations, which receive, from time to time, State aid. Some of them have endowments, such as free beds, or incomes from estates, or are given so much of the license money. Others depend upon the income from patients, private donation, and charities generally. Very few paupers or indigent poor are received in any of these hospitals. This class appear in the "lodging" and "faith cure" places. The State of Con-

necticut has projected a workhouse hospital for the criminal class of these cases where the commitment is for three years, but want of State aid has prevented practical work so far. In three other States similar projects for the pauper inebriates have been organized, but for various reasons have not gone into operation.

Literature of the Subject.—The exact scientific study of inebriety has revealed facts and conclusions which have aroused bitter controversy, from those who should have been first to welcome its truths.

A large number of so called reformers have been from the first denouncers of the disease theory, but unwittingly they have greatly helped on the work by controversy and agitation. In 1870, an association was formed of persons who were connected with inebriate asylums, or interested in the subject, called the American Association for the Cure of Inebriates. This Association has met yearly and semi-yearly ever since, and its papers and transactions comprise the first permanent literature on this subject. In 1877, the *Journal of Inebriety* was issued as the organ of this association, and from that time has been the medium through which most of the literature of the subject from America has been presented. Inebriety, and its curability in special hospitals, has been the cardinal principle of this Association, which it demonstrated and maintained with increasing vigor. Discussing exclusively the physical side of this subject, amid difficulties which only pioneers in a new field have to contend with, the foundation of a scientific literature has been laid which will be historic to future students of this subject. This Association and its journal are great silent powers, crystallizing and marshalling the many facts constantly appearing from a study of these cases. Already two members of this Association, Dr. Parrish and Dr. Wright, have published works on inebriety that mark the beginning of a "new era," and have given great impetus to its scientific study.

Inebriety in America.—It is evident that inebriety in America partakes largely of the intensity of life and living so noticeable to foreigners. It is more precipitate, maniacal, and rapid in its progress; stronger spirits are used, insanity follows more quickly, and all forms of degeneration appear.² The life of an inebriate, dating from the time of the first intoxi-

cation, is much shorter than in other countries. The victim seems to plunge into every form of excitement, such as speculating, politics, religious and temperance agitations, and every new movement which attracts attention. Public sentiment seems to seek relief more for the inebriates who are active brain and muscle workers, but has not advanced far enough to be much interested in the pauper and criminal classes. It is the cure and treatment of these cases, who seem to have power to help themselves, the men of genius, education, property and influence, that are rousing interest in the subject, and creating a demand for help, which quacks and charlatans are rushing forward to meet. Eleven different specific remedies are advertised as certain cures for inebriety, and the intensity and impulsiveness of the various moral movements for this end are psychological wonders of the age.

Some Conclusions.—The history of the inebriate asylum movement in America is only a repetition of every real advance in science, passing three regular stages of growth: first, agitation; then opposition; and finally acceptance. It is now in the first and second stages. The students of science who have examined the facts find the disease of inebriety and its curability in special hospitals supported by such an array of evidence as to demand its full acceptance. The opponents, who have misunderstood the subject, are still agitating and opposing this view. Inebriate hospitals in America are rapidly merging into well-appointed, thoroughly scientific places for the study and cure of the inebriate. Empiric institutions, managers, and methods of treatment still exist, but in them all there are most hopeful indications of a larger and more accurate work. A great undercurrent of public sentiment is not content with only the moral remedies urged by agitations; they are turning to physicians and scientists, with a growing conviction that from this side the true remedy for this evil will be found. The few pioneer workers grope along the borders of this "new continent" of facts like the "old Northman" on the shores of New England, conscious that a great, new, unknown world of laws and forces stretch out before them. The demand in America, as elsewhere, is for well established facts concerning inebriety and its treatment in special hospitals,—facts and conclusions reached by competent observers, and based on data beyond question. The subject must be studied, independent of all opinions and metaphysical theories, before its cure or prevention will be a practical

² Heredity is more positive and certain, both from inebriety and the many complex nerve diseases. Neurasthenia and all forms of nerve strains and drains are very active factors in the causation.

reality. Legal power over the inebriate long enough to make a possible cure, and means to organize and sustain hospitals for this purpose, are demanded everywhere to-day. These wants are being rapidly recognized, and all investigation sustains the conviction that the time is not far away when the inebriate will be taken from his home and on the street, and quarantined in special hospitals, the same as if suffering from an infectious disease. If an incurable, he will be housed and made self supporting for life. A united sentiment in this direction will be felt all along the line of progress and civilization.

EGYPTIAN TAMARIND FOR HEMORRHOIDS.

BY J. C. BROBST, M.D.,

LITITZ, PENNA.

Very recently my attention has been attracted to the Egyptian Tamarind Flower, a blossom that may be considered a most excellent specific for bleeding hemorrhoids or piles. In my practice I have had the most extraordinary results from its positive curative powers, and especially has this been so in cases deemed incurable and given up by other physicians. Prior to using it, I was in the habit of employing injections of turpentine, perchloride of iron, ointments of nutgall, oxide of zinc, rosemary, acetate of lead, and numerous other astringents; and while these may all give temporary relief, the actual or net result is irritating rather than soothing, as most certainly are the effects of the tamarind flower. I have noticed, after giving my patients three or four wineglassfuls of the decoction, that they were instantly relieved of the persistent itching and burning sensation, while the excrement seemed to be materially altered by it. I have also tried "tamarind" in nervous debilitated women, with like good results, especially when their sickness has been complicated with costiveness and loss of appetite. In these cases tonic properties were plainly discernable, and tamarind flower may in my judgment be well considered a "tonic laxative."

In Dr. W. H. Howell's essay, read before the State Society at Scranton, Pa., he speaks of tamarind flower in decoction as one of the best laxative nervines. The flower also makes an excellent face-wash, and for the removal of freckles and pimples it cannot be excelled.

In this present day, when both the profession and laity are fully aware of the fact that the physician is by no means the only resource

and medium of alleviating and curing diseases, I should like to have it placed on record that for the diseases mentioned herein, I believe the tamarind flower possesses more virtue than any other drug.

OBSTETRIC PRACTICE—CASES.

BY STANLEY M. WARD, M.D.,

ELLENVILLE, N. Y.

Breech Presentation with Hydrocephalic Head.

Most authors, so far as I can learn, agree with Scanzoni, in stating that about 20 per cent. of all hydrocephalic children are born with some or part of the body presenting beside the head. The patient, whose case I am about to narrate, is a German woman, healthy, well-formed, and was 23 years of age, pregnant with her third child. At the age of 20 she was delivered of a hydrocephalic child, breech presentation, after a tedious labor. I did not attend her and cannot furnish details. Her second child was born in about a year, was well-formed, and her labor was normal, though somewhat slow. During her third pregnancy I was consulted, as she expressed her opinion that the child would be malformed and present improperly. I examined her by the vagina and externally, but could get no information. She was taken in labor about noon. On reaching the house and making an examination, I was unable to make out the presentations at first; soon, however, I detected a breech and feared that I also should have a hydrocephalic head, in the light of her previous history. Uterine contractions were not strong, and expulsion took place slowly. In due time I delivered the feet, arms and part of the body of the child, and hoped then to be able to apply the forceps to the after-coming head. This was found to be impossible. The child was very large, and nearly completely filled the vulvar aperture. Her pains now ceased, and by the time my consultant, Dr. J. J. Ward, reached the house, the child was dead. We attempted delivery by the blunt hook, having thoroughly satisfied ourselves of the death of the child, and the presence of hydrocephalus. We tried the hook first in the jaw and in both eyes afterwards, vainly; the bony walls of the eye-sockets broke down completely, and we tore the jaw down. The patient would not allow anesthetics to be used, which, of course, compelled us to work at a disadvantage. Dr. B. R. Bevier now joined us. He attempted to apply forceps to the body of the child, but failed. I now

suggested a procedure of which then I had never heard, but which I since have seen recommended by some authorities, viz., decapitation as high up as possible, and forceps to the head remaining in the uterus, or failing to apply them, to perforate. This plan was objected to, and I yielded. After many attempts and failures I finally succeeded in getting my hand, not a large one, within the uterus and around the child's head. I had provided myself previous to introducing the hand with a bistoury well protected so that only the point projected; with this a hole was cut into the head large enough to permit of its enlargement with the fingers and it was soon made large enough to admit the hook; the other physicians performed traction on the legs and body of the child, and I managed the hook, and thus we succeeded in delivering her about midnight. As before noted no anæsthetic was allowed. The woman's getting up was not delayed. Her breasts she managed herself in a manner peculiar to German women in this locality, viz.: applied camphor, gum and lard thoroughly, and then bind a wide piece of muslin as tightly around them as possible. I can vouch for the usefulness of this proceeding.

This woman has since been twice pregnant, aborted once at four months, and had a living well formed child at full term in April last. This labor was normal, but tedious, like the second one. Should I ever be so unfortunate as to find this state of affairs again, I intend trying the method suggested by Tarnier, namely, to open the spinal canal as high up as may be, and by means of a catheter inserted through this opening into the brain cavity, to withdraw the fluid. Something of this kind suggested itself to both the consultants and me, when we were considering this case, but neither of us knew then of the success achieved by the distinguished French teacher.

Puerperal Septicæmia.

During the month of May, 1886, I had two consecutive cases of child-bed fever. Both made good recoveries. These were the only cases I saw either in my own practice or in that of my father, Dr. J. J. Ward, although we attended nearly seventy-five women in confinement between that date and the following April. On the 13th of April, 1887, I was asked by Dr. J. J. Ward to see with him Mrs. R. H. B., whom he had attended in confinement four days previous. Her labor had been normal and easy for a primipara. The placenta had been expelled naturally and without any in-

terference, and the uterus had contracted well. Her nurse had had a carbuncle on the back of her neck a week or two previous to the confinement, but as it had healed nicely, and she had been but little in the lying-in chamber, no danger was apprehended. The patient had done well until the evening of the third day after confinement, when she was attacked with a heavy chill, followed by aching head and limbs, with the usual attendants of fever. When I saw her she had photophobia and headache, yet seemed bright and cheerful. The external genitals looked healthy, but the lochial discharge was scanty and somewhat offensive, and the vagina was hot. My hand on withdrawal contained strings of a nasty, dark looking material. There was no secretion of milk. Notwithstanding the fact that nearly a drachm of quinine had been taken in divided doses since the first appearance of sepsis, and that vaginal injections of hot carbolyzed water had been used, probably in a perfunctory way, her temperature in the axilla was $105\frac{1}{2}^{\circ}$, and her pulse 120. It was between three and four o'clock P.M. The vaginal injections were ordered every four hours, to be used thoroughly, and ten grains of antipyrine were also given; the nurse was also ordered to sponge her thoroughly and to repeat it when the body heat seemed excessive. At 8 P.M. she was no better. She slept badly during the night. At 3 P.M., the next day, the local symptoms were aggravated; temperature 105° . She was given a scruple of antipyrine, and sublimate injections replaced the carbolyzed water. Affairs went from bad to worse, and at 9 P.M., when the attending physician and myself made our evening visit, he suggested that I take charge of the patient in the double capacity of nurse and physician. I therefore stayed in the house the entire night, administered medicine and used the injections. For nearly a week I lived in her house, and left her for but a few hours at a time. Nearly every unfavorable symptom that one might think of, except vomiting, we were called to combat,—diarrhœa, checked finally by suppositories of nitrate of silver and opium; delirium; excessive interior hemorrhage ending in a state of collapse, so that all one night we stood by her bedside using hot applications to the extremities, with hypodermics of brandy and ergot; abdominal pain and tenderness, together with excessive and almost uncontrollable hysterical symptoms—she had them all. Locally, the vagina became one festering mass. The sides and as far back as I could see were covered with a deposit that looked, possibly

was, diphtheritic; pus was formed in abundance and flowed freely out of the vulva; excoriations and erosions of the vulva occurred, and at times hemorrhage from this part took place. On the fourteenth and fifteenth days after her confinement, following severe uterine pain, she passed two masses about the size of a hen's egg from the vagina, which upon being opened emitted a sickening stench. These masses were either decayed and putrefying blood or else, as I then thought, parts of the degenerated endometrium.

The woman finally recovered and was around the house by the middle of May. A word or two as to the treatment she received. There are many fine spun theories which seem impregnable and satisfactory until put into practice, while on the contrary many procedures which are found to answer all the requisites in practice are hard to defend by pure reasoning. I may confess that, having consulted many authorities both ancient and modern regarding the fever of child-bed, I can advance no theory either as to its cause or treatment that could not be easily controverted by a believer or unbeliever in its septic causation; nevertheless I am no more certain of my own existence than I am of the fact that this patient would have succumbed under any less active treatment than was instituted. This was above all antiseptic. For several days she received vaginal injections every three to four hours night and day of either corrosive sublimate one to three to four thousand, or, after diarrhoea suspended, solution of chlorinated soda, diluted one-half. Of uterine irrigations she received but two, both of the chlorinated soda. Beside this her vagina was packed from three to four times daily with boracised cotton, and the external parts freely sprinkled with a mixture, half-and-half, of iodoform and boracic acid. Over the vulva was placed a pad of iodoform. Antipyrine proved its great value in this case, as I have seen it do many times before and since. A scruple, administered in brandy and water, would, within an hour, reduce the temperature from two to three degrees without any symptoms of collapse; and this with stimulants, chiefly alcoholic, was all the medication she received save as special symptoms demanded it.

'Puerperal Convulsions.'

On July 3d, 1886, saw Mrs. S., aged 18, primipara and far advanced in pregnancy, in a convulsion. The time was one P. M. Gave a half grain of morphine hypodermically. Could get no history, as the woman was unconscious and the friends around knew

nothing except that they had found her on the floor in a fit about a half-hour before. Having made an engagement prior to my seeing this patient, I told the family that I would be back in three hours, and if she had another convulsion to call another physician. Returned about a quarter before four and found Dr. Eastgate in attendance. The patient had rested quietly for nearly an hour after I left her, and then had a convulsion. The doctor had been in the house but a few minutes when I arrived, and requested me to take charge of the case with him. While discussing various plans of treatment, another convulsion occurred. Dr. Eastgate administered chloroform immediately and I examined the uterus by the vagina. The os was slightly dilated. We inserted a catheter into it, and as soon as the convulsion ceased made ineffectual attempts at venesection. In ten minutes another convulsion took place, and chloroform was again resorted to. As soon as possible another half grain of morphia was given hypodermically and a half drachm of chloral administered by the rectum. She did not have another convulsion until five o'clock. It was quite severe, notwithstanding the fact that chloroform had been administered all through the interval. Another injection of chloral, twenty grains, was administered. Chloroform cautiously continued. An examination of the uterus disclosed the fact that the child was making good headway. The membranes were protruding. At six o'clock she had another convulsion. It was not so hard as the others. Dr. Eastgate now left me to meet other engagements. At seven o'clock another convulsion occurred. I now ruptured the membranes and applied the forceps high up, delivering a large female child. The patient fell asleep, and after watching her an hour and observing no return of the convulsions, left her until the next morning. Found her at that time sensible and entirely ignorant of having given birth to a child until it was placed in her arms. This woman was perfectly unconscious from one o'clock P. M., July 3d, until four o'clock the succeeding morning.

Case II.—July 28th, 1886, saw Lena W., unmarried, pregnant with her first child. Dilatation was slow, and about two in the afternoon, having given morphine and chloral without effect, commenced administering chloroform. In fifteen minutes thereafter she had a convulsion. Dr. J. J. Ward and a fresh supply of chloroform were sent for. Before he reached me another convulsion took place. We administered chloroform then as

required. The convulsions occurred very rapidly, and the os uteri seemed very rigid. As soon as possible, and after she had had six convulsions, the forceps were applied and the child safely delivered. Dr. J. J. Ward now left me, and I was preparing to go also, when another convulsion, the hardest of any, occurred. I immediately resorted to the chloroform again and kept her under its influence one hour, then gave a quarter of a grain of morphine hypodermically and left her. Saw her at nine P. M. She was in a dazed condition; face bloated. Gave twenty grains of chloral by the mouth. In the morning she was much the same, though she had slept well during the night. Gave two drops of croton oil, with instructions to repeat in six hours if necessary. At four P. M., found her better. The oil had operated, she had passed urine and was perfectly conscious. She then for the first time realized that her child was born.

ON THE CONJUGAL QUESTION.

BY JANET E. RUNTZ-REES.

In the lower animals, where the balance of sexual relation is perfect, passion is frequently greatest in the female. In the generative relation of man this is less often the case, and where it is recognized as existing, it is rarely insisted upon. The reason of this fact is obvious. Among semi-barbarous people the male is inordinately jealous of the purity of parentage; he selects his wife, less from attraction or motives of affection than as the future mother of his children, and as affording reliable soil for his generative seed, and seeks more ardent embraces in the concubine. Hence, in the evolution of race, passion in the male is increased in transmission, while in the female a corresponding repression of natural instincts results. Now, this fact is attended with far reaching and injurious consequences. Nature is cruel; she demands perfection; and inflicts suffering upon all that fall short of her standard. The sexual relation, as nature intends it, includes perfect physical adaptation and absolute mental harmony. The evil resulting from imperfect physical adaptation is more serious for the participants; that arising from mental disagreement involves the healthful morality of the offspring.

Physical inharmony arises from one of two causes: either the male is precipitate in ex-

pression, and, if selfish or wanting in generosity, ignores the fact that he has aroused desire in his companion without gratifying or awaiting the expression of its appetite; or the female is the more ardent of the two and her lover is irritated by her anticipation of his relief. Perfect physical adaptation means equal ardor of anticipation on either side, mutual enjoyment of the mechanism of the sexual act, and simultaneous expression. In every case where union is less perfect, nature inflicts physical suffering on one or both of the participants. Coitus, in such cases, soon becomes mechanical to the male—mere appetite; and wearisome to the female. In her case, inharmony in physical adaptation is followed by one of two results: either she becomes indifferent and her non-response is followed by induration, congestion of the ovaries, partial paralysis of the generative organs, arrested menstruation, and incipient abscess or cancer; or the irritation and constant mechanical action of the sexual parts without corresponding relief, induces inflammation and a morbid *abstract* appetite, which bears no relation to affection, and is indifferent as to the individual; is, in short, depraved passion, and leads to infidelity, which is the open door to prostitution, and to nymphomania and insanity.

Mental harmony in the sexual relation means: ardent mutual love; absolute sympathy; unified expression. Where physical harmony exists, the gratification of desire results in healthful, true marriage; where both physical and mental harmony accompany the union of the sexes, a perfect marriage is consummated. The offspring of the true marriage is healthful and physically robust, the child of the consummation of the *perfect* marriage, in which physical adaptation is seconded by mental harmony, is—heaven inspired genius.

Every sexual union, of whatever nature, lawful or illicit, that does not include one or both of these harmonious relations, is prostitution, the mere gratification of unhallowed lust, to be followed by the unerring Nemesis of outraged nature, by suffering to the third—aye, and fourth generation.

—Dr. Harris thinks that if Macduff told the truth when he said: "I am even he that the wizards have told thee of, who was never born of any mother, but ripped out of her womb"—he is much more likely to have been delivered by a horn or sword than by the knife of a surgeon.

SOCIETY REPORTS.

NEW YORK PATHOLOGICAL
SOCIETY.*Stated Meeting, October 28, 1887.*

The President, T. MITCHELL PRUDDEN,
M.D., in the chair.

Report of the Committee on Microscopy.

Incrustation of the Tube Employed in Intubation of the Larynx.

At a recent meeting of the Society, Dr. Boldt presented a tube employed for the relief of laryngeal stenosis, which was coated with some kind of deposit. The committee on microscopy reported that the incrustation was limited almost exclusively to the exposed head of the tube, and was composed of the carbonate of lime. There was slight roughening of this portion of the tube, and the inference was that corrosive sublimate, used in the treatment, had formed an amalgam with the gold plating, after which the carbonate of lime was deposited,

DR. NORTHRUP said this raised a new point in the history of intubation. He had himself had a case in which the tube was slightly roughened after the use of corrosive sublimate. The patient's voice returned slowly after the tube was withdrawn, and perhaps this roughened condition of the tube would account for that fact.

Diverticula of the Mucous Membrane of the Bladder, with Diapedesis.

At the last meeting of the Society, Dr. Northrup had presented the bladder of a man who as many as half a dozen times had passed clear blood with the urine. At the autopsy, some enlargement of the prostate was found. The walls of the bladder were slightly thickened, and in the mucous membrane were apparently round, punched out ulcers. The bottom of the ulcers appeared red, as if in a state of ulceration. The microscopical examination, however, showed the mucous membrane intact, and that the depressions were only diverticula. The hemorrhage was accounted for by Dr. Prudden on the supposition that the flow of blood was here interfered with, resulting in diapedesis. This case had been of further interest in the fact that there was congenital absence of one kidney, and carcinoma of the gall bladder.

Dr. Northrup presented (for a candidate) a specimen of kyphosis, with the history.

Uterine Hemorrhage Some Years After the Menopause.

DR. A. P. DUDLEY related the case of a woman, who thirteen years after the menopause suffered from uterine hemorrhage, attributed by her physician to a fibroid. Examination failed to reveal a fibroid or any condition to account for the hemorrhage. The cervix being dilated, the mucous membrane was scraped, and a considerable quantity of a material resembling myxoma or polypus was removed. It was believed not to be malignant.

Hæmatoma of the Ovary.

Dr. Dudley also presented an ovary, the seat of hæmatoma, removed from a girl twenty-two years of age, who had been under his treatment for a year for local pain referred to the region of the ovary. Treatment by hot water, iodine, blisters, etc., failing, he finally resorted to laparotomy. The hæmatoma occupied the greater part of the organ. The patient was now convalescent, and had suffered no more pain.

DR. CARPENTER related a case the history of which was almost identical with that of Dr. Dudley's first patient.

Tubercular Meningitis.

DR. L. E. HOLT presented the brain of a child four and a half years old, the seat of tubercular meningitis. The child had healthy parents, but tubercular grandparents. The symptoms of meningitis were well marked, but neither before nor after death was there evidence of pulmonary tuberculosis found. A few tubercles were present in the bronchial glands. A point of some interest was the presence of a cheesy focus of considerable size at the lower extremity of the third frontal convolution, although during life there had been no disturbance of speech. There were scattering tubercles in the spleen and liver.

Acute Strangulated Hernia, Complicated by Acute Hydrocele.

DR. W. H. PORTER presented a portion of the intestine with the following history of the case: A man, between thirty and forty years of age, developed on last Friday night active symptoms of strangulated hernia. He had never before had any tumor in the inguinal region or scrotum. When a physician was called he found a large painful tumor in the right inguinal region, and tumefaction of the right side of the scrotum. He instituted taxis and caused rapid disappearance of the scrotal tumor, and, as he supposed, disappearance of the strangulated hernia.

But the symptoms of strangulation continuing, he made repeated attempts at taxis until Sunday night, when the patient became moribund and was transferred to a hospital. The surgeon in charge thought that at this time an operation would only hasten death, and it was not performed. At the autopsy there was no tumor in the scrotal or inguinal region. It was found that the sac of the hydrocele had ruptured and the fluid (about a pint of bloody serum) had escaped into the peritoneal cavity. There was no peritonitis. A knuckle of intestine was strangulated at the internal ring, but the gut was in fair condition.

Multiple Diverticula of the Bladder; Vesical Calculi.

DR. IRA VAN GIESON presented a bladder, the seat of a number of small diverticula of the mucosa, and of one larger one containing a number of small calculi. The case was interesting as illustrating how larger diverticuli might be formed from smaller, viz., by the deposit successively of small calculi in its interior. A small aperture led from the diverticuli to the interior of the bladder. The pelvis of one of the kidneys contained a number of calculi the size of a pea. There had been no clinical history referable to the bladder.

EDITORIAL DEPARTMENT.

PERISCOPE.

Infectious Tonsillitis.

In a review of this subject in *Le Concours Médical*, September 17, 1887, O. Le Gendre says: In 1880, Professor Ch. Bouchard taught that acute tonsillitis ought to be considered an infectious disease. He based his opinion upon seven observations. He had four times seen tonsillitis accompanied with an infectious nephritis, the urine being loaded with bacteria. In one case, the nephritis, which had seemed to get well at the same time as the tonsillitis, relapsed at the end of the twelfth day. In this attack, typhoid symptoms showed themselves, and the patient died. In another case, in which the nephritis appeared eight days after the outbreak of the attack of tonsillitis, the former became chronic. M. Bouchard also saw a father and daughter attacked simultaneously with sore throat, both of them presenting a transient albuminuria with bacteria in the urine. He has cited two observations in which, on the decline of acute tonsillitis, there appeared a pseudo-rheumatism involving especially the periarticular fibrous tissues of the joints of the fingers. In a case of phlegmonous tonsillitis, he has demonstrated, in the pus taken from the openings in the abscess of the tonsil, an enormous quantity of short and slender bacilli.

It cannot be denied that cold and dampness play a part in the etiology of tonsillitis, but it is a part similar to that which is properly ascribed to them in pneumonia. Cold permits the microbes, which are carried by the liquids of the mouth and by the air and deposited upon the tonsils, to invade the crypts, to penetrate more deeply, and to in-

fect the whole organism. If the organism is in a bad condition already, if the patient is an overworked, ill-nourished alcoholic, the infection will have a greater hold upon him. In such subjects the infectious state is so marked that every physician, even if not disposed to favor parasitic notions, will be obliged to recognize the general disease.

M. Dubousquet-Laborderie, of St. Ouen, has recently insisted upon the gravity of amygdalitis developing in this way. Chills, a violent fever, anorexia and headache open the scene as in every acute tonsillitis; but, besides, the patient complains of extreme backache, which sometimes is unbearable; swallowing is painful and the throat hyperæsthetic; nevertheless, one only finds redness and some swelling of the mucous membrane; no exudate, either herpetic or diphtheritic. However, there is more or less engorgement of the submaxillary glands. Some complications analogous to those of diseases which are most positively infectious can be pointed out: typhoid symptoms, vomiting, fetid diarrhœa, albuminuria, with epithelial debris and bacteria in the urine, pseudo-rheumatic joint-diseases, even to orchitis and ovaritis, which Joal has noted, as they are seen in mumps.

Just here may be related a very curious observation by Professor Henrot, of Rheims, who was by turns spectator, actor and victim in the pathological drama.

Dr. Henrot was called on May 1, 1886, to see a patient who had passed three or four days in Paris occupied with business affairs. He had been subjected to a draught, and in the evening, on retiring, he was seized with a sharp pain in the throat, which prevented him from sleeping. At the time of his first

visit, which occurred in the morning, there was only redness of the arches of the palate and of the left tonsil. For some time the patient had been occupied with business that required considerable thought, and had become nervous and impressionable, although the pain of which he complained seemed exaggerated, for the redness was not very intense and did not cover a large surface. In the evening, there was some œdema of the uvula. On May 2d, the uvula was swollen to the size of the thumb, but the rest of the mouth not especially swollen. The swelling extended so as to involve the tongue and prevent the swallowing of even a drop of water. The larynx remained unaffected. Finally, the neck also became swollen and the lower jaw immovable. M. Verneuil was called in consultation, and used the thermo-cautery. No pus was found. On the 5th of May, the patient was somewhat easier, but the bowels were obstinately constipated, and very little urine had been passed since the beginning of the disease. Profound adynamia ensued some hours later, and on the 6th of May the patient died in coma.

MM. Henrot and Verneuil regarded the disease at the beginning as due to the poison of anthrax, but M. Dubousquet-Laborde considered it as analogous to several of his observations in infectious tonsillities.

M. Henrot himself was taken sick in a short time afterwards with an attack similar to the one his patient suffered from; and after a very sharp illness, lasting three or four days, recovered.

Renal Ballottement.

Dr. Charles Tisné, in the *Annales Médico-Chirurgicales*, August 1, 1887, reviews a paper by Dr. Clado, which was published in *Bulletin Médical*, July 27, 1887. The following directions are given for practicing renal ballottement: Let the patient lie horizontally, without flexing his thighs. Then insert the right hand into the space between the ribs and the ilium, and make at first gentle concussions. If pain is occasioned, the exploration ought to be made very gently. The left hand resting upon the abdominal wall exerts too gentle a pressure to render the kidney immovable, but feels the movements of the kidney and explores its wall. As the result of experiments made upon a healthy man and upon the cadaver, M. Clado concludes that perception of the shock of the kidney clearly indicates an increase in its volume. Ballottement, as might be expected, is easy in thin subjects and difficult in fat ones.

Moreover, the pain in acute affections of the kidney, and the contraction of the abdominal muscles which accompanies it, absolutely prevent its successful employment.

If it is true that ballottement indicates an increase in the volume, it ought to disappear when the kidney returns to its normal state. This is actually found to be the case in the congestion which accompanies the painful attacks of pyelonephritis. If the size of the kidney is great enough to reach the abdominal walls, ballottement disappears.

M. Guyon has investigated this sign in a great number of surgical affections, and especially in tumors of the kidney. Its importance is extreme from an operative point of view, for the sooner ablation is performed, the less is the danger. It is evident that a study of the patient will alone reveal the nature of the disease.

The production of renal ballottement bears no resemblance to foetal ballottement, because, in addition to normal adhesions, there can exist some pathological adhesions without which ballottement ceases to exist. Simple palpation does not suffice, because the kidney, but little increased in size and fixed posteriorly, does not extend beyond the verge of the psoas and of the crest of the ilium, while, by this procedure of M. Guyon, the kidney is driven forwards and outwards from its seat by the exploring finger.

Salol.

Seifert states in the *Centralblatt f. klin. Med.*, No. 14, 1887, that he has employed salol as a mouth-wash and gargle with very good results in different ulcerative processes in the mouth. He makes a six per cent. solution in alcohol, and adds a teaspoonful of this to a glass of warm water. The drug was not only well borne, but also relieved the disease much more quickly than the treatment with chlorate of potash or salicylic acid. The author calls particular attention to a case of chronic diphtheria which for three weeks had resisted every treatment. After using the salol gargle for three days, the dense, tenaciously adherent membrane became loosened, and did not return.

Insufflations of salol in fetid atrophic rhinitis, in the after-treatment of operations upon the nose, and in tuberculous ulcerations of the larynx, gave less favorable results. The drug acts as an antiseptic and is not irritating, but does not cling to the mucous membrane, and is therefore unsuitable for the purposes just named.—*Centralblatt f. d. med. Wissensch.*, September 10, 1887.

Phlebitis in Gonorrhœal Rheumatism.

In reviewing this thesis of Charles Martel's, Paris, 1887, Pichevin says: It is admitted at the present time that gonorrhœa, which is a local affection at the outset, can produce a general infection of the body by the introduction of the gonococcus into the circulation. This diffuse infection can manifest itself by localizations appearing at a distance, in the eyes, articulations, heart and nerves. Martel has undertaken the task of throwing light upon some of the more rare and less recognized manifestations of the infectious state created by the gonococcus. The purpose of this inaugural thesis is to prove the microbial nature of certain inflammations of the veins arising in the course of gonorrhœa.

After stating that, unfortunately, the observations collected by the author are not all absolutely convincing, and endorsing Martel's words that a small number of facts proves nothing, Pichevin expresses the opinion that in affirming the microbial nature of phlebitis there ought to be presented conclusive microscopic, anatomical, and experimental proof.—*Progrès Médical*, August 27, 1887.

New Way to Use Iodine as a Disinfectant.

In the *Med. Press and Circular*, October 5, 1887, Drs. Casson and Brownen give the following original method of developing the vapor of iodine: The deodorizing properties of iodine have been long known, and although it has for many years been employed as a deodorizer in the cancer wards of the Middlesex Hospital, and probably in many other similar institutions, its employment as a general disinfectant has been greatly lessened, owing to the difficulties experienced in its regular and gradual vaporization. Combined, however, with salicylic acid they find that it can be readily and permanently incorporated with fats, paraffins, or wax, and when candles made from these hydrocarbons thus treated are ignited, iodine and phenol are evolved in a gaseous vaporized form. The phenol is produced by the decomposition of the salicylic acid, and its amount varies according to the temperature or rate of the combustion. Its presence may be verified by passing the vapors of the combustion through dilute nitric acid, and thus producing trinitrophenol or picric acid. But where the combustion is rapid and complete, the phenol is entirely destroyed, as all other organic materials, such as eucalyptus, which

has been suggested for somewhat similar treatment, must necessarily be. It is not so, however, with regard to the iodine. Being *inorganic*, it is wholly volatilized and thrown out as vapor into the surrounding atmosphere, but it is in no sense destroyed. Its presence in the gaseous products of the combustion may be demonstrated by passing them through a solution of starch, or along a tube moistened with starch mucilage. In either case the iodide of starch is speedily produced, and may be recognized by the usual tests. A very faint odor of iodine may be detected when these candles have been burnt in quantity in a close atmosphere; but this is never unpleasant, or in the least degree irritating to breathe; indeed, in several cases of asthma, spasmodic cough, and "hay catarrh," the patients have experienced great relief from the iodine vapor thus liberated. As a deodorizer its action is most marked; the smell of tobacco smoke is quickly and entirely destroyed by the combustion of these candles in the smoking room. The air of stuffy rooms and smelling closets may be rapidly purified by the same means. The odor of sulphuretted hydrogen and of ammoniacal air from a close stable have been very speedily and completely discharged by contact with the same vapor.

They are continuing experiments with regard to a similar treatment of oils for burning in lamps, whereby they hope to be able to furnish means of disinfecting on even a larger scale.

Asthma Crystals Without Asthma.

Dr. Pfuhl, of Hamburg, has reported in the *Deutsche Militärärztl. Zeitschr.*, the case of a private soldier, who was subject to violent attacks of chronic bronchial catarrh, for which he had to be brought to the hospital. In his sputum was found an enormous quantity of the crystals which Leyden has described, and which he believes to be the cause of bronchial asthma; but the man never showed a sign of asthmatic trouble. The constant association of these crystals with lixiviated, shrunken or granular red-blood corpuscles, which had undergone disintegration, has induced Pfuhl to think that the origin of the crystals depends upon the product of the destruction of the cell elements of the blood, and of these, probably upon the albuminate of the red blood corpuscles.

Schreiner has demonstrated that these crystals are phosphates of an organic base. He has also observed that sputum containing derivatives of its base has an intense odor, like fresh human semen. This odor was

present in Pfuhl's patient, and he thinks that this base can be found in different affections of the lungs, and that under some circumstances asthma crystals are found associated with it.

The above case cannot set aside the rule that Leyden's crystals are the characteristic sign of asthma; it is an exception which proves the rule. Pfuhl has during five years investigated the sputa of 855 patients with disease of the lungs at the garrison hospital, but only in this particular case under discussion were crystals demonstrated.—*Deutsche Medizinal-Zeitung*, Sept. 22, 1887.

Post-Rectal Dermoid Cyst.

Dr. von Biernacki describes in a thesis quoted in the *Centralblatt für Gynäkologie*, No. 39, 1887, a remarkable case which occurred in Professor Guesserow's wards. A post rectal tumor was diagnosed, and during labor its nature was made evident by tapping, whereby nearly a pint and a half of hair and greasy material escaped. Notwithstanding the consequent diminution in bulk of the growth, it still remained such an impediment to labor that perforation was necessary. Convalescence was retarded by supuration of the cavity of the cyst. Notwithstanding free incisions, pus with a fecal odor burrowed beyond the limits of the growth, under the right labium majus, the nates, and the vagina. After two months, the patient was discharged cured. Dr. von Biernacki has found records of four other cases of post-rectal dermoid cyst.—*Brit. Med. Journal*, October 1, 1887.

Note Upon the Local Use of Fluid Extract of Quebracho.

Mr. Bourdeaux writes to the *Archives Méd. Belges* that, according to his investigations which have been conducted within the last few years, quebracho is an energetic aid to cicatrization. Painted upon fresh wounds with a smooth edge, it produces transient stimulation and slight pain, just like collodion, and secures healing by first intention. It can also be used with good results in burns and frost bite, if the ulcerated spots have a good ruddy aspect. The fluid extract of quebracho hardens in an hour after being painted on, and forms a brown crust resembling dried blood, which clings firmly to the tissue and can only be removed by warm water. The secretions of the wound dry up,

and if the crust falls off the wound has healed, so that here healing under a scab can be properly spoken of. One great advantage of this treatment consists in the fact that all bandages may be dispensed with.—*Deutsche Medizinal-Zeitung*, September 22, 1887.

The Antiseptic Value of Roasted Coffee.

Dr. L. Keim writes to the *Münch. med. Wochenschr.*, in recommendation of coffee as an antiseptic, declaring that it not only retards fermentation, but also disinfects by killing the fungi. This power is found not to exist in even a strong solution of caffeine, but rather in an ethereal solution of the empyreumatic oil of the coffee, although the experimental proof of this has not yet been adduced. As we already have better antiseptics, infusion of coffee can only be employed when one needs to improvise an antiseptic for use as a prophylactic. For this purpose the powdered coffee is probably more active than the infusion, and the question arises whether the same action can be expected from the former as from the latter. Nevertheless, freshly ground roasted coffee applied to fresh wounds both prevents the development of spores within the wound and offers a useful antiseptic protective against impurities from without.—*Deutsche Medizinal-Zeitung*, September 22, 1887.

Very Rare Presentation in Midwifery.

W. H. Borham reports the following rare case, which he says he never saw before during forty years' experience:

Upon examination of the patient, he found the cord hanging external to the vulva in a loop about three inches long; there was a slight pulsation in it, and it was getting cold. Upon introducing his fingers, he found that the palm of the child's left hand was flat and pronated on the side of the child's occiput, between it and the mother's sacrum. In the interim of the pains, which were flagging, he at once introduced his hand into the vagina, pushed up the child's hand and head, then, by gradually insinuating his right hand into the uterus, grasped the left foot, turned the child, and in a few minutes delivered the mother of a female child. It had suspended respiration, but the heart was still pulsating. With the usual treatment of warm bath, etc., the child was restored, and both are now quite well.—*Lancet*, Oct. 15, 1887.

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N. A. RANDOLPH, M. D., } EDITORS.
CHARLES W. DULLES, M. D., }

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CORROSIVE SUBLIMATE AS AN ANTISEPTIC.

There is a valuable paper by DR. ERNEST LAPLACE, of New Orleans, in the columns of the *Deutsche med. Wochenschrift*, of October 6, 1887. In this paper Dr. Laplace describes the results of an admirable series of experiments made in Koch's laboratory, in Berlin, with corrosive sublimate as an antiseptic. The conclusion at which Dr. Laplace arrives is that the action of corrosive sublimate as an antiseptic is materially enhanced by combining it with tartaric acid. For this purpose he recommends the use of two solutions, one for washing wounds, and the other for impregnating surgical dressings. The first solution is composed of: corrosive sublimate, one part; tartaric acid, five parts; and distilled water, a thousand parts. The second solution is composed of: corrosive sublimate, five parts; tartaric

acid, twenty parts; and distilled water, a thousand parts.

The evidence which Dr. Laplace presents to show that these solutions are effective as antiseptics is conclusive, and they have also the merit of cheapness. They do not destroy the fabric of which surgical dressings are made, and they can be used in conjunction with iodoform.

In the same paper, the author speaks briefly of the effect of adding hydrochloric acid to corrosive sublimate for disinfecting purposes. Our readers are, no doubt, aware that this combination is more efficient than either substance is alone. But it will be interesting to note that Dr. Laplace finds that a mixture containing one part in twenty thousand of corrosive sublimate, and one part in ten thousand of muriatic acid, will destroy the spores of anthrax in twenty-four hours. It would be interesting in this connection to know how much the addition of common salt to a sublimate solution would affect its antiseptic power. Perhaps some of our readers will follow this subject up.

THE VITALITY AND CAPABILITIES OF BLOOD-CELLS.

As the result of five years of patient study, A. P. FOKKER (see *Centralblatt f. d. med. Wissenschaften*, October 1, 1887) announces some remarkable discoveries in regard to the vitality of blood-corpuscles, which have a most important bearing upon a number of problems in medicine, and even in philosophy. Fokker took blood, under the strictest conditions of asepsis, from the carotid artery of rabbits, and brought it into sterilized vessels containing fluid culture mediums prepared with equal precautions. He found, as a rule, that no bacilli were developed, and that the blood continued *to live*, and gave rise to the production of a determinable amount of acid. He came to the conclusion, further, that animal protoplasm has the property—without the co-operation of bacteria—of causing decomposition, and that they retain this power for months in the presence of a proper nutritive material. The difference between or-

ganized and unorganized ferments consists in the fact that the latter have no power of multiplication. Portions of organs, which are not themselves decomposed, continue to live, and the decomposition to which they give rise is a manifestation of life.

Another part of Fokker's investigation dealt with hæmatocytes, certain living bodies which can be produced from blood by cultivation. When he studied blood—again with the strictest aseptic precautions—in the presence of nutritive material, containing sodium, calcium and sulphates, he found that hæmatocytes were developed in from two to three weeks at a temperature of 38° – 40° (centigrade), and in a prepared complex medium, at a temperature of 50° – 52° , so rapidly that their development could be seen on a warmed object glass. He regards hæmatocytes as living bodies; and he found that blood-cultures, which had been kept for a whole year, could be made to produce new crops of hæmatocytes in the presence of new nutritive material. Certain of his investigations led him also to the conclusion that bacteria could develop out of hæmatocytes.

The important bearing of these studies upon various vital processes, including those of the generation of bacteria, can hardly be estimated. It staggers the imagination to conceive the possibilities suggested by the thought that blood-cells may retain their life and their vital functions long after the death of the individual from whom they have been taken; and if it be true that they may actually produce bacteria, without previous infection, the science of bacteriology may have to be reconstructed.

CHEMISTRY VS. BACTERIOLOGY.

In the present state of bacteriology, it is interesting to find contributions to its proper appreciation which indicate that the part played by bacteria alone is not to be overrated. Many careful thinkers have believed, without being able to prove it, that much of the results sometimes attributed to bacteria ought rightly to be attributed to the chemical

substances which they produce, or which accompany them. In the *Archiv für pathologische Anatomie*, October 3, 1887, Prof. P. GRAWITZ, of Greifswald, describes the results of a series of experiments with cadaverin, an alkaloid belonging to the group of ptomaines, which indicate that this substance is capable of exciting suppuration without the presence of the "specific" micrococci of pus. So far is it from requiring the assistance of these cocci, that it is actually capable of destroying them, when they are present. This destructive power is exerted even when the alkaloid is tested in a $2\frac{1}{2}$ per cent. dilution.

But, while cadaverin seems to be able to destroy the peculiar coccus of pus, it favors the development of a large bacillus. Grawitz found, however, that this bacillus does not give rise to suppuration when injected into living animals.

The results of these investigations harmonize with those of others, which tend to show that it is not wise to attribute to bacteria every process with which they are associated. A very refined chemistry must be called to the assistance of bacteriology before we can hope to arrive at a correct understanding of the phenomena of disease. Our forefathers were of the belief that the chemical products of decomposition could cause surgical diseases, and their views are corroborated by such facts as Grawitz adduces, notwithstanding the fact, which seems to be well established, that these diseases are often propagated by specific bacteria.

A careful review of what has already been done in investigation of the part which chemical substances play in the production of morbid processes, indicates that such investigations present a fruitful as well as fascinating field for future study, and one which may well engage the attention of American students of pathology.

RESEARCHES ON MENSTRUATION IN SYRIA.

The *Centralblatt f. d. med. Wissenschaften*, October 1, 1887, cites an interesting paper of ROUVIER, from the *Annales de Gynécologie*, on the menstrual function in women

of various nationalities in Syria. These the author divides into fourteen groups, and finds that certain of them begin to menstruate at an earlier period than others. Temperature has no perceptible influence upon the period at which menstruation begins. Occupation, on the contrary, does influence it; for Rouvier finds that women who work do not begin to menstruate so soon as those who live at ease. The length of the menstrual period is greater in hot countries than in temperate or cold regions, and in both the menstrual period in working women is shorter than that in women of ease. As to the menopause, Rouvier finds that it usually occurs at the age of 45 years; and that the period of its occurrence is not affected by the age at which menstruation begins.

HYPODERMIC MEDICATION OF ANIMALS.

Many of our readers who live in the country, and probably some who live in the city, are interested in the treatment of domestic animals. To these it will be of value to learn that ELLENBERGER reports (see *Centralblatt f. d. med. Wissenschaften*, October 1, 1887) the results of a thorough study of the effect of the hypodermic administration of 31 remedies to horses, sheep, dogs and rabbits. He finds that pilocarpine and muscarine are very valuable cathartics, when administered hypodermically. For many cases he finds a combination of pilocarpine or muscarine, with physostigmine, desirable, because the former produces increased secretion from the intestinal glands and mucous membrane, while the latter produces increased peristalsis.

CHEERFULNESS.

One of the greatest opportunities of the medical man is that he often has it in his power to brighten the sick-room, and to allay the anxieties of a patient, and of those who love him, by a cheerful demeanor. This fact is not unknown to, or unappreciated by, most physicians; and it is not to discuss the value of a well directed cheerful disposition

that we bring the subject before our readers. On the contrary, it is in order to say a word about a mistake which may be made by being too cheerful.

There are times when gravity is more in place than the best meant cheerfulness. Such times are when an illness assumes a serious aspect, of which it may be the right of the patient, or of some one of his attendants, to be informed. It sometimes happens that a man, or a woman, is very ill indeed; that the physician feels it to be important that no depression of spirits should be added to that of the body; and, yet, it is desirable that some responsible person should be informed of the danger which threatens. At such a time, it is not right to keep up assurances of safety, or even of much hopefulness, so as to deceive those who have the greatest interest in knowing the truth. This would be pushing cheerfulness too far, and might lead to a calamity. In such a case cheerfulness would be a fault—even though a generous fault; and those who suffered by it would hardly forgive the physician, no matter how good his intentions might have been.

THE CROWN PRINCE'S THROAT.

Recent despatches from Germany seem to confirm the opinions which were expressed in the REPORTER of June 4, in regard to the nature and probable issue of the growth in the throat of the Crown Prince of Germany. In spite of the hopeful bulletins which were telegraphed from Europe, the progress of the case has been such as to give great concern to those who have had clinical experience with malignant growths. And now, it is reported that the state of the Crown Prince's throat is so serious that a grave operation—probably extirpation of the larynx—has been decided upon, and Professor von Bergmann has been selected to perform it.

The present aspect of this case is not only very sad in its personal bearings, but also very serious in its bearings upon the welfare of the German Empire.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

OPERATIVE SURGERY ON THE CADAVER.

By JASPER JEWETT GARMAN, A.M., M.D., F.R.C.S., etc. 8vo, pp. ix, 150. New York: D. Appleton & Company, 1887. Price, \$2.00. From P. Blakiston, Son & Company, Philadelphia.

This book contains a simple and clear statement of the way in which a large number of operations are to be performed upon the cadaver, and can be recommended to the use of teachers and students in this important part of a surgical education. We hardly agree with the sweeping statement that "to introduce rubber catheters (into the bladder) requires no manipulative skill;" although it does not require much in most cases.

We observe that the author, in speaking of the use of the hypodermic syringe, does not refer to injections into the substance of muscles; which are usually easier to make, and often more desirable than those under the skin. We would suggest also that an imitation of the operation of herniotomy might be introduced with advantage into such a book as this; and in the matter of suturing tendons, a description of the suture proposed by Kocher (Arch. f. klin. Chirurgie, Bd. xxxiv, 1886). Other points arise in our mind—as, no doubt, they have arisen in that of the author since he saw his book in print—but it would be hypercritical to mention them. The book is an excellent one, and calculated, we believe, to be very useful in the sphere for which it was intended.

UEBER DEN MECHANISMUS DER SCHÄDELBRÜCHE (ON THE MECHANISM OF FRACTURES OF THE SKULL). INAUGURAL DISSERTATION. By WILHELM GREIFFENHAGEN. 8vo, pp. 79 (paper), with 5 plates. Dorpat: Schnakenburg's Buchdruckerei, 1887.

This work is one of a kind not uncommon in Europe, in which a graduating thesis bears the marks, not only of the diligence of the student, but also of the wise guidance and assistance of the preceptor. In Europe, very many valuable studies of special subjects have been prepared in this way—the preceptor furnishing the suggestion of a subject and of the way to treat it advantageously, and the student doing all the rest of the work. In the present instance, we have an admirable presentation of what is known as the "bursting-theory" of indirect fractures of the skull—a theory which has been ably defended by Messer, Greder and others in Germany, and by Von Wahl in Russia, and advocated at some length by one writer in this country. It seems to us so reasonable, that we wish the subject might receive more attention from English and American surgeons than it has yet had.

TREATISE ON HUMAN PHYSIOLOGY.

For the use of Students and Practitioners of Medicine. By HENRY CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc. 8vo, pp. xvi, 945. Philadelphia: Lea Brothers & Company, 1887. Price, cloth, \$5.50; leather, \$6.50.

Dr. Chapman is peculiarly well fitted for the preparation of a treatise on human physiology by his extensive acquaintance with the whole range of zoölogical science; and everywhere in his book the

evidences of this acquaintance, and of its value in discussing the subject in hand, are apparent. The author's style is pleasant, so that this book is not only instructive, but also interesting. Our space does not admit of a critical review of his teachings; but they may be said to be generally abreast of the present knowledge of physiology. There appear to be some omissions—for example, we have searched in vain for any mention of the blood plaques of Bizzozero, or haematocytes, in the chapter on the blood; and we cannot find any discussion of the problems of intracranial pressure from the blood and cerebro-spinal fluid, or of the effects upon pulse and respiration of pathological or experimental alteration of this condition. We incline, also, to the opinion that more space is devoted to the study of electricity than is necessary in a work of this sort.

THE PRINCIPLES OF THEORETICAL CHEMISTRY, WITH SPECIAL REFERENCE TO THE CONSTITUTION OF CHEMICAL COMPOUNDS. By IRA REMSEN, Professor of Chemistry in the Johns Hopkins University. Third edition, enlarged and thoroughly revised. 8vo, pp. xii, 318. Philadelphia: Lea Brothers & Company, 1887. Price, \$2.00.

This work, by a recognized authority, has already met with so much favor at the hands of those best qualified to appreciate its merits, that there is little for us to do, in noting the appearance of this third edition, but to congratulate its author upon its success, and wish for a continuance of this success.

TO WHAT EXTENT CAN WE CLASSIFY VESICAL CALCULI FOR OPERATION?

By A. VANDEVEER, M.D., of Albany, N. Y. 8vo, pp. 48 (paper). Reprinted from the Transactions of the American Surgical Association, 1887.

This pamphlet contains the opinions of the author, founded upon an experience of forty-one operations for stone, the histories of which he gives. He does not answer the question in the title very satisfactorily; but seems to think litholapaxy the best operation for stone in general, and to have a favorable opinion of the suprapubic method of lithotomy.

—The Faculty of Medicine of Paris has escaped much public obloquy. Pranzini, a vulgar criminal, who murdered three women for the sake of robbery, was duly executed some time ago, his body being sent for dissection to the laboratory of the Faculty. Ugly rumors soon gained currency that a professor *agrégé* had caused Pranzini's skin to be tanned and made into card-cases. But an investigation has shown that some of the skin had been surreptitiously taken by a laboratory porter and given to a member of the police force, who really had the card-cases made and presented to two of his superiors. So it turns out that the Faculty was not guilty of impropriety. The three implicated police officials, Messrs. Taylor, Goron and Rossignol, find themselves in an awkward predicament, expecting to be dismissed. Some wits say that, living, Pranzini killed three women, and is going to cost three men their heads after losing his own.

CORRESPONDENCE.

Ophthalmia Neonatorum.

EDS. MED. AND SURG. REPORTER,

Sirs:—In the treatment of ophthalmia neonatorum, every hour, day and night, the lids are gently opened, and the discharge washed out with tepid water, and removed with a soft, moistened rag; or a syringe may be used. Every six or eight hours a few drops of a solution of alum, grs. ij-iv, in an ounce of water, are to be dropped into the eyes after the washing. Occasionally, after a week's treatment or thereabouts, a case will remain stationary; and then a solution of nitrate of silver, grs. ij in an ounce of water, may be substituted for the alum drops with satisfactory results. The main point is the repeated washings to remove the discharge.

The above is an old-fashioned treatment, and during an experience of thirty-two years it has proved so satisfactory that the writer has never had any desire for a change.

BACKWOODS.

London, Ontario, Nov. 1st, 1887.

EDS. MED. AND SURG. REPORTER,

Sirs:—Under the head of "Notes and Queries," I would like to ask, as an old subscriber of the MED. AND SURG. REPORTER, your own views and those of any of your subscribers, as to the galvano-cautery treatment in hay-fever. I have myself had no experience in this method of treatment; but as I have one or two patients who suffer severely every fall from this troublesome disease, would be pleased to have the views of some of the more experienced in the medical profession, in regard to it. Would I be justified in recommending them to incur the expense of a trip to some of the Eastern cities, with a view to undergoing that treatment?

Please reply, and oblige one of your old subscribers.

J. R. WALKER, M.D.

Regersville, Tenn., Oct. 27, 1887.

[We have serious doubts of the general applicability of cauterization in the treatment of hay-fever. But we think that the patient referred to above would do well to consult a skilful specialist in diseases of the nares, and follow his advice.—EDS. REPORTER.]

NOTES AND COMMENTS.

The Proper Splint for Gunshot Fracture of the Lower Limbs in Connection with Transportation.

R. F. Tobin, F.R.C.S.I., in a paper on this subject in the *Lancet*, October 15, 1887, after stating that his remarks will apply to gunshot fractures of the hip and upper third of the thigh, says that an appliance, which will give rest to a fracture in the locality indicated, must fix not only the injured limb, but also its fellow, and the trunk as far as the thorax. Liston's and Bryant's splints are satisfactory when the patient is on his bed; but no splint, as far as known, on which the limb does not rest by its own weight, gives satisfactory support when for any purpose the patient has to be lifted. The foregoing conditions are fulfilled by the splints of Thomas, of Liverpool, and Fagan, of Belfast. The objection to using these on the field is due in the former splint to the difficulty in fitting it, and in the latter to its costliness. It is hoped that these obstacles, which are not insurmountable, will be overcome. In the meantime, the author purposes the following dressing, which he says can be rapidly applied, and forms the most available dressing for gunshot fracture of the lower limbs in connection with transportation.

Having treated and dressed the wound after the fashion in vogue for wounds in general, the canvas of a stretcher with removable poles is spread upon the ground, and is cut transversely into two about its centre. The following materials are also made ready: (1) Two pairs of trousers, viz., that of the wounded man and any other obtainable of about the same size; (2) a few strips of blanketing, or a few large towels or other material, of a size to go as a binder round the waist and hips in three or four layers; (3) one stone and a half of plaster-of-paris; (4) three gallons of water; (5) a bucket or other receptacle in which to mix the plaster and water; (6) three yards of calico torn into three many-tailed bandages; and (7) a roll of cotton wadding. The plaster is mixed with about an equal quantity by measure of water, and into the creamy fluid so formed, the two pairs of trousers and the material that is to go round the waist and hips as a binder, are immersed. When these have been thoroughly imbued with the fluid, the trousers are spread out one over the other on the canvas of the stretcher, the forks of the combined trousers being made to lie a few inches away from and above the

division in the canvas, and a many-tailed bandage placed, ready to be tied, under each leg. The material which is to form the abdominal binder is spread, with a many-tailed bandage underlying it, transversely under the waist of the trousers; and over all a thick layer of wadding is layed. On to the splint thus formed the patient is lowered in such a position that the margin of the fork of the trousers corresponds to a point two inches and a half above the arms, and that his legs, being immediately over each leg of the trousers, are about six inches apart at the knees. The fractured limb is held in good position by the surgeon, while two assistants, by tying together the tails of the bandage, bring the splint into close apposition with the posterior surface of the patient's legs, buttocks, and loins, and make the binder encircle the hips and abdomen. As soon as the plaster has set, the poles are passed through the folds in the canvas and the patient is removed. The whole dressing, not including the treatment of the wound and the setting of the plaster, can be applied in less than a quarter of an hour by a surgeon and two skilled orderlies. During the subsequent treatment of the case the canvas of the stretcher is never removed from underneath the patient. When an action of his bowels is about to occur, the poles are put in position, the halves of the canvas are separated, the patient is raised, and the bed-pan passed underneath him. He is lifted in a similar way when his wound requires to be dressed. The situation of this may require that windows be made in the splint and canvas; and in cases where it is apparent that this will have to be done, hoop-iron, if obtainable, should be placed between the trousers, when first put in position, so as to strengthen the splint under the injured limb.

Jhambul in Diabetes.

In the *Maryland Medical Journal*, October, 29, 1887, Dr. W. H. Morse gives an account of jhambul, from which the following abstract is taken: The drug is obtained from the bark, but especially the seeds, of a small evergreen shrub, whose habitat is the humid regions of India. It is administered in the form of a powder, the dose of which is five grains three times a day.

According to Dr. Morse, the action of the drug, in the dose mentioned, is threefold. (1.) The excretion of urine is lessened in quantity. (2.) The specific gravity is lowered at once. (3.) The formation of sugar in the urine is arrested by a prevention of

the conversion of starch. Among other minor actions may be enumerated a checking and control of the boulimia and abnormal thirst, an improvement in nutrition, and a permissible removal of the restrictions of diet. During treatment the patients are excitable, but sleep well, and gain strength rapidly.

In a word, uniformly successful results are obtained speedily and without compensation. Exceptions are noted in fat subjects, and where phthisis complicates. Although these classes of cases are decidedly ameliorated, it cannot be said that any have been cured. In all other classes a cure is the rule, the arrest of the changes in the nervous system which accompany or cause the disease being an early accomplished fact. Health is regained even when the disease is of long duration, and when the patient is in an apparently hopeless condition.

In enteritis, acute gastritis, and peritonitis, the results attending the use of jhambul are very gratifying, and the author only regrets that a limited experience prohibits the giving of a line of testimony of particular interest. To increase the action of the heart the indications from the use of jhambul are promising.

As the author begins his consideration of the therapeutics of jhambul by saying: "It is as yet too early to enter far on the therapeutical actions of jhambul," his positive statements as to its curative powers in diabetes seem unwarranted. It is not clear either, from the paper, by what process the author arrived at the conclusion that "the formation of sugar in the urine is arrested by a prevention of the conversion of starch."

The Lime Treatment of Cancer.

Dr. P. Hood, in a letter to the *Lancet*, October 1, 1887, refers to a former communication by him in which he recommended the carbonate of lime obtained from oyster shells as a cure for cancer. He says that the pharmacopœia preparation may be used in doses of six grains in a wineglassful of milk or other fluid, such as tea, two or three times a day. He also recommends the following ointment as a local application:

R Cretæ preparatæ.....ʒiij
Ol. amygdal fʒij

Mix the lime intimately with the oil and add two ounces of lanoline. Apply twice a day.

Should the smell be unpleasant, three or four drops of oil of bergamot or geranium will correct it.

Transient Œdema of Half the Lip.

Dr. Alfred W. Hughes reports the following interesting case to the *Brit. Med. Journ.*, September 24, 1887: A case to which I have given the above designation came under my notice a few days ago, when I was called to see a patient whose lower lip had become enormously swollen during the night, the swelling being confined to one side, extending only to the middle line of the lip, where the line of demarcation between the swollen and healthy tissues was very definite. The patient told me that some years ago a similar swelling occurred, which also appeared during the night, and, like the present one, disappeared gradually during the early part of the following day, having caused no inconvenience beyond a slight difficulty in articulation and mastication, which was not due to any pain, but simply to the large size of the lip. I may mention that a lymphatic gland, which I considered abnormally large, could be felt on the same side of the face, on the surface of the jaw near the anterior margin of the masseter muscle, but this the patient informed me was always of the same size.

I recommended no treatment, for, as I anticipated, the swelling disappeared in the course of a few hours, but I was naturally expected to explain the condition. At first, upon noticing what I considered an enlarged gland in the course of the lymph stream from the part, I thought the swelling was due to lymphangiectasis, from some blocking of the lymph vessels, or some interference with the flow of lymph through the gland; but were it of this nature, it would have been preceded by an inflammatory condition of the lymphatics or lymphangitis, with the ordinary symptoms of inflammation—namely, heat, redness and pain, and a dilated condition of the lymphatic vessels—would have been apparent beneath the skin and mucous membrane of the lip, which symptoms and appearances were here entirely absent. I therefore consider the following a more feasible explanation, that during sleep the facial vein was compressed at the point where it crosses the lower jaw, thus stopping the flow of blood through it. This compression would not interfere greatly with the venous circulation in the upper part of the face, due to the communication which exists between the facial vein and the pterygoid plexus of veins beneath the masseter, which veins open into the internal maxillary vein, a radicle of the external jugular. But the flow of blood out of the veins of the lower lip would be greatly impeded, as these veins open into the

facial below the communication above mentioned, which communication is therefore unable to relieve the inferior labial veins which are now engorged.

This engorgement would lead to extravasation of lymph and swelling, unaccompanied by any inflammatory symptoms; and this swelling is transitory, because, when the compression is removed, the circulation returns to its normal condition, and the extravasated lymph is reabsorbed.

Localized Sweating.

The *British Med. Jour.* of September 24, 1887, contains a letter from R. G. Wilde, who says: With reference to the cases of localized facial sweating, recorded in the *Journals* of July 9th and August 20th, the following may be of interest: M. H., a gentleman, when aged 22, suffered from supuration of the parotid, following typhus fever. The abscess was opened in three places, small scars now remaining—one just below the zygoma, one below the angle of the jaw, and the third in the anterior wall of the external auditory meatus. Profuse sweating now occurs on a patch about an inch in diameter, in the middle of the left cheek, invariably during mastication, or when any acid substance is taken into the mouth; never at any other time. There is not, and according to the patient's account never has been, any loss of power or sensation on that part of the face. This has now lasted for upwards of twenty years, coming on soon after the abscess had healed.

A second letter from W. J. Penny, F.R.C.S., says: During the last two months I have had two cases of localized sweating of the groin under my care, which may possibly throw some light on the cause of the cases of localized facial sweating published in recent numbers of the *Journal*.

In one of these cases the sweating appeared round the scar of a bubo. The bubo healed four or five years ago. After that the sweating came on, and has continued to the present time. It was very profuse and strictly localized, the other groin remaining dry. The patient consulted me on account of the discomfort he experienced from the perpetual damp condition of the part.

The second patient was recovering from a recent attack of gonorrhœa when he called my attention to a profuse sweating limited to his left groin. No signs of inflammatory swelling were apparent; but, on careful examination, the cord on that side was found slightly tender. The sweating in this case struck me

as possibly being a manifestation of a pre-inflammatory stage, and accordingly I treated him very carefully.

The first case had existed for some years, and was probably due to the altered condition of the parts—possibly to some change in the vaso-motor nerves of that region.

Pernicious Anemia and Bothriocephalus Latus.

In 1886, Prof. Runeberg suggested that pernicious anemia is sometimes due to the presence in the intestines of the tape-worm known by the name of *bothriocephalus latus*. Recently, Dr. Schapiro has recorded in the Russian journal *Vratch*, the history of a case which supports this view. The patient was a boy, 13 years old, with marked anemia, diminution of the proportion of red blood-corpuscles, tendency to hemorrhage, etc. After the administration of anthelmintics and the evacuation of a large quantity of segments of the *bothriocephalus*, he recovered.

Cases of Spontaneous Rupture of the Aorta and Heart.

In the *Lancet*, October 1, 1887, Mr. W. Goode Adams gives an account of a young woman, twenty-three years old, of healthy parentage and family history, who had been brought home on May 6, with the history that she had had cardiac pain, and had become faint. She was kept in bed for the next two days, and on the third was allowed to go out with her sister. After walking about twenty minutes, she was seized with violent pain over the region of the heart, and immediately became faint. She was at once taken home, but continued faint and semi-conscious until next morning, when she died. No physical signs of heart disease were detected during life. At the autopsy, the pericardium was distended with serum, and the heart invested by blood clot. A small opening, just sufficient to admit a probe, was found in the posterior wall of the aorta at its junction with the left ventricle, and almost touching the point of attachment of the semi-lunar valves. There was also a transverse rupture of the inner coat of the aorta, extending nearly entirely around the aorta, and a little higher up than the point of rupture of the external coat. No areas of fatty degeneration were found. The kidneys were full of cysts. This case is supposed by Mr. Adams to be a remote sequel of typhoid fever, from which the patient had suffered eleven months before, but he thinks the immediate sequel was the kidney disease. The rupture of

the walls of the aorta probably occurred on two separate occasions, at an interval of four days, during which interval a dissecting aneurism began to form.

Mr. Adams also reports the case of a patient fifty-nine years old, who had suffered for some months with occasional but slight pain in the cardiac region, the pain radiating into the arms. On the morning of his death, while in the water-closet, he was heard to vomit, and on coming out said that he felt faint and would go up and lie down on his bed. An hour afterwards he was found there dead.

At the autopsy, a very small valvular opening was found in the anterior wall of the left ventricle, running upwards and inwards. The opening would only admit a small probe. The heart muscle was in a state of fatty degeneration, while the aortic valves were atheromatous, and so, likewise, were the coronary arteries.

These two cases are interesting, particularly the first one, on account of the supposed mechanism of the rupture and its remote cause. Neither of them, however, compare with the extraordinary case communicated to the *REPORTER* (Oct. 8, 1887, page 479) by Dr. John C. Holmes.

Imaginary Ulcers of the Tongue.

At a meeting of the French Academy of Medicine, on September 27, 1887, M. Verneuil spoke of imaginary ulcers of the tongue which, he said, were characterized by pain and by the taking of the natural condition of the part for an ulcer. The persons affected are, in Verneuil's experience, men from thirty-five to fifty years of age and of the best bodily condition, though giving evidence of gout. Tobacco did not seem to have a serious influence. The course of the disease is irregular, and the pain of variable intensity, but the disease is chronic and rebellious to treatment. One of the five patients, whom the author has seen, died, three years after the first visit, of general paralysis; the others recovered. The prognosis is doubtful, because of the persistency of the pain. Verneuil recommends alkalies, arsenic, the bromides and local anodynes. He would also like to suggest the use of parenchymatous injections of morphine into the tongue, and the application of the cautery to the painful points.

M. Fournier expressed the opinion that the disease is not as rare as M. Verneuil seems to think, and regarded tobacco as one of the causes.—*Progrès Médical*.

Alarming Syncope from Syringing the Ear.

In the *Lancet*, October 15, 1887, Mr. J. Middlemass Hunt, M.B., Surgeon to the Throat and Ear department of the Newsham Dispensary, Liverpool, reports that he was called to see a boy with suppurative disease of the right middle ear, who had suddenly fainted after his ear had been syringed out by his mother. It should be stated that previous to the syncope the child had been running about apparently well. He found the boy in profound coma, with slow, irregular respiration, rapid pulse, lividity of the lips, cold extremities, and dilated pupils. He considered the boy to be at the point of death, but ordered mustard to be applied to the nape of the neck and the lips moistened with brandy and water. In a few minutes after the mustard was applied the child became conscious and to all appearances as well as usual, except that he was somewhat pale and languid. There were no signs of caries in the ear, and the urine was free from albumin. The child has since remained well.

Roosa has reported a similar case, which occurred in a man forty-five years of age, but gives no explanation of the cause of the coma. Hunt is disposed to think that it is a nervous reflex starting from the termination of the auditory nerve in the semicircular canals and labyrinth, or from the tympanic plexus. Lockhart Clarke has demonstrated a connection between the roots of the fifth cerebral, the glosso-pharyngeal and the vagus.

A. New Method of Treating the Vomiting of Pregnancy.

In the *Lancet*, October 15, 1887, Dr. William Duncan, F.R.C.S., assistant Obstetric Physician to the Middlesex Hospital, reports three striking cases of the vomiting of pregnancy, in which he obtained complete and rapid relief by the local application of cocaine to the vagina and neck of the uterus. The first patient was a woman of nineteen years, who had persistent vomiting for a month. She was two months pregnant with her first child. The uterus was markedly ante flexed and tender on pressure. The roof of the vagina and the cervix were painted freely with a 15 per cent. solution of cocaine, and a plug of cotton-wool soaked in this solution was carefully inserted to a depth of three-quarters of an inch into the cervical canal. The patient returned in a week reporting that she had not vomited once in the interval.

The second case occurred in a woman

twenty-six years old, three months pregnant with her second child. The uterus was normal in position, but tender on pressure. The same treatment was followed by a precisely similar result.

In the third case, a woman twenty-three years old, pregnant two months and a half, had been vomiting for six weeks. The uterus was somewhat ante flexed. The same treatment was used, except that the cocaine was not applied to the cervical canal. In a week the patient returned saying that she had not vomited for the first four days, but since that time it had recurred. The vagina, and this time the cervical canal also, was again painted, and vomiting had not recurred when the patient again reported in a week.

In conclusion, the author speaks guardedly of the ultimate value which may be put upon this method of treatment, and calls attention to the danger of exciting abortion from a careless application to the cervical canal.

How to Keep Ice From Melting.

It is often a most important matter to be able to preserve ice from melting quickly in the sick-room. Various devices have been suggested for this purpose; but the most efficient seems to be one proposed by Dr. Julius Stumpf, in the *Allg. Med. Central-Zeitung*, Sept. 14, 1887. Dr. Stumpf recommends the use of chaff—barley-chaff. He says that a piece of ice placed in a bag, and then in a box or basket containing enough barley-chaff to surround it with a layer five or six inches thick, will not lose 25 per cent. of its weight in five or six days, in a room, the temperature of which is between 70° and 80°. This suggests an excellent way to preserve various articles of food and drink, as well as ice itself.

Elixir of Cascara Sagrada.

A committee appointed by the British Pharmaceutical Conference, held in 1886, to prepare a formulary of unofficial remedies, reported the following formula for cascara sagrada:

℞ Tincture of fresh orange peel... 2 fl. ozs.
Rectified spirit..... 1 fl. oz.
Cinnamon water..... 3 fl. ozs.
Syrup..... 6 fl. ozs.
Fluid extract of cascara sagrada... 8 fl. ozs.
Mix.

Dose: 15 minims to 2 fluid drachms.

—*Druggists' Circular.*

NEWS AND MISCELLANY.

Coffee and Tea.

"The berry of Mocha" is declining in public favor, according to the latest returns of the Commissioners of Customs. To many persons this will not in the least be a matter of surprise, for it will in all probability only confirm that which they had noticed to be the case during the last few years. Coffee unquestionably has its drawbacks as a beverage. To glean from it its full flavor, the berries must be freshly ground, and, generally, care exercised in preparing it, otherwise anything drinkable is better than coffee. Those tourists who have paid a visit to Norway will doubtless have a lively recollection of the superlative character of the flavor of the coffee which is provided in the Norwegian hotels, and the explanation of this fact is readily forthcoming to any one taking the trouble to inquire. The berries are taken in their green state and freshly roasted, and there is generally only one person in the establishment who understands the process; the goodness of the infusion altogether depends upon the degree of roasting, a fact which the Norwegians thoroughly admit. Perhaps coffee is most out of place when it is drunk after a full meal. Nothing can be conceived more harmful for digestion than coffee, as handed round at dinner parties. The mixture of wines on these occasions is far from a consummation devoutly to be wished, but mixed wines diluted with a concoction of coffee is too appalling for anything. Let any interested person make the experiment, not upon himself, but in a glass receptacle, and then let him view the mixture, and ask himself whether it looks inviting enough to imbibe. Much of the discomfort which is felt in the morning after "dinners" may be attributed to the postprandial cup of coffee which has been indulged in, and which should have been avoided. This is a little matter, which, we may rely upon it, the stomach has found out, and which it accordingly resents. However, in its place, in the long run coffee is less harmful than tea. The flatulent dyspepsia, which from the depression of spirits that is caused, has probably not a little to do with the cases of women who largely follow the practice of "pouring spirits down in order to bring the spirits up," is one of the most common results of indiscriminate tea-drinking. There is, it must be confessed, a sequence of events in these instances. First, the tea-imbibing to excess ;

secondly, the flatulent dyspepsia with depression of spirits; thirdly, the resort to alcohol to correct the depression, with consequences which exhibit a remarkable variety. The principle of cause and effect is, of course, in these cases lost sight of. Probably many a woman, at first against her will, is led on by this means to become a confirmed tippler, not because the human predilection for alcohol induces her to give way, but because she is over-burdened with something of which all mankind has the intensest hatred, "the blues," and for this she finds gin and whisky unfailing remedies. But the poor are partial to tea, and one of their reasons is, that it enables them to get along with less nourishment, and by this means helps them to economise in their food. We do not dispute the reasoning; it may be possible that theine diminishes tissue waste; we should, however, be much more inclined to believe that the inimical effect of tea-drinking upon the gastric mucous membrane banished the appetite, and rendered eating almost impossible, not from choice, but from compulsion. "The Prince of Tea-drinkers was Dr. Johnson, one of the most sedentary of men, and the most unhealthy." But it is scarcely to be believed that all his tea-drinking could have done him any good; on the contrary, a martyr, so to speak, to struma as he was, he probably aggravated his constitutional malady by the habit.—*The Med. Press and Circular*, Sept. 14, 1887.

Leprosy.

Dr. Besnier stated in the course of a paper on leprosy, which he read at a recent meeting of the French Academy of Medicine, that there are always a few cases of leprosy under treatment at the Hospital of St. Louis, in France, and that the number tends to increase with the spread of the French colonial empire. Leprosy is now known to be a microbial disease. The bacillus is scarcely distinguishable in appearance from the bacillus of tuberculosis. It was at one time believed that particular climatic conditions and particular articles of food—notably certain species of fish—were capable of producing the disease; but this theory is now abandoned. Leprosy, Dr. Besnier affirms, is propagated by contagion, and by contagion alone. The bacillus is not found in the soil or in the water of the regions where the malady prevails. It is, therefore, by its direct passage from one human organism to another that the disease which it causes is communicated and spread.

Killing a Monstrosity.

A Calcutta despatch to the London *Times* says: An extraordinary appeal case has lately been heard in Madras which shows the character of existing superstitions. It seems that one of the accused in the original case gave birth in December last to a male child having four eyes, the face of a monkey, and crooked arms and legs, while it grunted like a pig immediately on its birth. The midwife placed the child under a trough and sat upon it, both she and the mother raising cries of alarm. The male prisoners then came and took the child into a field and killed it by striking it on the head with a club. Their explanation was that the child was an evil spirit, which they were justified by the custom of the country in killing in order to prevent it from doing evil. The judge acquitted them on the ground of a mistake of fact. This decision was necessarily upset on appeal. The accused believed that unless the child had been killed it would have grown to an immense size and devastated the country, and that they were therefore committing a meritorious action in obviating so grave a public calamity.

Preserving Oysters in the Shell.

Mr. M. A. Freeman, of Philadelphia, has recently patented a method of preserving oysters in the shell, which promises to revolutionize the business of shipping them, and to make it possible for oysters to be obtained in the best condition at the greatest distance from the sea. According to the *Public Ledger*, October 28, the invention consists simply in so fastening the two shells of a living oyster together that they cannot open. The inventor claims that death and subsequent decomposition of an oyster are due to the introduction of air, that in the normal condition the shell is completely filled with the body of the oyster and his liquor, and that the two shells close together so perfectly that if they are not allowed to open not a drop of liquor can leak out nor a bubble of atmospheric air leak in.

The plan is wholly original, but the inventor states that it has been thoroughly tested. In 1884 he shipped oysters to Denver, Colorado, fastened together with Yankee clothes-pins, and they carried safely. After some experiment he adopted iron wire, and has some remarkable records of the results. On the 17th of November, 1886, a barrel of clamped oysters was shipped to a Liverpool firm. The last of the oysters were sampled on the 7th of February, and were in salable

condition. Another barrel made a round trip over the Atlantic on the steamship Lord Gough, occupying thirty-seven days, and were eaten by gentlemen interested, at the end of the voyage, and were pronounced excellent. Others have been shipped to San Francisco and the extreme Northwest.

Activity of Surgeons.

The recent death of the famous surgeon, Professor Langenbeck, has called attention to the fact that great surgeons not only as a rule are blessed with long life, but are very unwilling to retire from their profession till compelled by old age, although to the lay mind surgery does not appear a specially enjoyable employment. Dr. Spencer Wells relates that when Dr. Astley Cooper became too infirm to practice on human patients any longer, he continued to treat cows, horses and dogs; and one day, when a visitor called on him, Cooper asked: "Do you know what is my favorite employment at present?" "Well?" "To go about my garden and select the tree best adapted for hanging myself." One obvious reason why surgeons live so long is that they know how to take care of their health. Thus Dr. Billroth, of Vienna, during a recent sojourn in the country, never neglected his daily heart and lung gymnastics.

A Serious Mistake.

A very serious mistake occurred in a Vienna pharmacy recently, attended with extraordinary circumstances. Two girls entered at the same time and were waited upon simultaneously by two different assistants. They both brought bottles of about the same size, in which one wanted oil of vitriol (dil.), and the other "Kindermeth" (presumably syrup of rhubarb comp.) The assistants were confused by the similarity in the appearance of the girls, and gave the acid to the one wanting the "baby syrup." Despite the fact that the latter is a familiar preparation, and of a brown color, the acid was administered to the child with nearly fatal result. The pharmacist was fined for carelessness, an extraordinary pressure of duties being his only excuse. Nothing is said concerning the labeling of the bottles. Was this entirely omitted? The acid should at least have been labeled "poison," if sold at all without a prescription, and careful inquiry made as to its use. We had not expected such loose construction of the duties of pharmacists in the Austrian capital.—*West. Druggist*, October, 1887.

Medical Aphorisms.

A correspondent of the *Canada Lancet*, signing himself "Artz," says that he came across the following professional aphorisms of Amédée Latour, which are sufficiently curious and shrewd to merit reproduction:

1. Life is short, patients fastidious and the brethren deceptive.
2. Practice is a field of which tact is the manure.
3. Patients are comparable to flannel, neither can be quilted without danger.
4. The physician who absents himself runs the same risk as the lover who leaves his mistress: he is pretty sure to find himself supplanted.
5. Would you rid yourself of a tiresome patient, present your bill.
6. The patient who pays his attendant is but exacting, he who does not is a despot.
7. The physician who depends on the gratitude of his patient for his fee, is like the traveler who waited on the bank of a river until it finished flowing so that he might cross to the other side.
8. Modesty, simplicity, truthfulness! cleansing virtues, everywhere but at the bedside; there simplicity is construed as *hesitation*, modesty as *want of confidence*, truth as *impoliteness*.
9. To keep within the limits of a dignified assurance without falling into the ridiculous vauntings of the boaster, constitutes the supreme talent of the physician.
10. Remember always to appear to be doing something—above all when you are doing nothing.
11. With equal and even inferior talent the cleanly and genteely dressed physician has a great advantage over the dirty or untidy one.

Another Medical College.

Application was made to the Court of Common Pleas of Philadelphia, November 1, 1887, for a charter for the Burton Medical College Association, whose purpose is "to establish a college to be known as the Burton Medical College, and subsequently, in connection therewith, a hospital for clinical advantages."

New York Eye and Ear Infirmary.

The Directors of the New York Eye and Ear Infirmary are about to resume the work of raising funds for a new building. Subscriptions to the amount of \$60,000 are now on the book. As soon as \$100,000 is secured they will proceed with the erection of the east wing. The present building will remain in use exclusively for hospital purposes until it can be replaced by something better. The infirmary is the oldest institution of the kind in the country.

Quarantine Commissioners Stirred Up.

The quarantine commissioner of New York are much exercised over the report of a committee of the College of Physicians, of Philadelphia, which visited the quarantine station at New York, and found it entirely inadequate to the necessities of so large a port. Commissioner Judd in reply says: "We don't want any advice from Philadelphia, nor do we want any more opinions from medical men there or anywhere. In my opinion, the community have more to fear from doctors than from the cholera."

A Large Piece of Ambergris.

Charles Reade, in one of his novels, gives a graphic account of a lucky catch of a quantity of ambergris in the body of a sperm-whale, which was found floating on the ocean "as high as a frigate," dead of disease. David Dodd, the narrator of the story, states how, as his vessel approached the sperm-whale, the stench of the carcass became so intolerable that the skipper gave the crew leave to go below and close the lee ports, only remaining on deck himself with Dodd. They stuffed their noses and ears with cotton steeped in aromatic vinegar, and their mouths with pig-tail; they lighted short pipes, and broached the vessel upon the putrescent monster, and grappled to it. Then the skipper jumped on it, a basket slung to his back, and a rope fast under his shoulders, and drove his whale-spade in behind the whale's side-fin, digging a hole four feet deep. After a long search he gave a shout of triumph, and picked out some stuff that looked like Gloucester cheese, and when he had nearly filled his basket, returned on deck. Soon a heavenly perfume arose from the cheese-like stuff, struggling for mastery with the stench from the carcass. The stuff was ambergris—eight pounds of it—which the captain sold to a wholesale chemist at a guinea an ounce, clearing 128*l.* by the transaction.—*Chemist and Druggist.*

The Sale of Intoxicating Liquors by Druggists.

The *Western Druggist* says: The sale of intoxicating liquors by druggists in Michigan will be kept within strictly legitimate bounds if the law recently enacted on the subject is enforced with any degree of energy. As will appear from extracts published elsewhere, the minimum license for vending liquors is \$500 per annum, but this provision does not apply to druggists selling liquors for

"chemical, scientific, medicinal, mechanical, or sacramental" purposes, provided they make a detailed record of all such sales, and file a bond in the sum of \$2000, by which the signer agrees not to sell to a minor (except upon the written order of parent or guardian), nor to a person "in the habit of getting intoxicated," nor to any "Indian, or person of Indian descent," nor to any person when forbidden in writing to do so "by the husband, wife, parent, child, guardian or employer of such person," nor to sell any such liquor "to be drunk on the premises, nor to be mixed" with soda-water; that he will sell liquors only for the purposes before named, and then hold himself liable for all "damages, actual or exemplary," which result from such sales. For the first violation of any provision of the act, the minimum penalty is \$100 or ninety days' imprisonment, or both, in the discretion of the court; for the second offence, an additional penalty of forfeiture of all privileges under the law, for a period of five years.

Quackery on a Grand Scale.

The English journals contain an account of a most audacious quack who has recently had full swing in Paris. Some months ago the quack in question opened a splendid suite of rooms in a building on one of the Boulevards. He had footmen in plush and pages in livery, and advertised largely, announcing that he had an infallible cure for hoarseness and diseases in the throat by inhalation. He called himself Dr. Pitchitchine,—a name which had been culled promiscuously from an ordinary atlas, and at once began successfully an extensive scheme of deception. By and by a young actress, who had just accepted a six months' engagement, was allured by his representations to visit him to obtain relief from some laryngeal difficulty. The folding doors on her arrival were thrown open by a gorgeous attendant, and the great quack appeared before her gaze dressed in oriental garb. The head of the actress was enveloped by the quack in a cloud of cashmere, and she was told to inhale the contents of a tube. She did so, and instantly fainted away. The quack became alarmed, and at once sent for the nearest medical practitioner, who quickly revived the patient. The actress found herself subsequently hardly able to speak, and her voice so injured as to compel her to cancel her engagement, and the quack has been proceeded against for damages to indemnify the actress for the loss of her engagement, while he is also to be prosecuted

for illegal practice of medicine. The inhalation consisted of a mixture containing a large quantity of chloroform.

An English Opinion of American Dentistry.

America, that is to say the States, is the home of scientific dentistry. In no other country probably does one see so much gold utilized for stopping what might otherwise have been aching cavities as in the home of the sweet potato. Useful it undoubtedly is, but it is occasionally a positive disfigurement. Many Americans—especially among the female portion of the population—cannot laugh without the observer being startled by the metallic masses which excite at once his surprise and his cupidity. We have not heard so far of any murders directly attributable to the temptation to which the unwary traveler is thus exposed, but this absence of crime can only be attributed to the wonderful control that some people have over their itching palm. It is true that to pilfer a gold-laden tooth is a task requiring considerably greater dexterity than that of rifling a pocket, and the immunity of these brazen-teethed persons from robbery with violence is possibly due to this fact.—*Med. Press and Circular*, Oct. 12, 1887.

Antiseptic Duels.

A triumph of antiseptic surgery, which was probably unforeseen by Sir Joseph Lister, is recorded by the French papers. As is well known, the *duello* still flourishes among our neighbors with a vigor that would have delighted Captain Bobadil. As a rule, honor is very easily satisfied in these encounters, and all the scientific thrusts and lunges end usually in wounds which are well within the range of minor surgery. It appears, however, that in a recent affair of honor the principals, who "meant business," ran each other completely through the body. Great, therefore, was the amazement of their friends to see both the heroes of the fray walking about a few days afterwards as if nothing had happened. This fortunate result is attributed to the fact that the surgeon who was in attendance on the ground had taken the precaution to dip the swords in a strong solution of carbolic acid before they were used. This humane idea might possibly be still further improved upon, and the combatants might be compelled to fight in suits of antiseptic gauze and protective, and under a cloud of carbolic spray. The sterilisation of pistol bullets may follow, and impetuous politicians on the other side of the Channel will then be able

to indulge in their favorite recreation with even less risk than at present.—*Brit. Med. Journ.*, October 17, 1887.

Not a Medical Editor.

A sullen-looking man with a horsewhip entered a Nebraska newspaper office and asked the boy where the editor was. The boy "sized him up" and answered:

"Gone to Ohio; won't be back for six months."

"Where's the foreman?"

"He's gone to Washington with an invitation to the President. Won't be back 'fore cold weather. What do you want—want to paralyze 'em?"

"No, no; I owe them \$4 and thought I'd pay up."

"That so? hold on a second; perhaps the editor hasn't started yet."

He whistled; a long, dark form crawled out of a wood-box, and the editor was ready for business.—*Nebraska State Journal*.

Items.

—Dr. John M. Carnochan, a well-known surgeon in New York, died suddenly of apoplexy, October 29th. He was born in 1817.

—Dr. James Knight, Surgeon-in-Chief of the Hospital for the Relief of the Ruptured and Crippled, in New York, died October 24. He was born in Maryland, in 1810.

—The people of Musquodoboit Harbor and Jessore, in Nova Scotia, are terrorized by highway robbers and burglars. A few nights ago Dr. Stoddart, a well-known physician, had his wagon stopped by a highwayman, but escaped by applying the whip to his horse. The robber fired after him, but missed his aim.

—On Monday, October 24, Dr. Baker, of Bay-City, Mich., was sent for by one Joel Dietz, a travelling agent, who had developed symptoms of insanity. When the doctor arrived Dietz shot him twice with a revolver, and then shot himself through the heart. Fortunately the doctor was not seriously injured.

OBITUARY.

DR. MOSES GUNN.

Dr. Moses Gunn, of Chicago, the eminent surgeon, died November 4th, at his residence in that city.

Dr. Gunn was born in East Bloomfield, N. Y., in 1822. He graduated at Geneva

Medical College in 1846, and settled at Ann Arbor, Mich., and commenced practice. At the same time he instituted a course of anatomical lectures, the first systematic enterprise of that kind in Michigan. Upon the organization of the Medical Department of the State University, he was appointed to the Chair of Anatomy and Surgery, and occupied it for nearly eighteen years. He served in General McClellan's army during the war. In 1867 he succeeded Dr. Daniel Brainerd in the Chair of Surgery in Rush Medical College, Chicago.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Oct. 30, 1887, to Nov. 5, 1887:

Capt. Chas. B. Byrne, Assistant Surgeon, ordered for temporary duty at Ft. McHenry, Md. S. O. 231, Div. Atlantic, Oct. 28, 1887.

Capt. Curtis E. Munn, Assistant Surgeon, relieved from duty at Fort Canby, Wash. Ter., and ordered for duty as Post Surgeon at Fort Klamath, Oregon. S. O. 231, A. G. O., Oct. 28, 1887.

Capt. G. W. Adair, Assistant Surgeon, the leave of absence for seven days granted on the 27th inst. by the Commanding Officer, Fort Brady, Mich., is extended twenty-three days. S. O. 231, Div. Atlantic, Oct. 28, 1887.

List of Changes in the Medical Corps of the U. S. Navy, during the week ending Nov. 5, 1887:

Surgeon P. Fitzsimmons, ordered to the U. S. steamer "Marion."

Assistant Surgeon L. W. Atlee, ordered to the U. S. steamer "Marion."

Medical Inspector N. L. Bates, ordered to the U. S. steamer "Trenton."

Passed Assistant Surgeon Henry G. Beyer, ordered to the U. S. steamer "Trenton."

Assistant Surgeon Stephen S. White, ordered to the U. S. steamer "Trenton."

Passed Assistant Surgeon P. M. Rixey, detached from the U. S. steamer "Trenton" and await orders.

Passed Assistant Surgeon Richard Ashbridge, ordered to the U. S. Receiving Ship "St. Louis."

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ended Nov. 5, 1887:

C. S. D. Fessenden, Surgeon, detailed as Chairman of Board for the physical examination of officers of the Revenue Marine Service, Nov. 1, 1887.

F. W. Mead, Passed Assistant Surgeon, detailed as Recorder of Board for the physical examination of officers of the Revenue Marine Service, Nov. 1, 1887.

A. D. Bevan, Passed Assistant Surgeon, relieved from duty at Portland, Oregon; ordered to Marine Hospital, New York, Nov. 2, 1887.

P. M. Carrington, Assistant Surgeon, relieved from duty on Revenue Steamer "Rush"; ordered to Marine Hospital, San Francisco, Cal., Nov. 2, 1887.

T. B. Perry, Assistant Surgeon, relieved from duty at Marine Hospital, San Francisco, Cal.; ordered to assume charge of Service at Portland, Oregon, Nov. 2, 1887.

H. T. Goodwin, Assistant Surgeon, relieved from duty at Norfolk, Va.; ordered to Marine Hospital, New Orleans, La., Nov. 5, 1887.

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ORIGINAL DEPARTMENT.

ORIGINAL COMMUNICATIONS.

INJURIES TO THE FÆTUS DURING LABOR.¹

BY THEOPHILUS PARVIN, M.D.,

Professor of Obstetrics in the Jefferson Medical College,
Philadelphia.

Though injuries of the child during labor are not frequent, probably they are much less rare than is commonly believed. In many instances they are not recognized immediately after delivery, and they may disappear spontaneously, and in some their consequences are attributed to erroneous causes. Some of these lesions may happen in spontaneous labor, and others in artificial, whether the interference be manual or instrumental. It is impossible to classify them according to their causes, and apparently their most satisfactory division is one resting upon the regions or parts affected. Hence, in the paper now presented, injuries to the fœtus in labor will be divided into those involving the head and neck, those of the trunk, and, finally, those of the extremities.

Injuries of the Head and Neck.

Contused wounds of the scalp and of the face, and incised, punctured, and lacerated wounds of the former are met with. So far as contused wounds of the face are concerned, it usually happens that they follow difficult delivery with the forceps, especially if the instrument be a powerful compressor; so too these result if the blades

are applied obliquely, or antero-posteriorly to the head, instead of to its sides. But in almost all cases the effects are trivial and soon disappear. Punctured and incised wounds of the scalp have been made from mistaking a caput succedaneum for the fœtal sac. Tarnier mentions an instance of a wound thus inflicted leading to the death of the child from erysipelas, a few days after birth. More extraordinary is a lacerated wound of the scalp, made in the effort to apply forceps, the operator introducing one of the blades between the scalp and the cranial bones. An example of this terrible blunder is mentioned by Charpentier, and I have met with a similar case.

Sloughing of a portion of the scalp has been observed following some cases of spontaneous labor. Thus, Priestley¹ has reported a case of this kind, resulting in death eight days after delivery; the labor was protracted for forty-eight hours because of a narrowed pelvic outlet. Lizé,² of Mans, states that in the case of a multipara, forty years of age, the bag of waters ruptured five days before the birth of her child, which presented by the vertex, but occupied an occipito-sacral position. Five days after delivery, a slough involving almost the entire extent of the occipital bone appeared; three days subsequently it became detached and the child recovered. Bouchut³ quotes from Lorain a case of gangrene of the scalp in a new-born child occurring in the service of Moreau. The mother was a primipara, and the labor lasted forty-eight hours, terminating sponta-

¹ A paper read before the Philadelphia County Medical Society, October 26, 1887.

¹ London Obstetrical Society's Transactions, vol. i.

² *Annales de Gynécologie*, 1875.

³ *Traité pratique des Nouveau-Nés*, etc.

neously; the child died on the nineteenth day. Dr. Goodell informs me of a case in which an oblique application of the forceps was made—one blade being in relation with the right frontal bone, and the other with the left occipital—and the right anterior portion of the head was so bruised that sloughing occurred a few days after birth. After the detachment of the slough, a fatal hemorrhage occurred.

Depressions and fractures of the cranial bones, separation of their union to each other, fractures of the bones of the face, as well as disjunction of their articulations and joints, have been observed more or less frequently in cases of difficult labor, manual or instrumental—some of them, indeed, in spontaneous labor. Some obstetricians have asserted that depressions of the bones of the foetal skull are always accompanied by fractures. This was the opinion of Danyau, of Lachapelle, and of Schröder. But a case,¹ given by Matthews Duncan, seems to strengthen the view held by most obstetricians, that such depressions may occur without the bone being broken. The case was one in which a persistent impression was made on the right parietal bone, by the finger of the accoucheur, who was endeavoring to cause rotation. The result was slight, short, but frequently repeated epileptiform seizures, which lasted some time after the impression had disappeared, and were finally replaced by choreic movements. It seems hardly probable that the pressure of the finger produced a fracture of the bone.

Dugès² has given an instance of great depression in one of the parietal bones, not followed by any serious consequences. The child was delivered by the feet through a pelvis of which the conjugate diameter was estimated at three inches and a quarter. Powerful traction upon the shoulders and upon the lower jaw was necessary to bring the head past the obstruction, and the parietal bone, which was in relation with the sacro-vertebral angle, presented a depression half an inch in depth and two inches in breadth. The infant was resuscitated with difficulty, then had convulsions, but in a few days was quite well, and in fifteen days the depression had entirely disappeared.

Minor depressions or indentations are sometimes seen, especially after the application of the forceps, and in rare instances such marks are permanent. But we must not be in haste to conclude that these indentations,

found upon the head of a newborn child, are proofs of instrumental delivery, for Oslander¹ has stated that, having delivered a child by podalic version through a narrow pelvis, he found upon its head a depression into which the end of a forceps-blade accurately fitted; so that he himself would have concluded, had he seen a similar depression, that the delivery had not been spontaneous, but by the forceps.

Fractures of the foetal skull have been observed as the result of direct violence, as when a woman expels her child while she is standing, and it falls on the floor. Or, again, a woman,² near the close of the second stage of labor, the child's head being at the vulvar opening, threw herself out of the window, and several fractures of her limbs, as well as a fracture of the child's head, resulted. But apart from these cases in which the injury has resulted from direct violence, and those observed in delivery, whether spontaneous, manual, or instrumental, in narrowed pelves, which will be referred to in a moment, fracture may occur when the labor is in all respects perfectly normal, so far as duration and facility are concerned. Thus, Dr. Charles West³ has reported a case of an infant dying from convulsions nine days after birth, the labor having been an easy one and lasting but five hours. The mother had previously given birth to two living children, and these labors too had been normal. Yet, at an autopsy of the third child, a fracture of the right parietal bone was discovered, with effusion of blood between the cranium and dura mater, the effusion being more than half an inch thick and occupying the entire fossa of the bone. Dr. West states in his report that fractures of the skull have been known to take place during easy labors, and wholly independent of any preternatural degree of ossification of the skull. Monteith¹ mentions having attended a case of perfectly natural labor, in which the child had a fracture of the right parietal bone. There was a marked depression in the middle of the bone, and the fracture extended to the sagittal suture on one side, and to the coronal on the other. It is quite apparent that a case such as either of these might give rise to

¹ Given by Cieslewicz, *Verletzungen des Fœtus durch den Geburtshelfer*. Halle, 1870. Cieslewicz gives forty cases of fracture, fissure, contusion of nerves, laceration of muscles, separation of epiphyses, etc., occurring in labor; he also reports two of rupture of the longitudinal sinus.

² Quoted by Delore. *Fractures du Fœtus*, *Dictionnaire Encyclopédique des Sciences Médicales*.

³ *Transactions of the London Medico-Chirurgical Society*, 1845.

¹ *British Medical Journal*, October 18, 1873.

² Quoted by Jacquemier, *Manual des Accouchements*. Paris, 1846.

medico-legal investigation, or to unjust censure of the obstetrician.

In regard to fracture of the bones of the cranium or face, or rupture of the joints of the maxillary symphysis, or of the cervical vertebræ, or fracture of a vertebra—for it is claimed that usually the body of one is broken rather than two vertebræ are separated, as the consequence of great traction occurring in manual or instrumental delivery—an important question arises as to the amount of force which may be safely used either with hand or instrument. In illustration of the great force which has been employed in forceps delivery without injury to mother or child, I quote the following from Dr. Peugnet.² He states: "I was called to Mrs. K., a multipara, in labor with her third child. The first two were delivered by craniotomy. The vertex presenting, R. O. A., and impacted between the sacrum and the pubes, the conjugate diameter of the superior strait greatly contracted, I applied forceps, and had great difficulty in locking them. Dreading the laceration which might ensue in this case from side-to-side lever action, I concluded to rely upon direct and steady traction. My strength giving way, her husband held me round the waist, whilst the patient was held *in situ* on the dorsum by four women. In forty-five minutes I had the satisfaction of bringing the head down upon the perineum. The delivery was then speedily accomplished. Both mother and child, a girl, did well." The least that can be said in regard to this case is, that the result was very remarkable, and it is doubtful if the practice pursued could be repeated in any considerable series of similar cases without injury to both mother and child.

Delore,³ after remarking that the foetal head may endure, without injury, a great compressing force if applied to a large surface, and if made by a regularly concave surface, as that of the blades of the forceps, states that from his experiments he found a compressing force of one hundred kilogrammes (250 pounds) did not cause a fracture. But, on the other hand, if the blades slip, if the pressure is made upon a small surface, fracture follows the exercise of much less force. Further, a blunt, angular body, such as the sacro-vertebral angle, the spherical surface of which is described by a radius of two or three centimetres, produces a fracture with a force of twenty kilogrammes (50

pounds). As the force which is exerted in difficult labor is more than twenty kilogrammes (50 pounds), fracture results. Nevertheless, these results are not in complete accord with those of Goodell,¹ though, as will be seen, he is discussing the question of the amount of traction force that may be used in a narrowed pelvis without injury to the neck of the child. Nevertheless, the subject of injury to the bones of the head is also involved, and in only one instance, I believe, does he mention fracture of one of the cranial bones. He states that he has on several occasions delivered living children after throwing on their necks a weight of 130 pounds. He further says that, although exerting all the manual strength at his command, he has never seen the body part from the head. He mentions one instance in which there was not the slightest apparent injury to the neck, though the sacral side of the head had been broken in. Further, in another case, the force of traction upon the child's head, combined with suprapubic pressure, amounted to 200 pounds. Stone² has more recently reported a case of podalic version, and delivery by traction through a narrowed inlet, in which he put on the neck of the child all the force of which he was capable, using the pump handle movements described by Goodell. The child was dead. There was no fracture of the bones of the head. The spine had parted in the upper dorsal region during the traction upon the trunk, which was necessary to cause the shoulders to come low enough to reach the arms. The cervical spine was not broken.

Delore's conclusion as to the amount of force followed by fracture of the cranium of the foetus is erroneous, or such injury ought to have been observed in all cases where a force even approaching 100 pounds was used. Champetier's³ investigations as to the force that could be safely used in the delivery of the foetus, led him to the following conclusions, the first of which does not correspond with the results obtained by Goodell: First, there is danger of fracturing one of the parietal bones, whatever the method of extraction, if the total force employed reaches thirty-five to forty kilogrammes (87-100 pounds), the infant being at term, twenty to twenty-two kilogrammes if it be premature. Second, the inferior maxilla of a child at term will bear, without rupture, a traction of twenty-five kilogrammes (62½

¹ London *Lancet*, November 14, 1874.

² *Ohio Medical and Surgical Journal*, 1878.

³ *Op. cit.*

¹ *American Journal of Obstetrics*, 1875.

² *Medical and Surgical Reporter*, February, 1880.

³ Du passage de la tête foetale a travers le détroit supérieur rétréci du bassin.

pounds). Third, the vertebral column of an infant at term was ruptured in three cases by a force of fifty kilogrammes (125 pounds).

If it is objected that these results have been obtained by experiments upon dead children, and, therefore, are not applicable to the force which may be exerted upon living ones, the answer of Matthews Duncan may be repeated. He, after consulting physiological and physical authorities, could say that a child living and one recently dead were the same as to tensile strength.

In this connection it is well to refer to the amount of traction which may be safely applied to the lower jaw of the fœtus, as stated by Duncan¹ from his own experiments. It will be observed that his results are not the same as those announced by Champetier. Duncan states: "It is now ascertained that a force of half a hundred weight (fifty-six pounds) may, at least in some cases, be applied by dragging the lower jaw of the fœtus without producing any easily discovered injury of parts." He further says, that compound dislocation would be almost certainly fatal, and in one of his experiments this injury was inflicted by a weight of fifty-six pounds. Not only does Duncan's statement as to the force which the inferior maxilla will bear without injury differ from that of Champetier, but the difference is still greater from that given by Delore, who makes this forty kilogrammes (100 pounds).

Fractures of the cranium usually involve the parietal bones, but they may also occur in the frontal, in one of the temporals, or in the occipital bone. Jacquemier first pointed out the separation between the squamous and the basilar portion of the occipital bone, to which some more recent writers² have directed attention without giving him just credit. He also stated that he had met with fracture of the occipital bone, above the protuberance. Ruge,³ referring to separation of the epiphyses between the squamous portion of the occipital bone and the articular part, states that Schröder is the only one who has recently drawn attention to it; and, notwithstanding its importance in regard to the life of the child, this lesion is not referred to in classic works as one of the immediate consequences

of extraction. The lesion may also occur in a narrowed pelvis, though the head present. In these cases there may be not only effusion of blood, but further compression, from the squamous portion having its anterior inferior margin forced against the medulla.

On the other hand, severe injury of the frontal bone has been observed without serious consequences. Thus, Dugès¹ saw a child recently delivered, whose left eye was almost completely outside the orbit, so great was the depression of the frontal bone; yet the infant did not have convulsions or any other grave symptoms. I have seen protrusion of the eyeball in a newborn child, following fracture of the frontal bone by Hodge's forceps, in a case of tedious labor in a primipara, the delay being from an occipito-sacral position. The child lived for a week. That an infant may survive very grave injuries in labor is proved by a case reported by Lamotte,² in which a surgeon, in a case of shoulder presentation, had torn away the arm, and then performed a craniotomy, evacuating a large amount of the cranial contents; yet the child was born alive.

Zweifel³ regards fissures and fractures of the cranial bones as of clinical significance only if a sinus be injured and consequent hemorrhage occur. On the other hand, Delore⁴ asserts that all these fractures are grave, on the ground that they may be accompanied by contusions of the brain. Further, there may be hemorrhages between the bone and the periosteum, in the cavity of the arachnoid, or between the pia mater and the brain. If the solution of continuity be at the position of a sinus, there is frequently rupture of the vessel. He adds that in all cases in which the head has undergone severe compression from dystocia, he believes hemorrhages occur. The significance of this last remark will be appreciated, especially when we consider the remote consequences upon the mental condition of the child, as urged more especially by some English observers.

Injuries to the bones of the face are usually of the inferior maxilla. This bone may be fractured, or separation of the mental symphysis may occur. Ruge mentions cases in which, in addition to injury of the bone, there were lesions of the soft parts—as, for example, tearing of the skin at the angle of the mouth, as well as of the mucous membrane of the pharynx, and rupture of the

¹ London Obstetrical Society's Transactions, vol. xx.

² Thus Bednar, *Die Krankheiten der Neugeborenen und Säuglinge*, Wien, 1863, refers to it as a hitherto unobserved injury.

³ *Bulletin de Thérapeutique*; from *Zeitschrift für Geburtshilfe und Frauenkrankheiten*, 1875.

⁴ Jacquemier, *op. cit.*

² *Traité des Accouchements*, 1726.

³ *Lehrbuch der Geburtshilfe*.

⁴ *Op. cit.*

genio-glossus muscle. Yet, if we fail to use traction upon the lower jaw in cases of difficult head-last labors, we miss what may prove an important means of delivery when other means fail. Some years ago, in a case of narrow pelvic inlet, having failed to deliver with forceps, I performed podalic version, and sought to deliver by traction, while a consultant aided me with suprapubic pressure. I am confident that I did not use the force which some operators have employed safely under similar circumstances; yet the cervical vertebræ gave way, either by separation or by fracture, and I found apparently nothing but the integument holding the head to the body. I then succeeded by traction upon the inferior maxilla, suprapubic pressure assisting, in bringing the head into the pelvic cavity.

That the head may be left in the uterus, the body being dragged away, is a fact proved by occasional instances in the history of obstetrics. In other cases the division had been made, not by rupture, but by cutting through the neck. An instance is reported¹ in which the obstetrician, failing to deliver the head in a case of shoulder presentation, after detaching the arm and bringing down the feet, performed decollation, and the head and the placenta remained in the uterus for forty days. Freund mentions a case in which the head was left in the uterus for ten years.

Probably the most remarkable case of multiple injuries to the face has been recorded by Petit.² The face presented, rupture of the uterus occurred, and the woman died undelivered, though the forceps had been used. The autopsy of the child showed multiple separations of the bones of the face, and fractures.

Paralysis of one of the facial nerves has been observed most frequently, but not exclusively, after the use of the forceps. In a paper read before the American Gynecological Society in 1885, I referred to eight cases of spontaneous facial hemiplegia, and also mentioned one case observed by Seeligmüller, in which the paralysis affected both sides of the face. But the disorder usually occurs from the use of the forceps, and is caused by the pressure of one of the blades at the stylo-mastoid foramen, or a little in front of the lobe of the ear. Landouzy, who has best described this affection, has remarked that in the infant the complete absence of the mastoid apophysis and the slight development of

the auditory canal, favor compression of the facial nerve near its point of emergence. According to Parrot and Troisier, recovery usually takes place in six weeks in paralysis of the facial nerve caused by the forceps. Many cases, however, get well in ten days. Nevertheless, while recovery is the rule, it should be remembered that in some cases the injury is permanent. Duchenne¹ refers to two patients, one fifteen years old, and the other five years and a half, in each of whom the paralysis continued. It should also be observed that there may be facial paralysis in the newborn, caused by protracted labor and intracranial hemorrhage.

Injuries of the sterno-cleido-mastoid muscle have been observed by several practitioners. Torticollis, of obstetric origin, is explained by Stromeyer and Dieffenbach as resulting from improper application of the forceps, the muscle being bruised or torn. But this explanation is rejected by Saint-Germain as not plausible. A very large proportion of infants that have wry-neck are born with pelvic presentation, and it is asserted that the traction exerted causes rupture of some fibres of the muscles; a hæmatoma follows, and, finally, contraction of the cicatricial tissue results in drawing the head into an unnatural position. One of the first references to tumors of the sterno-cleido-mastoid was made by Melchiori² in 1862. He spoke of them as indurations of muscle, sometimes met with in young infants, and to which he found no reference in authors. He met with this disorder four times, and he described the affection as an indurated, plastic deposit. While he mentions temporary deformity of the neck, he does not speak of any case in which this was permanent. In referring to its etiology, he suggests that compression of the muscle, or laceration of some of its fibres, may take place during labor. The next year both Dr. Wilks and Sir James Paget³ met with cases of what they described as chronic induration of the sterno-cleido-mastoid. Another case of the affection was reported the same year by Dr. Harris; and thus the published cases in a few months numbered at least six. But no reference was made by any of the reporters to the previous observations of Melchiori.

Bryant,⁴ in 1863, reported two cases of thickening of the sterno-cleido-mastoid.

¹ See Nadaud; *Des Paralyties Obstétricales des Nouveau-nés*.

² *Medical Times*, London, August 9, 1862.

³ *London Lancet*, vol. i., 1863, pages 11, 236 and 313.

⁴ *London Medical Times*.

¹ *Obstetric Gazette*; from *Archiv für Gynäkologie*, March, 1883.

² *Annales de Gynécologie*, 1874.

One patient was four, the other eight weeks old, when he saw them. In each instance the birth was with pelvic presentation. Probably in all the cases, or at least in a majority of them, the disease was hæmatoma. Nevertheless, Blachez¹ regarded these tumors as caused by an interstitial myositis, in consequence of traction upon the muscle. He describes the tumor, observed in one of his patients, as elastic, almost painless, and the size of a pigeon's egg; it was situated in the right sterno-cleido-mastoid, and was not discovered until two or three weeks after birth, when the attention of the parents was called to it by the infant's keeping the head inclined to the right side. Zweifel recognizes injuries of the sterno-mastoid muscle in labor as a cause of torticollis. Professor Albert,² of Vienna, referring to a child with torticollis, stated that the sterno-cleido-mastoid may become contracted during intrauterine life, or be injured during birth. In breech presentations, and in difficult forceps delivery, a laceration of this muscle may occur, and be followed by inflammation and contraction.

While such injury is more frequent after head-last labors, yet they are also met with in vertex presentations, and if the forceps have been used.

Injury to the brain.—On October 2, 1861, a paper was presented to the London Obstetrical Society by Dr. Tyler Smith for Dr. W. J. Little, the title being "Upon the influence of abnormal parturition, difficult labors, premature birth, asphyxia neonatorum, on the mental and physical condition of the child, especially in relation to deformities."³ In this paper—which by the way mentions two cases of wry-neck, attributed to difficult labors—the author says: "It is impossible not to connect the persistent affections of the intellect, of volition, and of organic life, with the injury the several nervous centres, suffered in some instances before the fœtus had reached the maternal pelvis; in others whilst in transit through it; and in a third set of cases, where the fœtus was exposed to neither of these kinds of injury, it suffered from asphyxia neonatorum, suspended animation, and its concomitant congestions, effusions, capillary apoplexies of the brain, medulla oblongata, and spinal cord." Dr. Langdon Down, in discussing the obstetrical aspects of idiocy, stated that in a very large number of cases of idiocy the subjects were born after difficult and unusually tedious

labors; and he held that if a neurotic tendency was present the tedious labor and suspended animation might determine the catastrophe, where otherwise all might have gone fairly well.

The following note from one of Dr. Little's¹ correspondents may be of some interest; it is in reference to a young man in regard to whom inquiry had been made by Dr. Little: "I have again ascertained he was asphyxiated for two hours when born, and that he has always been a weak creature; very slow in mental development; with difficulty in speaking; trembling and shaky; unable to fix his attention on a book; and a bit of a punster." The final statement, "a bit of a punster," is conclusive as to the intellectual feebleness of this unfortunate man! These views are further strengthened by the statement of Dr. Arthur Mitchell,² that he believes there is a connection between difficult labor and idiocy.

Injuries of the Trunk.—The chief lesions of the trunk are: rupture of the connections between the dorsal vertebræ, or fracture of one of these; injuries to the abdominal wall by a badly directed blunt hook; effusion of blood in muscles, similar to those that have been referred to as occurring in the sterno-cleido-mastoid; retropleural hemorrhages along the spinal column in case rupture of this column occurs; hemorrhage into the abdominal or thoracic cavity; collections of blood beneath the capsule of the liver, or of the kidneys; and rupture of the sacro-iliac joint. Ruge has collected forty-four cases of injury to the fœtus occurring in extraction after version, and twenty-nine of injuries in pelvic presentations. In the former there are three cases of rupture of the sacro iliac joint. It is probable, as suggested by Zweifel, that some cases of ankylosis affecting this joint, of which the etiology is obscure, are to be attributed to injury in birth. Zillner³ has reported a rupture of the sigmoid flexure occurring in labor.

Injuries of the Arms.

In connection with these lesions those of the scapula and clavicle, which belong to the arms rather than to the trunk, will be considered. Delore states that *fractures of the humerus* are more frequent than all others, as they are usually readily cured, and are generally caused by *mal-adresse*; they are rarely published. But he further says that this accident may occur in the hands of the most expert

¹ *Gazette Hebdom.*, May 19, 1876.

² *Obstetric Gazette*, September, 1882.

³ *Obstet. Society's Transactions*, vol. xviii.

¹ *Obstetrical Transactions*, vol. iii.

² *Medical Times*, 1862, 1863.

³ *Centralblatt für Gynäkol.*, 1885.

accoucheur, if the pelvis be contracted. They occur most frequently in the disengagement of the arms after podalic version, when extraction is necessary; and they may also happen in pelvic presentation, but usually, if we do not have to extract the child—that is, if the expulsion can be left solely to nature—the arms will not ascend, but remain applied to the chest. Smellie¹ states that he fractured the humerus in a case in which he turned, and delivered by the feet. This is the only case he gives, while he mentions three cases of fracture of the femur, two occurring in the practice of his assistants, and one in his own.

All obstetricians agree that in bringing down an ascended arm it is important that no pressure be made until the internal angle of the elbow is reached, and that three or four fingers should be employed, and not one or two. Pajot regards it as important that the posterior arm should be liberated first. Küstner² describes separation of the epiphysis of the head of the humerus from the diaphysis as one of the injuries of labor which may be overlooked, or falsely regarded as a luxation, a fracture of the neck of the scapula, or an injury to nerves. Fractures of the clavicle, separation from its sternal attachment, transverse fracture of the scapula, separation of the epiphysis of the neck of the scapula, injury of the acromion process, and dislocation of the humerus, have been observed.

Fracture of the Clavicle is most frequently caused by pressing directly with one or two fingers, in the endeavor to bring the head through the pelvic inlet after podalic version, or in pelvic presentation. McClintock, in one of his annotations to the

Sydenham Society's edition of "Smellie," observes, "Although Smellie gives no example of fracture of the child's clavicle during delivery by the pelvic extremities, yet, in my experience, it is a bone very apt to be broken by the manipulations of the accoucheur, more so even than the humerus; this may, perhaps, be explained by its greater degree of ossification."

Paralysis of the Arm.—Sinkler recognizes hemiplegia as, in some cases, the consequence of injury at the time of birth, either from the forceps or from the pressure of a prolonged labor. Nadaud gives seven cases of paralysis of the arm attributed to the forceps; the first case of this injury reported is one of Smellie's. Jacquemier mentions an instance of paralysis of the deltoid following a long and difficult, but spontaneous, labor; the recovery was complete in fifteen or twenty days. He attributed the disorder to compression of the axillary nerve against the humerus at the point of its attachment to the deep face of the deltoid. Fasbender found a tumor, as large as a pigeon's egg, situated above the right clavicle, in an infant soon after delivery; the hæmatoma gradually disappeared, but at first there was paralysis caused by nerve compression. Delore suggests that paralysis may be caused by the rupture of a nerve trunk near its connection with the spinal cord. He states that this accident is not rare in the new-born, or in young infants, as a consequence of traumatism; it is followed by incurable paralysis, which is compatible with life if an upper member only is affected. Disengagement of the extended arms in pelvic deliveries, and traction upon the axilla in delayed delivery of the body in vertex presentation—the traction in some cases being with the blunt hook, in others with the finger—have resulted in paralysis of the arm. The same disability has occurred in a case in which the arm protruded in shoulder presentation and delivery was effected by podalic version.

Luxation of the humerus has, in some instances, been mistaken for obstetric paralysis. Further, it is important to distinguish between cerebral and traumatic paralysis. Duchenne¹ gives an instance in which there were both cerebral and obstetric paralysis, the latter consequent upon a fracture of the ulna near the elbow.

Injury to the Legs.

Fracture of the femur may be spontaneous, or consequent upon artificial delivery.

¹ Sydenham Society's edition of Smellie's Midwifery, vol. iii., pp. 296, 297. This great obstetrician, in the first volume, remarks: "In laborious or preternatural cases, when considerable force hath been used in delivering the child, the whole body ought to be examined, and if there is any mark or contusion on the head, it will disappear if anointed with pomatum, and gently rubbed off or chafed with the accoucheur's hand; if any limb is dislocated or broken, it ought to be reduced immediately; luxations, though they seldom happen, are more incident to the shoulder than to any other part, the humerus being easily dislocated, and as easily reduced. The ones of the arm and thigh are more subject to fracture than any other of the extremities; the first is easily cured, because the arm can be kept from being moved, but a fracture of the thigh-bone is a much more troublesome case, because over and above the difficulty of keeping the bones in a proper situation, the part is often necessarily moved in cleaning the child."

² Ueber die Verletzungen der Extremitäten des Kindes.

¹ See Nadaud, op. cit.

Meyer has recently¹ reported two cases in which spontaneous fracture of the femur was observed; in one a single femur was broken; in the other both femurs. In May, 1847, Dr. Vanderveer² reported a case of such a fracture in childbirth. But probably more fractures of the femur are to be attributed to the attempt to pull down a lower limb in pelvic presentation, when the presenting part is already partially in the mother's pelvis, before pressing up the presenting part, or from the use of the blunt hook. Delore's experiments show that with the untied finger traction to the amount of fifteen kilogrammes (37 pounds), may be made upon the groin, and this cannot break the femur. If a force of fifty-five kilogrammes (137 pounds) is exerted upon the femur, fracture occurs; if the instrument be perpendicular to the bone, the latter gives way with a pressure of twenty kilogrammes (50 pounds).

Again, the femur has been broken, or separation of the epiphyses has been caused, by traction upon the leg. A. R. Simpson mentions an instance in which podalic version was performed, the right lower limb brought down, and traction made. Subsequent examination showed that there were three fractures of the femur.³

Luxations of the femur, consequent upon obstetric operations, are exceedingly rare according to Ruge. In 300 autopsies upon new-born infants, he did not find a single true dislocation of this bone. Küstner, in referring to luxations of the hip, speaks as follows: "Göschel relates a case in which Langenbeck reduced such a luxation after the subject, a girl, was thirteen years old, and mentions in this connection that Stromeier had met with twenty cases. The only possible way in which this injury could occur would be by sudden and violent force drawing down the limb, and then dislocation upon the ilium might result. But the force must be great. I have suspended to the leg of a child, from six to ten minutes, a weight of from thirty to forty kilogrammes (75-100 pounds), without any injury to the joint."

Complete paraplegia, in connection with facial paralysis of the right side, has been observed following a difficult labor in which the forceps were used. Examples of rupture of the spinal cord, in connection with rupture of a vertebra, have been observed, and, of course, paralysis of the lower limbs. It is

remarkable that, in two such cases the children lived for some hours. Paraplegia in the new-born is, as Nadaud states, usually an evidence of serious lesion of the cerebro-spinal organs, and the child dies after a short time.

I think the study of these cases of obstetric injuries, which might be greatly extended—for much more remains unsaid than has been said—ought, in the first place, to lead us to a larger charity for fellow practitioners, as many of the most serious injuries in childbirth may occur without the slightest blame necessarily attaching to the accoucheur. Another lesson is that an important distinction should be made, as urged by Ruge, between podalic version and extraction, and that we should never resort to the latter, unless absolutely necessary, after the performance of the former. Thereby many of the obstetric lesions of the fœtus may be avoided. Lamotte very wisely says, referring to the injuries which may be done to the child by the accoucheur: "The hand improperly used is more dangerous than any instrument."

Again, the question arises as to the safest manual means for the delivery of the head in head-last labors. In Cieslewicz's collection of cases of injury to the fœtus in labor, there are several in which very serious consequences resulted from employing the Prague method. One of these, reported by Güsserow, showed, upon post-mortem examination, such complete rupture of the vertebræ and most of the soft parts of the neck, that the head was attached to the trunk only by the skin and the vertebral arteries. Ruge, rejecting both the Prague and the Vienna method, prefers elevation of the occiput, bringing the face down, and carefully conducted expression, as least liable to injure the fœtus.

Another question of practical interest is the best method of delivery in pelvic presentations, when interference is necessary. Should we follow that employed by Goodell, in all cases bringing down a foot as soon as possible, and thus command the situation, in case necessity for extraction arises? Must we use the blunt hook? Is the application of the forceps to the breech to be generally advised?

Again, while treatment of fractures of an upper limb, or of the clavicle, is said to usually present no great difficulty, can a similar statement be made as to fracture of the femur? What method of treatment is best?

In depressed fractures of the skull, is it

¹ *Archiv. f. Gynäkologie.*

² *New York Medical Journal.*

³ *Edinburg Med. Journ.*, 1880.

not probable that some lives might be saved by the use of the trephine? and in other cases, not followed by death, perfect mental integrity be insured?

Finally, many questions as to the diagnosis of obstetric paralyses of the new-born arise, and, also, as to when and what treatment should be employed.

EXPERIENCE WITH VERATRUM VIRIDE.

BY A. ADY, M.D.,
MUSCATINE, IOWA.

The editorial on veratrum viride, in the REPORTER of October 29, prompts me to narrate my experience with this drug. I have been using it for thirty-four years, and it has disappointed me fewer times than any other medicine. In proper doses, I do not believe that it has any tendency to weaken the heart. On the contrary, by slowing its contractions, it gives that organ time to rest and recuperate. As a heart tonic I consider it equal, or superior, to digitalis; as a controller of the heart and arteries, superior to all other remedies in use.

In all inflammatory disorders in which the action of the heart is too strong and frequent, it is superior to blood letting. In acute pleurisy and pneumonia, when a patient is brought thoroughly under its influence, he is about cured. The cumulative effects of veratrum viride are not dangerous, as they are relieved by vomiting, after which the patient will almost invariably ask for something to eat.

In typhoid fever veratrum viride is one of the best of remedies. Thoroughly unloading the stomach and portal circulation, controlling the circulation, preventing the tongue from becoming dry and parched. I feel sure, also, that in many cases it has shortened the course of the disease. Patients eat well while taking veratrum viride. The doses in these cases must be small, one drop of Norwood's tincture every four hours being often sufficient.

In puerperal convulsions it is a most efficient remedy, but must be given in very large doses, the uræmic condition producing tolerance of its effects. A patient in puerperal convulsions can safely take from thirty to sixty drops of the fluid extract. I have not been obliged to repeat the dose in such cases, nor has vomiting occurred.

In membranous croup it is *the* remedy; but must be given for effect, not in ordinary

doses. I have given a child two-and-a-half years old, twenty drops of the fluid extract inside of six hours, with the best results. It is worse than useless in diphtheria, scarlatina, and pyæmia.

I have used it in small-pox, bringing the patient under its influence in the initial fever, and not allowing the pulse to rise above sixty beats per minute during the course of the disease. In this case no delirium occurred, nor any secondary fever, and when the crusts dropped off no pitting of the skin was left. Dr. Maxwell, of Davenport, now dead, confirmed my experience, after ample opportunity to test it in the army pest-houses during the war. He also claimed that, if the drug was administered during the course of vaccination, no scar would be left.

The only unpleasant symptoms, which I have witnessed in the use of veratrum viride, have been nausea and vomiting, and according to Prof. H. C. Wood (*Amer. Journ. Med. Science*, vol. 49, p. 30), they can be entirely avoided by separating the alkaloid containing the sedative principle from that of the emetic, as was done by Mr. Chas. Bullock, of Philadelphia, with the article experimented on by Prof. Wood.

I have been trying for the last fifteen years to get some pharmacist to prepare and put the viridæ sulphas upon the market. It certainly would be extensively used, especially by the practitioners of the west.

In conclusion, I would say that, if I had to rely upon four articles for an armamentarium, they would be quinine, calomel, opium, and viratrum viride.

A CASE OF GANGRENE OF THE LUNG COMPLICATING CROUPOUS PNEUMONIA.

BY THEODORE DILLER, M.D.,
LANCASTER, PA.,

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one of the House Physicians to Phila. Hospital.

Charles Manlove, colored, age 35, was brought to the hospital in an ambulance, June 6, 1887. He was taken from one of the lowest dens in St. Mary street, where he was found in a condition of squalor and filth. The following history was obtained: He had had the ordinary diseases of childhood and typhoid fever, and for many years had been a very hard drinker; but had considered himself a healthy man, and had worked up to May 24, 1887, on which day he was seized with

a severe pain in his left chest from the nipple downwards. He said he felt very feverish about this time, and expectorated a considerable amount of tenacious, viscid material, which at first was brownish in color, latterly, yellowish white. His sleep was very irregular, and he complained of sweating a great deal during sleep. Up to this time (June 6, thirteen days after the initial chill), he had had no medical attendant, and indeed very little attention of any kind. After being placed in a medical ward, a physical examination was made by Dr. Bruen and me, which showed the resonance over the right chest to be impaired from the fourth rib downwards, and the tactile fremitus correspondingly increased. Over this area of impaired resonance numerous râles were heard and some blowing breathing. The same physical signs were elicited over a corresponding posterior area.

Anteriorly, just below the clavicle (on the right side), the presence of a considerable sized cavity was discovered, by means of the ordinary physical signs. The patient's breathing was hurried, his pulse quick, but lacking in force, and there was a peculiar *pinched* appearance about the face. His breath was exceedingly fetid; so much so that the other patients in the ward complained bitterly of it. I was forced on this account to isolate him. His treatment was a stimulating and supporting one, consisting of amm. carb., tr. digitalis and whiskey—the last was given very largely, while nourishment was given at short intervals in a concentrated and easily digested form. A spray of carbolic acid solution (1 to 60) was used as a local application by means of an atomizer, with the view of rendering his breath less offensive. This measure was in a large degree efficacious. Patient died June 11th.

An *autopsy* was made, twenty-six hours after death, by Dr. H. F. Formad, assisted by me. The following notes were taken: Body that of a colored man of medium height, considerably emaciated. Heart normal. *Pleura* on right side very adherent, from the apex to the fifth rib.

Right lung crepitant at the extreme apex, the remainder of the upper lobe being in a state of gray hepatization. The two lower lobes are in a state of red hepatization passing into the gray. In the upper lobe there is a cavity about the size of an orange, situated anteriorly and just below the pleura, but in no place perforating it. The walls of the cavity are very ragged and irregular, while there is surrounding the cavity a hard, indurated mass of gray material. Several

good sized vessels are seen crossing the cavity. The odor emitted is horribly offensive, and there is a blackish, semi-fluid material contained in it.

Left lung crepitant throughout, except at the base, which is in a state of hypostatic congestion.

Other organs not examined.

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, October 26, 1887.

The President, J. Solis Cohen, M.D., in the Chair. The discussion on Dr. Parvin's paper¹ on

Injuries to the Fœtus During Labor

was opened by Dr. W. T. Lusk, of New York, who said: Dr. Parvin, in his exhaustive *résumé* of the subject, has said that we should exercise charity toward those under whose care these accidents may happen. At the same time, I think we should, as scientific men, look upon this record as most humiliating, and should ask ourselves if we should exercise this charity toward ourselves as individuals, should these accidents fall to our lot.

I wish to avoid a repetition of the points which have been already so ably presented. In going over the subject there may, however, be found one or two matters which have been overlooked, or which it might be well to make more emphatic. In speaking of fractures of the skull occurring in spontaneous deliveries, cases which occurred many years ago have been given. In modern times reports of fractures in head-presentations terminating without the intervention of art are very rare. My attention has been called to one such case reported by Veit. The patient had received large doses of ergot. When the child was expelled it was found that the right parietal bone was separated from its fellow, from the occipital, and, to a great extent, from the frontal bone, and two fractures were found in the bone itself. It is a question, whether the cases of spontaneous fracture reported many years ago were due to the abuse of this certainly most unreliable drug?

I saw last summer a very interesting case of depression of the skull following a rather easy forceps delivery. I was sent for because

¹ See page 663.

the question had arisen between two practitioners as to the advisability of trephining the skull—introducing an instrument and elevating the depressed bone. I am not sure that this might not be good practice in some instances, but so far we have had no experience as regards results. We know that if the child shows no immediate symptoms from the depression, it is likely to thrive, and that in time the depression nearly or entirely disappears. In the case above referred to we decided to wait, the child has been thriving since, there is still a quadrilateral depression in the frontal region, which has not entirely disappeared. I was quite certain that the mother of this child had a contracted pelvis with projection of the promontory; but, in making an examination some three or four weeks after the birth of the child, to my surprise, found that the woman had a fairly roomy pelvis. The antero-posterior diameter measured at least three and three-fourths inches. The only conceivable cause of the depression was the blade of the forceps. This was to me certainly a novelty.

With reference to the amount of force which may be exerted on the neck of the child, I think that if we rely upon the experiments to which reference has been made, we are likely to be led into error. There is no doubt that the resistance of the neck under pressure varies greatly in different subjects. While the neck of one child will bear a weight of 160 pounds, the vertebræ of another will separate under a much less amount of tension. I do not believe that there are ever circumstances in which such an enormous pressure as 160 pounds should be exerted. If the after-coming head is retained by tonic retraction of the womb, such traction force must tear through the cervical tissues. If the head is retained by the brim of the pelvis, it is nearly certain that the child will be stillborn when the necessity for such an amount of force exists. It is a question whether we ever should use much force in pulling on the child? Whether, indeed, the head cannot better be shoved through the pelvis by suprapubic pressure, in the manner described by Dr. Goodell and Dr. Taylor.

There is one injury to the child which I do not think was particularly referred to by the author. He spoke of the dislocation of the occipital bone which sometimes occurs. In the case of a flattened pelvis, where the head enters in the transverse diameter, it will sometimes happen, where forceps are used, that the pressure of the blades bears directly upon the forehead and upon the occiput. This will be tolerated for a certain

length of time, but, when continued, the pressure ultimately affects the medulla oblongata. It is then difficult to get the child to breathe, the respiratory sense being destroyed, and often the child is born dead, as the result of such pressure. It is always well to be careful that, when the blades of the forceps cannot be applied to the sides of the head, they are applied in the oblique diameter.

With reference to fracture of the clavicle, it sometimes happens that this injury is due to direct pressure; more frequently, according to Ruge, it is due to the introduction of the hand into the vagina to bring down an extended arm. If the pelvis is small, the vagina rigid, and there is insufficient room for the hand, as the result of pressure upon the shoulder, the clavicle is apt to bend like a bow, and break in the middle.

In a well-conducted labor, the arms should not become extended above the head. In cases where this does take place, we know the directions that are given to draw on the elbow and push the arm over the face, but where the space is small you cannot always press the arm around the front of the face in the limited time required to extract the child alive. In these cases I think that we are justified in breaking the arm to accomplish delivery. Cases of true dislocation are probably exceedingly rare; at least we have no evidence of cases where the lesion has been demonstrated by dissection; but separation of the epiphysis closely resembles dislocation backward or forward, and, until dissections were made, dislocation was considered a common accident. There are one or two points in regard to separation of the epiphyses that are of interest. As a consequence of this fracture, Küstner has shown, that the cartilaginous portion of the bone is rotated outward by the action of the infra- and supra-spinatus and the teres minor muscles, while the shaft of the bone is rotated inward by the pectoral muscle, the latissimus dorsi, and the teres major. If the position of the arm is not rectified and union is allowed to take place, the movements of the arm will be more or less affected. Both external and internal rotation can then be accomplished only to a slight extent. Separation of the epiphyseal end of the humerus closely simulates paralysis, and some recent writers have gone so far as to assert that all cases of supposed paralysis of the arm are really cases of this injury. This is, however, not always the case. Last summer I attended an excitable primipara, who early in labor passed into a maniacal condition, which necessitated keeping her under an anæsthetic.

After the chloroform had been kept up for two or three hours, the cervix was partly dilated, and not wishing to continue the chloroform, for the immunity which attends its use in labor does not apply to its prolonged administration, I put on the forceps before dilatation was complete, and with considerable difficulty extracted the head through the cervix, the vagina, and through the vulva. The perineum did not tear, but the moment the head escaped, the vaginal orifice closed down tightly on the neck of the child, and I was compelled to introduce two fingers into each axilla to complete the delivery. After the birth one arm was found to be paralyzed. As I knew these have been recently asserted to be cases of epiphyseal separation, I examined the arm with great care, but failed to find the slightest evidence of fracture. There was no pain. There were no evidences of brain disturbance, although the pressure of the forceps had been continued for a long time. The galvanic current was applied to the arm, frictions were employed and it was kept warm, and in about ten weeks the child began to move its arm, though recovery is still far from complete.

To pass over the other points referred to, I should like to say a few words in regard to extraction in breech cases. It is nearly impossible where the arm has been bent behind the neck of the child to extract the arm without fracture. Then why not fracture the arm? Is the physician responsible if this accident occurs as the result of efforts to release the member? I should say, no, but he is responsible for the displacement of the arm behind the head. If he lets the body alone and does not twist the trunk, the arm will not remain extended. The child does not spontaneously flex its arm and place the forearm underneath the occiput.

There is a case recently reported by Englebach which I would add to the list of accidents. In this case the child was born with an enormous swelling of the scrotum, due to an effusion of blood into the tunica vaginalis of each side.

I have taken some interest in the questions connected with the extraction of the breech when both extremities were reflected upward, and I wish to reiterate what I said two or three years ago with reference to the use of forceps to the breech. In a recent brochure, Küstner condemns this method, but confesses to have never tried it. We all know that in the exercise of the usual method, a person with strong fingers is capable of exerting a great deal of force which bears to a great extent on the sacro-iliac synchondrosis,

and under these circumstances rupture of the sacro-iliac joint is likely to take place—a rupture which may be followed in after life by the development of the Nægeli deformity. I think that the application of the forceps to the breech is easier than a person who has not tried it would suppose. I speak of cases where the breech has reached the floor of the pelvis. Here it is not necessary to use a great deal of force. If the breech is brought down to the perineum and then allowed to recede, and this is continued until physiological softening of the pelvic floor and perineum takes place, a very moderate degree of force is required. I think that the use of the forceps under these circumstances is attended with less risk to the child than the employment of the finger or the blunt hook. I have succeeded with the forceps in three cases where the fingers had been used in vain.

I do not feel like occupying any more of the time of the Society. I would say, in conclusion, that this is a subject to which too much attention cannot be given, for woman after passing through the discomforts of the period of gestation, and the perils of labor, is entitled to the only reward that it is possible to give her, that of having a living child, sound in body and limb; and anything that will contribute toward the prevention of such a record as we have heard to-night is certainly worthy of the attention of any body of scientific men. At the present time the public hold us responsible if we allow a patient to die of puerperal fever. It would probably intensify our interest in the subject if the public were to take a similar position with reference to dead and injured children.

DR. E. WILSON said: I have been much interested in, and instructed by, the paper of the evening. I was glad to hear the last speaker condemn the use of great force in the delivery of the child by forceps, or by traction in cases of breech presentation. With reference to the application of the forceps to the breech, I can only say that I have participated in but one case where such application was made. This was a case of first labor, and the physician had applied the forceps to the breech on the supposition that it was the head. As the labor was progressing satisfactorily and safely, cautious traction was made with the forceps, and the labor terminated without injury to the mother or the child.

DR. H. LEAMAN said: I think that the presentation of this subject has been opportune. I believe that we are entering upon

a new period with reference to the subject of labor. The careful studies of gynecologists have forced upon obstetricians the careful use of instruments.

Some of the injuries referred to to-night I have seen. In my early practice I was unfortunate enough to fracture the inferior maxilla, but that has been the only case in a practice of twenty years. I have seen the clavicle broken, and I have seen paralysis. I recently had a case of facial paralysis, which was due to the fact that the sacrum was greatly curved, the coccyx being movable. The presentation was vertex left front, but the head was held from complete rotation by the deep curvature of the sacrum. This was overcome without difficulty by the application of the forceps. The instrument was then removed, and the labor allowed to proceed. The caput succedaneum was on the right parietal region, while the paralysis was on the left side. This passed off in the course of six weeks.

The injuries referred to are rare, and I believe have been necessary in the course of events. It is to be hoped that they may in great measure be prevented in the future. There is one injury not mentioned, which I am satisfied exists to a greater extent than any already referred to. I believe that too much haste in delivery, and in tying the cord, often causes non-closure of the foramen ovale. I have made a number of post-mortems in the case of children, and I have found the foramen ovale open too frequently. Many of the nutritive diseases of childhood are doubtless due to malnutrition resulting from a persistent foramen ovale.

DR. WHARTON SINKLER said: A very large proportion of the cases of paralysis, that I have met with in infants, have followed instrumental or prolonged and difficult labors. The most frequent form that we meet with is facial paralysis, either unilaterel or bilateral. This generally results from the pressure of the forceps upon the facial nerve or upon the mastoid process. Facial paralysis may, however, result simply from the impaction of the child's head in the pelvis without the use of the forceps.

Hemiplegias are often met with in the newly born as a result of the use of the forceps. A few days ago I saw a child with right hemiplegia, and the mother stated that the child had been delivered by forceps, and that immediately after birth there was a deep depression behind the left ear. I found upon examination of this child, who was now sixteen months old, that a depression still existed in the left mastoid process. There was

right hemiplegia present. The right leg was spastic and the movements of the arm limited and incoördinate. Spastic paralysis, and what is sometimes called double spastic hemiplegia, very frequently occur in children who have been born by the breech. These conditions generally persist during life and are associated with a feeble condition of the intellect.

Professor Parvin has referred to injuries to the sterno-cleido-mastoid muscle. I have seen cases where the child has lost power in all the muscles of the neck, so that it was unable to support the head. Some of the cases have been delivered by the breech and considerable traction made. Some have followed delivery by forceps, perhaps from pressure on the spinal accessory nerve, or perhaps from extravasation of blood. In the case of paralysis following difficult or instrumental labors, the lesion is often an extravasation of blood over the motor convolutions, a meningeal hemorrhage. If the amount of the extravasation is great, the prognosis is, of course, bad, but in some of the cases, especially where there is monoplegia, where there is paralysis of one arm alone, the child entirely recovers the use of the limb; and in facial paralysis recovery, as a rule, occurs in a few days, but the condition may persist during life.

DR. C. B. NANCREDE said: I believe the treatment of the injuries of the soft parts is too often left to the nurse, who either does nothing, or does that which ought not to be done. It has been recently shown that even the slightest injury of the scalp may end in periostitis, inflammation of the sinuses, meningitis, encephalitis, and often pyemia. The prompt carrying out of antiseptic precautions greatly reduces the mortality from such injuries. Although in these cases certain forms of antiseptic dressing may be impossible, the principle of antiseptis is easily carried out in many ways. Here, of course, the Lister dressing, or the application of any irritant or poisonous substance, is out of the question. But we may use boric acid freely, and it has the especial advantage of being a dry dressing.

Depression of portions of the bones of the skull, without fracture, is readily understood when we study the anatomy of the bones usually broken, viz., the parietal, frontal, occipital, and squamous plate of the temporal. Ossification proceeds from the centre in ray-like projections of bony fibre which, near the free edges of the bone, readily admit of various new relations to one another, without actual rupture of the osseous fibres.

I believe, however, that fractures are more common than is generally supposed; but that they are not noted, because the break is usually a simple fissure, or because it is concealed by a marked "caput" or cephalæmatoma, since such injuries are usually met with after hard or instrumental labors. I would call attention to the fact that simple fracture of the skull is in itself of no consequence. The injuries to be feared are those done at the same time to the subjacent tissues by the force which produces the fracture. If I should ever see a case in which I was convinced that existing paralysis was due to depression, I might trephine. The recently published statistics, that seem to indicate that trephining under antiseptic precautions is entirely without danger, are not to be relied on, and, while I am a thorough believer in antiseptics, I must call attention to the fact that as inflammation of the membranes or brain may occur from injury without any break of the cutaneous surface whatever, you certainly may have the same after, and because of trephining, despite antiseptics. Trephining cannot remove many of the conditions referred to by Dr. Sinkler, which are the real sources of danger, such as effusion of blood upon the surface of the brain or in the arachnoid. Fractures producing epileptic seizures, etc., later in life, are rough fractures where projecting spiculæ or rough edges impinge on the brain or membranes; and such fractures—except perhaps, *very rarely*, projecting rough edges—cannot occur in the infant skull; which is *devoid of* an internal table, from the shattering of which, in fractures in adults, secondary nerve trouble results. In the skull at birth, the articular eminence, which keeps a dislocated adult jaw from returning to its normal position, is practically absent; so that a dislocation of the jaw cannot be produced unless the force is sufficient to tear the soft tissues surrounding the articulation, giving rise to a compound dislocation. If the force applied is less than this, as soon as its application is suspended, the jaw returns to its normal position.

I believe that fracture of the long bones during labor is not very common, but that separation of their epiphyses is, for their union with the shaft is effected at this time only by the periosteum and soft cartilage. It has been shown that a few pounds weight exerting cross-strain will cause the separation, while six times the weight applied by direct traction will produce no injury. I do not believe that the injuries reported as dislocations were dislocations; but think they

were separations of the neighboring epiphyses or pathological displacements. Any one who is accustomed to dissect the body of the newborn child knows how readily such separations are produced. No one has ever been able to produce a luxation in an infant's cadaver, because of this ease of separation of the epiphyses. Dr. Lusk has described a case of separation of the upper epiphysis of the humerus, which produced a peculiar displacement. Probably in this case all the epiphyses of the proximal end were together separated from the shaft. I would advise in the reduction of a similar case, the method proposed by Dr. Moore, of Rochester. In the treatment of fractures of the foetal humerus, a friend of mine has had good success by fixing the whole upper extremity with a moulded splint in a straight position. Fractures of the femur are more difficult to manage. Here sheet vulcanite which can, by softening in hot water, be accurately moulded to the limb, had better be used, because it will absorb neither urine nor fæces. An anterior splint should be made which will extend well up over the abdomen, and a posterior splint to reach from the buttock well below the knee, thus fulfilling the important indication of fixing the joints above and below the fracture. It only requires ten or twelve days for firm union to occur.

In speaking of torticollis the sterno-cleido-mastoid muscle has alone been referred to. It is possible that in some cases this is the only muscle at fault, but in most instances several other muscles, as the trapezius and scaleni are involved. I have seen instances of injuries to this muscle in the newly born, but have never traced the cases in later life. Again, in a recently treated case of so-called congenital wry-neck, absolutely no history of injury during labor could be elicited.

DR. W. GOODELL said: I present for inspection this evening a specimen of firmly united fracture of an infant's humerus, of which I am not ashamed, but rather proud; for by the fracture I saved the child's life. It was a case of breech presentation, where the heart's action was failing and the ominous convulsive movements of the child were giving out, which indicates the near approach of death. The arm was up alongside the child's head, and if I had had more time, I could have brought it down without injury; but every second was precious. So I snapped the arm, and quickly delivered a living child. It died a few months afterward of cholera infantum, and the mother, knowing my interest in the case, allowed me to obtain the specimen. I have

reported elsewhere a unique case, where fracture was produced by the maternal forces. The vertex presented, the pains were strong, the passages ample; but the head did not descend. Suddenly, during a very severe pain, a hand shut out of the anus, without tearing the perineum. While I was gazing on in amazement, another pain suddenly took place. There was an audible snap, the hand as quickly disappeared from the anus, and the child was born with a fracture of the clavicle. The rent in the vagina was sewed up, and the fracture dressed with adhesive strips. The vaginal wound healed up perfectly, and the child recovered without deformity. This remarkable accident I attribute to the arm being thrown across the nucha. The protruding hand perforated the vagina, and was button-holed there. Then the advancing body forcibly dragged the arm down the back of the child, and the clavicle was fractured by the twist or strain it sustained.

In a case seen with my friend, Dr. James F. Wilson, fracture of the clavicle, and of the skull also, occurred. It was an exceedingly difficult case. She was delivered in her first labor by craniotomy, by Dr. Wilson, in conjunction with the late Dr. Parry. In this, her second labor, after using the forceps ineffectually, we turned, and delivered in a very few minutes, by vigorous traction and by very great pressure from above. The fractures were caused by the projection of the sacro-iliac promontory. The child recovered perfectly.

I have repeatedly seen facial paralysis; but in instrumental labors it has occurred only when the blades of the forceps were not applied exactly to the sides of the child's head. Dr. Parvin speaks of the child living a few hours after the performance of craniotomy. It was to such an occurrence that we owe the travels of Mungo Park, who was a physician, but who, early in his professional career, was so disgusted by this accident that he gave up practice. In his case the infant lived to manhood. With regard to head-last labors, I have tried to deliver the breech by the use of the forceps on the buttocks, and have succeeded with them, but they are liable to slip off. I therefore always bring a leg down in breech cases, and then I have command of the situation. The force of traction which the neck will bear is uncertain, and doubtless varies greatly; but I believe that the man who, in trying to save the child, breaks the most necks, saves the most children, and I respect him accordingly. Such labors are al-

ways very dangerous to the child; the percentage of deaths is a very large one. I look on a child in breech presentation as a child drowning, to which help must be sped—help at all hazards. It is emphatically a case of "neck or nothing," and we must not sacrifice the life of the child to any sentimental considerations about breaking its neck.

One point that perhaps does not come strictly under injuries to the foetus, but may be considered here, since it causes the death of the foetus, is pressure on the cord, prolapsed or wound round the neck, by one of the blades of the forceps, and especially by the occipital one, when the blades are not applied exactly to the sides of the head. I am sure this has occurred at my hands. An annoyance in cases of face presentation is the subsequent unnatural position of the child, which for days will lie with its head greatly extended, though it ultimately takes the natural position.

DR. D. LONGAKER said: I wish to speak of injuries to the soft parts of the head, from application of the forceps and pelvic deformities. I have reported a case where, after premature delivery with the Tarnier forceps, through a rachitic pelvis with a conjugate diameter of three inches, there was a rather clean-cut contused wound in the left anterior parietal region, which I am morally certain was not made by the extremities of the forceps, but occurred when the head suddenly slipped through the narrowed conjugate diameter. Then there are wounds caused by faulty construction of the forceps, particularly an excessive cephalic curve, which brings the distal extremity of the blades into close apposition. I have seen one cut, and several severe bruises, produced in this way. A peculiar parchment-like condition of the bones of the foetal head is sometimes observed, especially of the parietal bones; and I have seen it so marked that I was able to diagnose it through the abdominal walls, but have never known it to lead to fracture. Fracture of the long bones has only occurred in my experience where the difficulties to delivery of a living child have been insurmountable. I have seen one case of separation of the epiphyses of the humerus, in a very large child, which was dead when delivered; and I have had one fracture of the femur from the application of the fillet, this being also a difficult delivery of a dead child. I fully agree with Dr. Leaman as to the injury of tying the cord too soon. The researches of Budin have fully shown this. I think we ought to lay

down the definite rule, that the cord should never be tied until flabby, pale and pulseless. It has happened to me also to compress a loop of the cord in the application of the forceps. I am glad to learn that Dr. Goodell succeeds in converting face into vertex presentations, by introduction of the hand; but if we fail in this we have produced an early rupture of the membranes with all its undesirable effects. For this reason the method of Schatz, of Rostock, is to be preferred.

DR. H. C. WOOD said: It has been eleven years since I attended a case of obstetrics, for which I trust I am duly thankful; and I should not presume to take part in this discussion had not the remarks of the last speaker been so entirely contrary to my own experience. We do not see hemiplegias and paraplegias due to injury during labor, in children of five or six years, simply because children so injured never live that long. What we do see are the cases of spastic paralysis. Spastic paralysis is the secondary effect of an earlier destructive lesion, the immediate evidence of which may have been entirely overlooked. In all such cases presenting at my clinic I inquire as to the history of the labor; and invariably find that it has been unusually severe or instrumental. The brain at birth is so soft, so liable to injury, that while I would not have the obstetrician entirely discard the use of the forceps, I think he should never take them in his hand without bearing in mind the possibility that they may do serious permanent injury to the nerve centres of the child.

DR. W. H. PARISH said: Though Dr. Wood is no obstetrician, he talks like a very sensible one. I believe the forceps in proper hands save the lives of many children; but where improperly used they sacrifice not infrequently the child's life and often lead to subsequent harm. Their application at the superior strait is, under some conditions, exceedingly dangerous to the child.

Last year I saw a laceration of the child's perineum, extending from the vulvar orifice clear through to the rectum, produced evidently by the tip of one blade of the forceps, which the practitioner had attempted to apply to an unrecognized breech presentation.

I recall the case of a robust Irish woman at the Blockley Hospital, who had borne five or six healthy children. Labor was delayed, and ergot was freely and, of course, improperly given in my absence, until the contractions came on with unusual force. The child was speedily delivered, but died in a few minutes. At the autopsy I found that the

principal lesion was a separation of the lateral, or articular, segment of the occipital bone, which was pressed in upon the medulla; doubtless by the excessive contractions produced by ergot. Recently, a friend of mine saw in consultation a child, which, having presented by the breech and the scrotum become considerably distended from oedema; the medical attendant, mistaking the scrotum for the bag of waters, had cut it open and cut into the testicle.

DR. J. PRICE said: I desire to call attention to the fact that the "Simpson forceps" probably makes less compression of the head than any other form in use. As to the frequency of separation of the head and trunk, by contraction in head-last labors, I might say that I knew of two cases in which it has occurred this summer, in this city. In one the patient died after Cæsarean section for the removal of the head; and the other died and was buried with the head still in the cavity of the uterus.

DR. J. L. LUDLOW said: When I was a student, Dr. Hodge taught us to apply the forceps only after careful deliberation and consultation. Since then the forceps have come into more general use; and there are certain practitioners, who, if labor does not terminate in a certain set time, will always apply them, and who thus get a reputation for quick delivery, and draw patients. The obstetrician needs a great deal of patience, and great injury is often done by want of it.

DR. PARVIN, in closing the discussion, said: The reason obstetric paraplegia is not seen at six or seven years is that such paraplegia is caused by rupture of the spinal cord connected with fracture of some portion of the vertebral column, and death follows very quickly, usually within a very few hours.

As to the treatment of fractures of the femur in the newborn, I regret that a gentleman present did not narrate a case of such injury to which several practitioners were called. Their first effort was to extend the limb completely, in order to treat the fracture somewhat after the manner of treatment in the adult; but finding their efforts vain, it suddenly flashed upon the minds of the surgeons and obstetricians that an infant did not have its lower limbs extended, and they resorted to a more rational method of keeping the ends of the broken bone in contact, and it was completely successful.

I am not prepared to admit that dislocations of the humerus or femur cannot occur in labor, because reputable observers claim to have seen them, though, of course, they are quite rare.

I cannot help regretting that some time has not been given to the discussion of what is the best method of delivery of the head, especially in pelvic presentation, or after podalic version. Is there not a better way to bring the head through a narrowed pelvic inlet than the great traction upon the body which has been recommended? It seems to

be impossible to make that traction directly in the axis of the inlet, and hence much of it is lost, and therefore useless or injurious, force.

Finally, the relation between protracted labor and forceps' delivery, and remote disorders of the nervous system, and especially with idiocy, probably has not elicited that consideration its importance demands.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Sea-Sickness.

Dr. W. W. Skinner, who says that he has investigated sea-sickness in the course of several long voyages in 1886, as ship's surgeon, recommends the following treatment as at once simple and efficacious:

The medicinal substances employed are atropine, strychnine and caffeine; the two former are administered simultaneously, the latter alone. Sea-sickness may be cured either by atropine associated with strychnine or by caffeine held in concentrated solution by salicylate or benzoate of sodium. These substances are all administered hypodermically. This mode of administration was chosen for the following reasons: The frequent vomiting in naupathia, by which the agents employed would be lost; the difficulty of their absorption from the stomach in this affection; and also the retaining and destructive action of the liver upon these alkaloids when absorbed from the gastrointestinal tract (Heger, Schiff, Lautenbach, and others).

The dose of atropine and strychnine for adults is 1-60 grain of each. It would, perhaps, be better to give a little less of atropine and the double or triple of strychnine. In warm climates the solution must be frequently renewed. Although these substances have been employed a great many times for sea-sickness during the last eighteen months, no injurious effect therefrom has been observed. If after two hours the patient is not cured, a second injection may be given, but it would be imprudent to repeat this dose of atropine too frequently.

Children and adolescents are very susceptible to this medication. A girl, aged $2\frac{1}{2}$, sick during fourteen hours, was promptly cured by the injection of one-sixth of a gramme of the solution, that is, by about $\frac{1}{160}$ of a grain of atropine and as much of strychnine. A boy, aged 6, was cured by $\frac{1}{160}$ of a grain of each.

In the majority of cases of simple naupathia, the patients cease vomiting immediately after receiving a single injection. A little later they feel no more nausea, headache, nor vertigo. Almost always they fall asleep shortly after receiving the injection, and remain sleeping for half or three-quarters of an hour. If given late in the evening, the injection ensures a refreshing night's rest.

The following is the formula employed in administering caffeine to adults: Caffeine, gr. lx; sodii salicyl., gr. xlv; aq. destill., q. s. ad., f3iii. Dissolve by gentle heating. Every 20 minims contains about 6 grains of caffeine. A single hypodermic injection of four grains of caffeine completely cured in seven hours a patient who had been suffering intensely from sea-sickness during three days. Another patient was cured in five hours.

Certain disadvantages of the method exist, but are not of great importance. Dryness of the throat is sometimes caused by the atropine, and young children may present an intense redness of the skin; amblyopia caused by this alkaloid is occasionally observed in adults. Exceptionally, the seat of the injection remains somewhat painful, especially in lean individuals; and once in my experience troublesome inflammatory symptoms were caused by an injection under the skin of the outer border of the forearm, which, however, spontaneously subsided in the course of two days.

If this method produces no favorable effect upon a given person affected with naupathia who has not exceeded the age of adult life, it is almost certain that the failure is due to an organic lesion in some part of the circulatory apparatus, especially in the valves of the heart. For example, a patient having well marked mitral insufficiency received in the space of six hours three injections, each containing 1-60 of a grain of atropine and 1-60 of a grain of strychnine, without the slightest favorable result, the

only change in the symptoms being an increase in the number (but not in the force) of the cardiac pulsations. It is well to remark that, if these injections produced no amelioration in this case, they did not, on the other hand, occasion any aggravation.

The two alkaloids exhibited in the form of pills, however, have successfully warded off sea-sickness, when taken immediately upon feeling the first approaches of nausea.

The Frequency of Malignant Tumors of the Ovary and their Treatment.

Prof. Leopold, of Dresden, in an article in the *Deutsche med. Wochens.*, November 4, 1887, says that he has removed twenty-six malignant tumors of the ovary in one hundred and sixteen ovariectomies, and therefore in 22.6 per cent. of all the cases. This percentage exceeds somewhat that obtained by Cohen from Schroeder's material. According to Cohen's statistics, Schroeder had, in six hundred ovariectomies, operated one hundred times for malignant tumors, or in 16.6 per cent. of the cases.

Leopold's twenty-six cases of malignant tumor of the ovary were divided as follows: Papillary cysts, 5 (three monolateral, two bilateral); carcinomatous cysts, 11 (six monolateral, five bilateral); solid sarcomas, 4 (two monolateral, two bilateral); the remaining six cases were those in which a preliminary incision showed that a radical operation was impossible. Of his 110 complete ovariectomies, four died of septic infection (3.6 per cent.); of the 26 cases of malignant tumor, five died as a result of the operation (19.1 per cent.). Of the 20 cases in which a radical operation was still possible, four died as a result of the operation (20 per cent.).

Of the 16 remaining cases, three are to be excluded because they are of too recent a date to enable one to say positively whether they are cured or not. Of the remaining thirteen which have been operated on above a year, nine have had relapses within from a month to a year; four, on the other hand, are, up to the present time, regarded as cured. Therefore, 20 per cent. of all cases operated on for malignant tumor of the ovary, have been entirely well for over a year. This result entirely agrees with Schroeder's.

Leopold concludes that the sooner the diagnosis is made and the ovaries removed, the better will be the prognosis. He also thinks that the smaller tumors of the ovaries are to be removed as soon as they begin to enlarge; especially if they are bilateral.

Every proliferating tumor of the ovary is to be removed immediately.—*Deutsche medizinisch-Zeitung*, September 29, 1887.

Acute Rheumatic Peritonitis.

Dr. William Robinson contributes the following instance of this rare affection to the *British Medical Journal*, Oct. 15, 1887:

M. E. G., 17 years old, tall, slender, and a twin, was seized with severe abdominal pain and vomiting on January 3d, 1887. On January 15th, Dr. Robinson was called to see her, when he found her in bed, lying on her back, with knees drawn up; severe pain in her abdomen, increased by pressure, and excessive tenderness, especially of the hypogastric region; pulse, 110, weak; temperature, 99.4° F.,—in fact, all the symptoms of acute peritonitis. A normal menstruation had ceased five days before the attack; there were no signs of renal or pelvic disease; and the only history bearing on the case was that the patient had, two days before the attack, walked two miles in the severely cold night air. The usual instructions as to diet, rest in bed, external applications, and avoidance of aperients (which had been given by her mother at the onset) were given, and a mixture, containing opium, prescribed. During the first week the pain was kept in subjection by the opium, but the pulse remained frequent, the temperature rose to 102°-103°, and the inflammation extended to the whole of the peritoneum. The tongue was dry, red, small and characteristic, and the breathing altogether costal. At the end of the first week severe pain paralyzed the right knee, which became very tender, but not red or swollen; the temperature rose to 104°, signs of pericarditis developed, and sour smelling acid sweats set in. After two days the right knee became free from pain, but the left shoulder was attacked with acute pain, but without redness or swelling. In a few days more the left elbow followed suit. As the pericarditis developed, the abdominal symptoms subsided gradually, but dulness, loss of voice resonance and breath sounds became marked at the bases of both lungs (double pleurisy with effusion). The respirations were short, and 34 per minute. At the end of the second week the heart dulness had greatly increased, and extended from one-half an inch to the right of the sternum to half an inch to the left of the nipple, where the heart impulse was felt (on a level with the nipple); in the second left intercostal space a well-marked friction fre-

mitus and sound were preceptible during the whole time the pericarditis lasted, and here also an easily seen wave-like motion was visible, due to and synchronous with each cardiac systole (that this wave-like movement was not due to fluid effusion was clearly proved by the friction sound being audible only over the same area). On endeavoring one day to examine more in detail the back of the chest, the patient was quietly raised a little from the previously carefully maintained dorsal position, when hiccoughing, "catching of the breath," and fatal syncope almost occurred, and was only warded off by the speedy restoration to her former position, and by stimulants. From this time up to the fifth week gradual improvement took place; the patient was able to sit up in bed; the abdominal tenderness, tympanites, and increased heart dulness had almost gone, and the temperature and pulse had become normal, when, presumably from a slight error in diet, a relapse of the peritonitis occurred, and the pain returned for a time to her left shoulder; but she again gradually recovered, and by the third week in March she could take an ordinary diet with impunity, walk out of doors, and had no shortness of breath. The heart dulness and apex beat were almost normal, but a systolic *bruit* remained. In April she was continuing to regain flesh and strength.

There can be little doubt but that this case was one of acute rheumatism, in which the visceral affections eclipsed those of the joints. The only other view that could be advanced is that the peritonitis was "idiopathic," and that the pleuræ and pericardium were affected through the lymph channels existing between those serous membranes and the diaphragm. There were never any signs of typhoid fever, and tubercle was out of the question. Paracentesis pericardii was not performed, because (1) the symptoms were never sufficiently alarming, (2) the effusion was regarded as rheumatic, and (3) the fluid gradually became absorbed.

Hypertrophic Cirrhosis of the Liver Cured by Calomel.

Dr. Schnepf, of Vienna, states in the *Wien. med. Blätt.*, No. 14, 1887, that he had as a patient a woman, twenty-eight years old, who presented marked symptoms of cirrhosis of the liver. The liver, as demonstrated by percussion, was considerably enlarged. After a sojourn of five weeks at Carlsbad had resulted in no benefit, and brisk purgatives followed by opiates had

effected only a slight improvement, at the suggestion of Prof. Nothnagel, the patient was put upon an absolute milk diet, and given calomel three times daily, in doses of $\frac{3}{4}$ of a grain. On the second day the fæces became yellowish, and the urine clear. After some weeks jaundice and acites disappeared, the liver became smaller and the menses reappeared. At the end of three months the patient had taken one hundred doses of calomel and was completely cured. Pain, enlargement of the liver, ascites, caput medusæ, were no longer present.—*Deutsche Medizinal-Zeitung*, September 29, 1887.

Treatment of Chronic Constipation by Electricity.

Leubuscher (*Centralblatt f. klin. Med.*, 1887, No. 25) has found electrical treatment useful in chronic constipation connected with nervous disturbances, chronic cerebral and spinal diseases, and in cases in which the fæces were hard and dry. Hitherto the faradaic current has been for the most part used in constipation, but Leubuscher finds the galvanic current more efficacious. He passes an electrode connected with the cathode into the rectum, and applies the anode to the abdominal walls in the course of the large intestine. He does not mention the number of cells he employs, but says he used a current which, without causing pain, could be distinctly felt. Each application lasted 10–15 minutes. Although Leubuscher claims that his treatment is successful, his statistics seem only to indicate that galvanic treatment may at times be used with advantage when other means have failed. Out of fifteen cases four were cured, in nine constipation was temporarily relieved, but returned shortly after the electrical treatment ceased, and in two no good results followed. The treatment should be carried out for three to five weeks daily. The first three or four applications are generally without apparent effect, and for some time the action of the bowels does not occur from five to twenty hours after the galvanic current has been employed, but gradually the interval is reduced to two or three hours, and the fæces become softer. Where constipation is connected with abnormal weakness of the abdominal walls or atrophy of the intestinal muscles, Leubuscher recommends massage; and he advises this method of treatment, too, in the constipation sometimes present in chronic heart and lung diseases, and after prolonged intestinal catarrh.—*Med. Chronicle*, September, 1887.

Intrauterine Fractures of the Tibia.

Heinrich Braun (*Arch. f. klin. Chir.*, xxxiv., S. 668) has carefully collected together twenty-seven cases in point, four of which he observed himself. He calls attention to the fact that as a rule these fractures occur in healthy individuals without other malformations, and that the lesion of the tibia actually occurs in the uterus through a break, or at least an infraction. To be sure, the injury is not always due to a force acting upon the body of the mother, but probably also arises through pressure of the uterus upon the yielding limbs of the foetus. Possibly in the latter cases there exists an association of the fracture with a defective development of the fibula, which lessens the resistance of the lower part of the thigh. These defects are of themselves rare; but in twenty-seven cases of congenital fracture of the tibia they were noticed sixteen times. A very frequent result of intrauterine fracture is shortening of the affected limb, which is not to be explained by fracture of the lower part of the thigh, or by previous ossification of the epiphyses, but must depend upon disturbances in the longitudinal growth of the tibia. The number of cases in which the retardation of the growth of the affected lower extremity could be followed up to a somewhat later period of life is, however, very small. As regards treatment, a greater interference than would be represented by a Keil osteotomy or by an osteoclast, is only indicated in marked angularity of the tibia. In very moveable ankle joints, in which the foot is constantly rotated outwards, Braun has obtained artificial ankylosis of the ankle-joint in the position of equinus.—*Centralblatt f. d. med. Wissensch.*, August 27, 1887.

A Cause of Left-Handedness.

Dr. Feltz, of Saint-Denis, reports in *La France Médicale* the following observation, which seemed to him sufficiently trustworthy to put in evidence as one of the most frequent causes of left-handedness:

In a family composed of five persons, the father and mother are not left-handed, nor is the eldest of the children, who was raised by a nurse. The second child has been left-handed from its earliest years, and remains so; it is now five years old. The third child has been left-handed since it was a year old, when it was offered something and at once grasped it with the left hand. The mother herself had nursed the last two children, and was in the habit of carrying the child upon

her left arm. This she has done with both children who were left-handed. She was admonished to carry the child upon the right arm, and some months afterwards the child was found to have lost the habit of using its left hand, and became as right-handed as the eldest child.

Feltz explains this case by the fact that when a child is carried upon the left arm, it is also the left arm of the child that is in front of it, and is free to move and grasp objects; on the contrary, when the child is carried upon the right arm of the nurse, the right arm of the child is free to move. He adds, that in the families of the father and mother, and in the families of the grandparents, there are no left-handed people; and that in the second child, who continues left-handed, there are no blemishes, but it is perfectly well in all respects.—*Concours Médical*, September 24, 1887.

The Pneumococcus as a Cause of Meningitis.

Netter (*La Semaine Méd.*, No. 37, 1887), as the result of a number of observations, came to the conclusion that the pneumococcus may be the cause of simple meningitis, without a previous pneumonia; and that it may be the occasion of cerebro-spinal meningitis.—*Allg. med. Central-Zeitung*, Sept. 10, 1887.

Pilocarpine in Puerperal Convulsions.

Dr. Kirk (*Lancet*, August 13th, 1887), records two cases of puerperal convulsions treated by pilocarpine. The first was not of unusual severity. One-third of a grain of pilocarpine was injected and acted freely on the skin, but the patient died the same day after the birth of the child. The second case was complicated with purpura. One-third of a grain of pilocarpine was injected about half an hour previous to the expulsion of the child. Copious perspirations were produced, and the convulsions soon ceased. Dr. Kirk points out that the second case is no proof of the efficacy of pilocarpine, but the first is an instance of the failure of the drug in a case apparently well adapted for its use.—*Med. Chronicle*, Sept., 1887.

The Control of Hemorrhage.

Von Nussbaum finds peroxide of hydrogen of great value in controlling hemorrhage from the parenchyma of various organs, as well as from comparatively inaccessible vessels. The application is made with a pledget of cotton soaked in the peroxide.

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N. A. RANDOLPH, M. D.,
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INTERMARRIAGE OF THE DEAF.

Not long since, Prof. Graham Bells suggested that a law should be passed forbidding intermarriage among the deaf. The object of such a suggestion is, of course, to draw attention to the danger of multiplying the victims of a very sad affliction, by direct propagation. This object is a very commendable one; and yet it conflicts with the personal interest of the deaf already. It is not surprising, therefore, that Mr. Hiram Phelps Arms has followed it by a published protest, in which he argues that the deaf should not be forbidden to marry the deaf, because marriage with those who can hear is apt to lead to unhappiness. He contends that those who can hear will not marry the deaf, except for reasons which do not justify marriage at all. These reasons are such as a desire to acquire property, or greater or less timidity or effeminacy

on the part of the one who hears—if it be a man; and age, widowhood or the blight of divorce—if it be a woman. He states that at present from eighty to ninety-five per cent. of marriages among the deaf are intermarriages.

In a discussion of this sort there is much more involved than the personal wishes of the class under discussion. These deserve consideration; but the good of the community is of greater importance. And, if it could be shown that the children of deaf-mutes are often afflicted like their parents, and that the spread of this affliction is dangerous to the welfare of the community; then, there could be little doubt of the wisdom of considering some plan for restricting it. But, even the need of interference would not be one-thousandth part as urgent as it now is for the prevention of intermarriage among those with consumption, or scrofulous tendencies, or of extremely nervous disposition, or of drinking proclivities. What danger threatens from a few quiet, gentle, orderly, if voiceless, individuals, compared with that which advances unchallenged in a multitude of cachetic wretches, who love and marry—or marry without love—unwarned by those who know the bitter consequences which may befall them, or be entailed upon their unoffending offspring?

For the present then we would say: let the deaf marry as they will; and only when more dangerous classes have been attended to will we disturb them in their innocent retirement.

THE RESULT OF OPERATION FOR CANCER OF THE BREAST.

HILDEBRAND, *Deutsche Zeitschrift für Chirurgie*, Bd. xxv., gives some interesting statistics upon the results of removal of the breast for cancer, in the Göttingen clinic from 1875 to 1885. The whole number of cases operated upon was 152. In 137 the axilla was also cleaned out, often when no implication of the axillary glands was apparent; 11 times the breast alone was removed; and 4 times only the tumor was excised. The deaths from the operation numbered

11, that is, 7.2 per cent. The cause of death was either septicæmia, or pneumonia. From the latter cause 6 patients died.

As to the result: in 135 cases in which a radical operation was performed, recurrence took place 65 times—half of them within six months. Of the 135 cases, 23 were free from recurrence for at least three years; 30 for at least two years; and 53 for at least a year. Hildebrand calculates the absolute cures as about 33 per cent., and emphasizes the importance of early and thorough operation, upon which so much stress has been laid by Prof. S. W. Gross, of this city. An interesting feature of Hildebrand's study relates to the age and condition of the patients. He found the age of greatest frequency of cancer of the breast to be from the 45th to the 55th year; and that nearly 90 per cent. of the patients were married.

HEMORRHAGE FROM VARICOSE VEINS OF THE LABIUM IN PREGNANCY.

A rare but perplexing accident, which may happen during pregnancy or about the time of delivery, is the rupture of varicose veins of the genitals. A case of this sort occurred in Paris last July, and is described by Dr. T. LEGRY, in the *Progrès Médical*, October 22, 1887. The patient was a woman who, near the time of her confinement, inadvertently sat down upon the iron rail which separated two seats on the top of an omnibus. She soon felt that she was losing some fluid, but paid little attention to it until she began to be faint, and her neighbors noticed a pool of blood collecting at her feet. After some delay, she was removed, in an exsanguinated condition, to the Hôpital de la Charité, where she came under the care of Dr. Budin. The hemorrhage had now ceased; but the woman was almost dead. On careful examination, it was found that the bleeding had proceeded from a ruptured varicose vein in the left labium minus. Under appropriate treatment—restoratives and a compressing bandage—the woman revived, and passed safely through her confinement the next day.

This case illustrates the fact that a very grave hemorrhage may follow an accident to

an unrecognized varix. Legry mentions thirteen such occurrences, in nine of which the hemorrhage proved fatal. Such a hemorrhage is apt to be very rapid and very profuse. More than this, its cause is apt to be misunderstood. In most cases it is attributed to placenta previa, in which case the application of a tampon may happen to cause efficient compression upon the bleeding point, or it may not. In the latter case, or when the examiner, finding no physical evidence of placenta previa, and overlooking the real source of the bleeding, waits for clearer knowledge, the hemorrhage may go on until it brings about the death of the patient. Legry very properly suggests that the practical lesson to be learned from these facts is that, whenever a pregnant woman has a sudden and free hemorrhage, there should be no hesitation in making a thorough examination of the external genitals. Such an examination would lead to the discovery of the source of the hemorrhage in case it was a ruptured vein, and then the treatment would be simple and easy—the application of compressing forceps, or a suitable tampon, or even simple digital compression until the bleeding point was sealed with a clot.

THE MICROSCOPE IN MEDICINE.

The editor of the *American Monthly Microscopical Journal*, August, 1887, speaks of the importance of the microscope in the study of medicine, and urges the cultivation of microscopy in medical schools. As an illustration of the ignorance of what can be done with the microscope, he says:

"We were shocked one day not a year ago to receive a visit from a practitioner in a certain city. He showed us a small tumor on his left hand, and asked to have it viewed with a microscope to see if it were malignant. We expostulated against such defiance of the rules of procedure, but promised to examine it if it were removed and sent to our laboratory. It was accordingly removed, and, after several days, fell into our hands wrapped like a piece of meat from the butch-

er's. This same gentleman told us he had but little faith in the diagnosis of disease by the aid of the microscope."

This is, as Dr. Osborn admits, an extreme case; and yet there is no denying the fact that many medical men are much less familiar with microscopical work than they ought to be. In no regard is this state of affairs more to be regretted than in the matter of the diagnosis of affections of the kidneys. The usual method of examining the urine only for albumin and sugar is too incomplete for the status of medical science in these days. If a physician has no microscope, or cannot use one, he will miss many a case of kidney-disease, which he would detect if he were better provided or better informed. No doubt a man may be a very successful practitioner without using a microscope; but no doubt, also, he would be a better physician if he did use one. To do this, does not require the expenditure of much money, or any prolonged course of study; and it would be a decided gain in the direction of scientific precision if more medical men would buy an instrument of moderate cost, and use it frequently. Of course, the best way to learn to use the microscope is to have the help of a competent teacher; but all that is essential for ordinary practice can be learned from books; and any one, who will try it, will be astonished to find what he can accomplish in a little while in this fascinating and useful study.

EPILEPSY AND NYSTAGMUS.

At a meeting of the Société de Biologie, of Paris, held October 15, 1887, M. Charles Féré called attention to the frequency with which epileptics suffer with nystagmus, and mentioned a case in which the nystagmus was subject to marked exacerbations, and accompanied with well-marked sensations of vertigo. This fact recalls the observations of Dr. Stevens, in his book on "Functional Nervous Diseases," which we reviewed in the *REPORTER*, November 5, 1887, page 622, and in which so many nervous disorders—among them epilepsy—are associated with disorders of the eyes.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the *REPORTER*.]

A MANUAL OF ORGANIC MATERIA MEDICA. By JOHN M. MAISCH, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Third edition, with 250 illustrations. 8vo, pp. xvi, 532. Philadelphia: Lea Brothers & Co., 1887. Price, \$5.00.

This work has already met with so much favor that there is little to do, in noting the appearance of this third edition, besides saying that it is what one would expect from its talented author. The arrangement of the subjects is not alphabetical, but systematic, according to classes. The origin, habitat, description, constituents and properties of each drug are given in a clear and very succinct manner; and the whole book is full of valuable information. The work of the publishers is as creditable as that of the author; the paper, printing and binding being of the highest order of excellence; while the illustrations are superb.

DISEASES OF THE HEART. By DUJARDIN-BEAUMETZ, M.D., translated by E. P. HURD. Two volumes, paper. Square 16mo, pp. x, 316. Detroit: Geo. S. Davis, 1887. (The Physicians' Leisure Library, Nos. 2 and 4). Price, 25 cents each volume.

These two volumes constitute the most important parts of the series which Mr. Davis has been publishing this year at the cheap rate of twenty-five cents for each volume, appearing monthly. Those which we have already seen are two practical essays: one on the "Diagnosis and Treatment of Hæmorrhoids," by Dr. Kelsey, of New York, and one on "The Modern Treatment of Diarrhœa and Dysentery," by Dr. Palmer, of the University of Michigan.

The volume before us contains the teachings of one of the most eminent French clinical teachers of the present day, some of which have already been published in the columns of the *REPORTER*. They have been well translated by Dr. Hurd, who is a personal friend of the author. When the first volume of this series appeared, we felt that it was a serious drawback to their usefulness that they were printed in a color exceedingly trying to eyes not yet enfeebled by age. The second volume of Dujardin-Beaumetz's work, we are glad to say, appears in black, and is not open to this objection. The scientific merit of this work is very great, and it cannot fail to prove of value to careful students of the subject of which it treats.

NASAL POLYPUS, WITH NEURALGIA, HAY-FEVER AND ASTHMA IN RELATION TO ETHMOIDITIS. By EDWARD WOAKES, M.D., Lond, Senior Aural Surgeon and Lecturer on Diseases of the Ear at the London Hospital. Small 8vo, pp. xii, 140. Philadelphia: P. Blakiston, Son & Co., 1887. Price, \$1.25.

There is much food for thought in this brochure of Dr. Woakes, who has made a most thorough study of the subject of diseases of the ear, throat and nose, and who announces the opinion that nasal polypus, and other disturbances named in the title of his book, are dependent upon an inflammatory process in the ethmoid bone. He does not claim originality for this discovery; for he gives due credit to other workers who have arrived at analogous, if not identical, conclusions. But Dr. Woakes goes further than

any author with whose writings we are acquainted in attributing various local and reflex disturbances to an inflammation of the ethmoid bone, which he describes as first hypertrophic, and afterwards necrotic. The result of his studies leads him to the conviction that the proper treatment of these disorders is surgical: a conviction which seems to be pretty general now-a-days among students of nasal diseases.

We heartily commend this book to the notice of our readers. Its matter is good; its manner is interesting; and its mechanical execution is admirable.

TRANSACTIONS OF THE BROOKLYN PATHOLOGICAL SOCIETY. SESSION OF 1885-6. Large 8vo, pp. 233. New York: D. Appleton & Co., 1887. Edited by A. H. P. LEUF, M.D.

This handsomely printed volume of transactions indicates that the Brooklyn Pathological Society is a live organization; and the report of its transactions is both interesting and instructive reading, comprising not only descriptions of pathological specimens, and remarks suggested by them, but also elaborate papers upon subjects of general medical and surgical interest. One of the most interesting among these, is a paper by Dr. Robert G. Eccles, of Brooklyn, on "Some Serious Sources of Error in Studying the Course of Disease." In this paper, the author discusses the dangers which arise from the fact that medicines prescribed are so often different in character, or in strength, from what the physician expects. Druggists' errors, and even druggists' dishonesty, augment the variations which depend upon the want of acquaintance of physicians with the exact official strength of many drugs—especially since the adoption of the last Pharmacopœia.

The editor contributes an interesting paper on "Surgical Infection and Antiseptics," in which he combats the prevailing belief in germicides.

If we were to criticise these excellent transactions, it would be in saying that we think some of the papers would have been much improved by being more condensed. In fact, we wonder at what hour this energetic Society could have adjourned some of its meetings!

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—The first number of the *American Journal of Psychology* has just reached us. It is a handsomely printed and illustrated octavo of 206 pages, edited by G. Stanley Hall, Professor of Psychology and Pedagogics in the Johns Hopkins University, and published by N. Murray, of Baltimore, Md. The numbers are to appear quarterly. The first contains a prospectus in which the object of the *Journal* is stated to be to bring together the contributions of various departments of science bearing on psychology, which are now scattered; and gives promise of great usefulness. The price is to be \$3.00 a year; \$1.00 a number.

—The November number of *The Cosmopolitan* contains an interesting and rather remarkable article by Julian Hawthorne on "The Noble Art of Self-Defence," illustrated by M. J. Burns, which is likely

to attract attention, because of its advocacy of pugilism and the author's personal reminiscences of Heenan and Sayers.

—The Committee on Publication of the Franklin Institute has in contemplation the publication of a general index of authors and subject matter to the first 110 volumes of the proceedings of the Institute, from 1826 to 1880, provided they can procure a sufficient number of subscribers.

—Dr. L. H. C. writes: "THE REPORTER contains notice of a work by Heather Bigg, on "Artificial Limbs and the Amputations which afford the most appropriate Stumps," but fails to give the price of the work. I would like very much to have it, if not too expensive."

[We did not give the price, because we are not informed what it is. The book can probably be obtained by applying, with our notice, to any first-class book-seller. We think it would cost about \$2.00.—EDS. REPORTER.]

—A subscriber writes, offering to buy of us certain books, if we will allow a discount on the published prices.

[We offer to oblige any of our subscribers by purchasing and forwarding to them any book noticed in our columns on receipt of the published price. This is intended purely as a convenience to our subscribers. We have no idea of entering into competition with regular book dealers; and if any subscriber can get a book from them for less than the published price, we advise him to deal with them directly.—EDS. REPORTER.]

CORRESPONDENCE.

Nitrate of Potash as an Anti-Emetic.

EDS. MED. AND SURG. REPORTER:

Sirs:—I wish to call the attention of the profession to the value of nitrate of potash as a remedy for vomiting.

Nitrate of potash, properly administered, is one of the surest remedies we have for the relief of vomiting. I have been using it as an anti-emetic in my practice, for the past twelve years, with the happiest results. I have made known its value in this respect to a number of my medical brethren, and they have each expressed themselves as pleased and surprised at its power in allaying nausea and checking vomiting. The manner of administering it is as follows: Give one-quarter of a grain, dissolved in a tablespoonful of cold water, every four or five minutes until the vomiting is relieved; which will usually be in from ten minutes to half an hour. I give it in all cases of vomiting, except reflex; and that due to irritant poisons, and have found it succeed in ninety per cent. of my cases. Try it; you will be surprised and pleased. It is pleasant to take, rendering it more valuable in nausea and vomiting in children.

Yours truly, V. H. MOORE, M.D.,
Brockville, Ont., Nov. 1, 1887.

Antipyrine.

EDS. MED. AND SURG. REPORTER :

Sirs.—Antipyrine of late is becoming quite popular as an antipyretic, and a great many of our best physicians are using it to control high temperature, in preference to sulphate of quinine.

I have profited by reading the article of Prof. Germain Sée, published in the REPORTER, Oct. 8th, upon the use of antipyrine in painful affections of the head. I have used antipyrine in reducing and controlling temperature, which it does effectually and promptly, and have had some satisfactory results from its use in the treatment of migraine. But I would employ it with more satisfaction to myself if I knew what I was prescribing. I understand that antipyrine is a patent medicine, and I have not been able to ascertain what it is. I beg leave, therefore, to ask you kindly, of what is antipyrine composed? And when, if there is a patent on it, will that patent run out?

Fraternally yours, W. G. HOPKINS.

Fort Branch, Ind., Oct. 29, 1887.

[In reply to these questions, we would say that antipyrine is a complex chemical body derived from chinoline, and called in chemical terms: *Dimethyloxyguinizine*. The name of antipyrine was applied to it by the manufacturers for two reasons: first, as a convenient term which would indicate one of its most important properties; and, second, in order to have a name which they could copyright, to protect their interests. The "patent" referred to by our correspondent covers only the use of the name "antipyrine." The chemical substance may be made by any one who can.—EDS. REPORTER.]

—In the *Bulletin Général de Thérap.* Dr. Béranger-Féraud reports a remarkable case. A man twenty-six years old had received a stab-wound in the *left* temple some nine months before presenting himself at the hospital. He was sent to the hospital by some physician who had diagnosed the case as one of lachrymal tumor of the *right* side. Examination in this region showed the presence of what was supposed to be a small foreign body. The man was anesthetized, and a broken knife-blade two and three-fourths inches long by five-eighths inch wide was extracted. The blade had traversed the left orbit without wounding the eye, muscles, artery, or nerve, had crossed the nasal fossa, and entered the right orbit, and had produced no symptoms denoting its presence.—*Pop. Science News*, October, 1887.

NOTES AND COMMENTS.**Treatment of Gonorrhœa in Women.**

In the *Medical Chronicle*, October, 1887, Dr. W. J. Sinclair quotes Schwarz's treatment for an acute attack of gonorrhœa, with the view of preventing an extension of the specific inflammation beyond the vagina to the uterus and appendages. This treatment consists essentially in first swabbing out the vagina with cotton-wool, wet in a 1-1000 solution of bichloride. A Simon's speculum is used, so that the parts can be clearly seen, and be so distended that no fold or crevice will escape the germicide. Special care is to be taken of the introitus, which contains numerous follicles.

"The next step is to copiously dust the vagina and vulva with iodoform, which is still more effectively applied by rubbing it into the mucons membrane with the tip of the finger. To complete the process, the vagina is packed, with moderate firmness, full of iodoform gauze. If the treatment is very painful, a thing which depends upon the intensity of the disease process, and the idiosyncrasy of the patient, a narcotic or anæsthetic must be administered. The process is of value only when thoroughly carried out, but then it is certain to succeed.

If, as is usual in rubbing the vagina, there occurs extensive capillary hemorrhage, it is only a favorable sign, inasmuch as it shows that at the bleeding points the diseased epithelial covering is for the most part removed, and, at the same time, a large number of the superficial capillaries, which are perhaps diseased, are destroyed.

The iodoform gauze is permitted to remain for three or four days, and then the whole process is repeated with the same thoroughness, and over the same area. After four or five days more the gauze is finally removed, and then, for eight to fourteen days, the patient carries out a copious irrigation of the vagina with a sublimate solution of 1 in 2000.

This process was hardly ever known to fail. The vagina is red and raw after the second tampon has been removed, and there is usually a copious purulent discharge, but the gonococci are annihilated, and have forever vanished."

It may be fairly doubted whether any but German patients would submit to such treatment—they certainly would not outside of a hospital. A method of treatment formerly much in vogue at the Philadelphia Hospital of this city, consists in first syringing

out the vagina thoroughly with hot water containing bichloride, and then packing the vagina full of strips of patent lint, which have been previously well dusted with iodoform. Under this treatment, combined with rest and proper food, very few patients, who applied for treatment with an acute attack, were not well in four or five days, or a week.

Dr. Sinclair, who does not recommend Schwarz's treatment, regards gonorrhœa as primarily a disease of the uterus, and therefore injects into it the pure tincture of iodine through a Fritsch-Bozeman sound. This application, he says, should be repeated three days in succession, if no symptoms arise. The vagina may be protected from the iodine as it returns from the uterus by rapid and frequent changes of pledgets of cotton wool, or by constant irrigation with warm water. Vaginal irrigations are continued after the injections of iodine have been discontinued. After the lining of the uterus has broken down from the effects of the iodine, and is more or less expelled, the process of injecting iodine is repeated.

Ninety Bothriocephali Discharged from One Patient.

The *British Medical Journal* says: In the *Correspondenzblatt für Schweizer Aerzte*, August 15, 1887, Dr. Roux, Surgeon of the Cantonal Hospital, in Lausanne, describes a singular case in which the patient, a girl, aged 21½, discharged (after two doses of 90 grs. of extract of male fern) at least ninety bothriocephali lati. The worms passed out in a bundle, the patient assisting the delivery by tearing the package with both her hands, and at the same time uttering shrieks like a woman in labor. The agonizing delivery lasted ten minutes. The mass of parasites filled up a half of a chamber utensil. The disentangling and counting took exactly four hours and a half of the author's time. Numerous very long ribbons, which did not answer the necessary conditions, were left out of the reckoning; neither were any of the ribbons, which had been discharged several times by the girl for a couple of weeks previously, taken into account. There could be no doubt, therefore, that the number of worms, given as ninety, in reality far surpassed that figure. Except some slight nervous phenomena (such as occasional headaches, vivid dreams, *semi-somnambulisme*), the patient did not present any morbid symptoms. She was a robust and ruddy, and even cheerful and active, country girl, with excellent appetite and

digestion, and with 95 or 97 per cent. of hæmoglobin in her blood (as Gowers-Sahli's hæmoglobinometer showed). The case seems to give a support to Dr. Zschokke's theory, according to which the prevalence of bothriocephalus latus amongst the population residing around Lake Lemman should be attributed to the eating of infected fish, mainly (*perchette*). At least the girl, who had come to the locality from Argovia about the Easter of 1884, during a period of several months' duration, in 1886, was dining on perch (and bothriocephali) once a week, or even still more often, the patient residing at the time at Bonvard, near the lake mentioned.

This case is of great interest in view of the published statements of Reyher and Runeberg, who look upon the bothriocephalus latus as the cause of pernicious anæmia.

Iodol Collodion.

Bilteryest (*Schweiz. Woch.f. Pharm.*) makes this as follows:

Iodol.....	10 parts.
Alcohol.....	16 parts.
Ether.....	64 parts.
Gun cotton.....	4 parts.
Castor oil.....	6 parts.

Dissolve the iodol in the mixture of alcohol and ether; add the gun cotton in small portions and well divided (teased out), and shake well till dissolved. Then add the castor oil.—*Druggist's Circular*.

Complete Occlusion of the Œsophagus with a Piece of Meat.

Drs. W. H. Bobbitt and K. P. Battle, Jr., report the following case in the *N. C. Medical Journal*, October, 1887. The patient was a boy, three years of age. Eighteen months ago he drank some lye, and was troubled at times thereafter with choking, but always relieved himself without treatment. No physician had been consulted, and the site and calibre of the stricture were unknown. The last attack of this kind occurred about one year ago. Until July 30, he was able to eat anything he pleased without difficulty. On that day, while eating lean ham, at 9 o'clock A. M., he suddenly choked and afterwards could swallow nothing, not even water. Dr. Bobbitt was called in the afternoon. Next morning the child was seen by Dr. Bobbitt and Dr. Battle in consultation. He was very thirsty and greedily attempted to drink water whenever it was offered him. He would take two or three mouthfuls, and the act of swallowing

would seem to be almost complete when the water would be returned, escaping through mouth and nose. This was generally followed by attempts at vomiting, which unfortunately could not dislodge the meat. He made no complaint of pain, but on being questioned on that point he would put his hand to the region of the larynx and at times to the stomach. There was no difficulty of breathing. On making an examination no obstruction could be felt by the finger. No œsophageal bougies being at hand, a soft rubber catheter, No. 12 E, was used and was stopped at a point several inches down the œsophagus. Smaller sizes were tried, but none would go further than the first. Mackenzie's œsophageal forceps were then introduced without difficulty to the obstruction. By pressing forward its point it could be felt in the depression just above the manubrium. Small shreds of ham fibre were brought up on closing and withdrawing the forceps, but the stricture could not be cleared by repeated efforts. In the afternoon of the same day, a curved stiff wire was inserted into a soft catheter, and endeavors were made to force the morsel past the stricture into the stomach without success. The same result followed the further use of the forceps. Apomorphia hypodermically was considered and put aside from fear of its depressing effect in the patient's weakened condition, and because, the stomach having been empty for so many hours, efforts at vomiting were likely to prove as abortive as before.

Acting upon a hint furnished by the report of a case, quoted by Mackenzie, in which pepsin was thought to have digested a "large soft substance" that had become impacted in the gullet, the following mixture was made:

R Trypsin (Fairchild).....gr. xxx
Sod. bicarb.....gr. x
Aq. destil.....5i
M.

Having witnessed the digestive power of this mixture upon fibrin, it seemed reasonable to hope that it would digest the meat and relieve the obstruction. To make sure that it should reach the desired place, a small quantity of it was injected by means of an ear syringe through a rubber tube previously introduced down to the stricture. To prevent its immediate regurgitation, the tube was held in place more than ten minutes, the child of course protesting as vigorously as the presence of the tube and a gag in his mouth would admit. There being a limit to his endurance, the tube was not held in place

longer, though this would have been desirable. After the child had rested, the stiffened catheter was again tried, but could not be pushed into the stomach with the amount of force that it was thought advisable to use. A nutritive enema was ordered and three-fourths of a teaspoonful of the trypsin mixture was directed to be given every hour, with the expectation that a small proportion of it at least would remain in contact with the meat, and the patient was left for the night.

At 9 o'clock the next morning, when the child attempted to drink water, he swallowed without difficulty, just forty-eight hours after the impaction of the ham. A short time afterwards he vomited, and in the water ejected was found a number of fibres of the meat. It seems justifiable to conclude that the morsel had been so digested and softened by the trypsin that it was dislodged by the swallowing of the water.

Analysis of a Cure for Cancer.

Frank H. Moerk, Ph. G., in a paper read before the Pharmaceutical Meeting of the College of Pharmacy (*Am. Journ. Pharmacy*, Nov., 1887), reported the following result of his analysis of a black powder submitted to him for analysis by Prof. Maisch:

Moisture.....	0.99
Charcoal.....	36.82
Carbon.....	26.07
Extractive.....	6.40
Ash.....	4.35
Arsenious oxide.....	62.19
	100.00

Dr. Purcell, of Bristol, stated in a letter that this powder had undoubtedly cured many cases of epithelioma and other cancerous growths, and gave the following as the mode of application: Cover the surface lightly with the powder; apply over it, to protect the powder and keep it in place, a piece of *black* silk somewhat larger than the ulcer and made adhesive by egg albumen. Considerable pain is, of course, produced; but the first application, and all subsequent ones, is allowed to remain until the pain subsides, which will be in five or six days. A new one is then applied in the same way and repeated from time to time until an eschar is detached without force. A poultice of elm bark is applied and the ulcer allowed to heal.

It may be that the charcoal found by analysis is from *sheep sorrel*, as the person using it was known to collect that plant on different occasions. While the use of arsenious acid

for external application has long been made, yet every writer emphasizes the danger in using it where the cuticle is removed, and Dr. Purcell thinks most physicians like himself have feared to so use it for this reason.

Dr. Purcell also stated that this powder had a great reputation in the upper part of New Jersey, and that money had been freely offered to obtain the secret of its composition, but all offers had been declined.

It is probable that the previous application of cocaine with morphia would largely prevent subsequent pain from the application of the powder.

A Case of Verbal Amnesia due to Shock.

Dr. Waldo Briggs, of St. Louis, reported the following case to the *St. Louis Med. and Surg. Journal*, November, 1887: On Friday night, Sept. 30th, Mr. S., proprietor of a large cooperage at Jerseyville, Ill., after paying off his hands, found himself in possession of quite a large sum of money (between five and six hundred dollars), which had come in after banking hours. Having worked until after dark, he seated himself at his desk by a window, in full view of passers by on the street, counted his money, rolled it up and put it in his pocket preparatory to starting home. After locking up his office, he called at a grocery and bought a few articles, and then walked homeward, his residence being in the suburbs some half or three-quarters of a mile away. Just as he reached the corner of the low fence enclosing his house, and perhaps a hundred yards from his door, he was felled by a blow, delivered from behind the fence (and over the top of it), the weapon, as it afterward turned out, being a plough handle. As he fell, another assailant ran from across the street and belabored him over the head with a club made of a section of grape vine. After beating him into utter insensibility the robbers took his money and left him. Exactly how long he remained where he fell is not known, but probably half an hour. The first that was known of the affair by his family was when he staggered into the house, about 9 o'clock, covered with blood, unable to speak or to recognize any of the family, or to understand words spoken to him, but still grasping in his hands the bundle with which he started from the shop. He was hastily put to bed by the family and medical aid summoned.

An examination by the local physician disclosed several scalp wounds of greater or less severity, but no fracture of the skull.

The right parietal region seemed to have suffered the most, as it had received the first stunning blow, which was evidently delivered (taking the position of the assailant into consideration) by a left-handed man. Fortunately it glanced, and failing to crush the parietal bone, fractured the right superior maxilla badly.

Dr. Briggs was summoned, and on arriving at the house on the night of October 1, found the patient in a semi-conscious condition, apparently able to understand what was said to him, but unable to reply intelligibly, as there was total verbal amnesia, or probably it would be better to say *aphemia*. When he wished for a spoon, for instance, he would say "chair," "stove," "table" or substantives other than the correct ones; but that he knew what he wanted was proved by his becoming irritated if anything, other than the object desired, was offered him. A careful examination confirmed that of the local physicians as to the absence of fractures or other lesions of the calvarium.

During the time of Dr. Briggs' visit at the house, intelligence gradually returned to the patient, and when given a pencil and paper he managed, but very disjointedly, to make known his wants. While still unable to articulate the correct words, when he wished to express himself verbally, he was generally, though not always, able to write them. The first proper and clear answer that he was able to return was made shortly before Dr. Briggs' departure on October 2. When asked by his son if a certain suspected person was one of his assailants, he answered distinctly and without hesitation, "yes." Dr. Briggs says he has since heard from the patient several times, and the verbal amnesia has almost entirely disappeared, and the patient is rapidly recovering.

Some of the more curious features of the case are: (1) that he should in his utterly unconscious state have made his way home unaided; (2) that he should have recovered the package and carried it with him; (3) that the verbal amnesia should have extended simply to inability to speak the correct word.

—Dr. George Arthur, a passed assistant surgeon, U. S. Navy, left Washington November 2d, to go to Shelbyville, Tenn., to be married. The same night his body was found near the track of the Virginia Midland Railroad, not far from Salem, Va. It is not known how Dr. Arthur came to his death.

NEWS AND MISCELLANY.

Opium Importation.

It is stated in the *New York Commercial Advertiser* that the increase in the importation of opium is "surprising, almost startling." The Chinese Government has continued to remonstrate against the importation of opium from India, but without avail, and the importations rose from 7,055,657 pounds to 12,911,866 pounds between 1850 and 1880. It is now estimated that the amount of opium produced in Southwestern China is two and a half times the quantity imported from India. In time China will produce all the opium it consumes. Nine out of eighteen of its provinces now produce the drug, and four-fifths of the amount it consumes is now home grown. This increase is in the face of prohibiting edicts.

In the United States the amount of crude opium imported in 1872 was 189,354 pounds; in 1880, 243,211; in 1886, 471,276, and in 1887, 568,263 pounds. The years end June 30. The writer says: "Among the Buddhists, Moslems and Hindoos, to whom alcoholic beverages are prohibited and whose religious rites necessitate extended fasts, it is much used. Opium eating is chiefly practiced in Asia Minor, Persia and India, smoking in China and in the islands of the vicinity. Opium differs widely in its injurious effects, according to which of these different ways it is adopted. The weight of opinion is that smoking is the least injurious. The greatest per capita consumption of opium in the United States is in the city of Portland, Maine, a stronghold of prohibition. In India its sale is so great that there are stores which sell it exclusively. In this country its general sale is prohibited by law, but the law is not so strictly enforced but that it is easily obtained.—*Phila. Ledger*, Oct. 17, 1887.

The Quain Bequest.

Mr. Richard Quain, F.R.C.S., F.R.S., bequeathed almost the whole of his fortune, amounting to about £75,000, to University College, London, subject to certain annuities to family connections. The College will, we are informed, at once benefit to the extent of about £60,000, which sum is left to four trustees, to apply the annual income in "the promotion and encouragement in connection with University College, London, of general education in modern languages (especially

the English language and composition in that language) and in natural science." The trustees, Lord Justice Fry, Sir William Jenner, Mr. George Brodrick (the Warden of Merton), and Sir George Young, are authorized to carry out the testator's wishes, "either by salaries or other payments to those who teach, or by endowing professorships, or by pecuniary aid to those who are being taught, as by endowing scholarships or fellowships, or in any other manner in which the trustees may in their absolute discretion think proper," and they are requested to place themselves in communication with the Council of University College, with a view to preparing a scheme for carrying out the objects of the bequest. The testator desires that in any statement of the foregoing bequest the name of his brother, the late Sir John Richard Quain, shall be associated with his name.—*Brit. Med. Journ.*, Oct. 8, 1887.

A Good Place for Doctors.

The Evening Telegraph, of Philadelphia, says: Next to the undertaker's bill, the last it is within the disposition of man to pay is the doctor's dues. Gentlemen of the medical profession complain constantly that when a man gets well he forgets his physic. The perpetual invalid is the only patient who is always at the doctor's mercy. He must pay his bills or die. This is so the world over—except in Washington. Here there is a class of patients who would go half-starved for a week to pay their physician. Their board may go unpaid, they will do without a new gown or trousers—whichever they wear—and make even their washerwomen wait, but never the doctor! They will stint themselves and all their other creditors in the interest of their family physician. These patients are the Government clerks. They sometimes find it hard to keep the wolf from the door—or the creditor from the Department. The tailor, the milliner, the landlord, the milkman, the butcher, or the man who sells them sour bread for breakfast, may watch and wait in vain, but they will run after the doctor eagerly to pay him for a dose of physic! He holds a mysterious influence over them. They can't draw pay from the Government for the time they have spent in the sick-bed unless the doctor says so, and he won't say so until sure of his bill.

German Hospital.

—Thanksgiving Day, November 24, 1887, will be observed as Donation Day at the German Hospital, in Philadelphia.

Wholesome Advice.

Dr. J. E. Graham, of Toronto, in his address as President of the Canadian Medical Association (*Canada Medical and Surgical Journal*, October, 1887), took occasion to caution the members against the dangers of overwork, which too many ambitious medical men encounter, and told the following story in point of Dr. Golding Bird:

Dr. Routh, in his book on overwork, gives the following account of an interview with that distinguished man: "I well remember a conversation I had with the late Dr. Golding Bird a few weeks before his death. He was then in the zenith of his popularity, and recognized by all as one of the ablest of our London physicians. I called upon him one morning with a relative to consult him. Several other medical men preceded me. His rooms were full, and I had to wait three hours ere I could obtain admission to his study and consult about the case. I congratulated him on his success in practice. 'Yes,' he said to me, 'you are right; but I wish, nevertheless, to make your remark a text for a little parting advice. You see me at a little over forty in full practice, my rooms full, and making my several thousands per annum' (I think he said seven), 'and if I die to-morrow I do not leave as many hundreds to my family. All this I have done by sheer perseverance, unceasing hard work, and no holiday. But I am to-day a wreck. I have fatal disease of the heart, the result of anxiety and hard work. I know that I cannot live many months, and my parting words of advice to you are these, never mind at what loss, take your six weeks' holiday. It may delay your success, but it will insure its development. Otherwise you will find yourself at my age a prosperous practitioner, but a dying old man.' Six months after this conversation he had put off this earthly tabernacle."

Dr. Graham continues: "It is my opinion that in such cases it is not the scientific labor which is the cause of trouble, but it is the worry, anxiety and fatigue of family practice, in addition to the scientific work. We all know from personal experience how exhausting it is to visit day after day, upon a serious case of illness, especially if the patient is a near friend, or one of distinguished position in society. The amount of vital capital lost in these cases cannot be estimated. It is a singular fact that the large majority of cases of overwork occur among consulting physicians. Surgeons and specialists do not suffer to the

same extent. The reason of this is not far to seek. The amount of brain work done by the physician, as a general rule, is very much greater than that done by the surgeon or specialist. The work of the latter, in most cases, is largely of a mechanical nature, and a great portion of their time is spent in manipulation. It is otherwise with the physician. Let us for a moment follow him in his every-day work. He must first attend to his correspondence. This is usually no slight task, especially if he answers all the letters sent by brother practitioners throughout the country."

"After the physician has finished his correspondence he is ready to receive patients. Together with a number of minor cases he may have two or three of difficult diagnosis, which may bring into exercise all his resources. He will write a detailed history of each case, and, perhaps, afterwards write his opinion and treatment in a letter to the attending physician. When he has finished a morning's work of this kind he is frequently so exhausted as to wish for the afternoon to rest. But he must then go to the hospital and, perhaps, for one or two hours he examines and tries to make clear to a class of students cases quite as difficult as those of the morning. He then visits his private patients. (On this continent we have yet very few purely consulting physicians.) This may occupy his time until six or seven o'clock. After dinner, he works at his lectures or other literary matter, and is at the same time harassed by numberless interruptions until nearly midnight. Then he may, like all medical men, be called up at night, or, if allowed to sleep, wakes up, perhaps tired, to continue his ceaseless toil. Is it any wonder that so many break down under such a strain?

The development of specialties has also added to the work of the physician. He cannot act simply as a distributing centre, sending one patient to this specialist and another to that; but he must learn to diagnose and treat many local diseases himself. This entails upon him the necessity of acquiring a knowledge of most of the specialties; and now, that familiarity with bacteriology is added as an almost necessary accomplishment, the field is too vast to contemplate.

The lessons to be learned from all this are:

1. That the rapid acquirement of a large and lucrative practice is often a great misfortune. It subjects the physician to the enmity of his older colleagues, often with and often without reason. It imposes burdens under which many fall, and it robs him of a happy and useful old age.

2. In the case of those who are ambitious to acquire professional favor for scientific work, the lesson is to avoid over work. One ought not to try to become a noted physician and a rich man at the same time. It is a rare thing for a physician to amass a fortune: too rare to make it worth one's while to attempt it.

A very important lesson is to notice the first admonition of a general break-down, and to act upon the warning given. One of the best remedies is a prolonged holiday. This serves the purpose of giving the mind a complete rest. A long holiday is but of temporary benefit; the work must be cut down at home. Eight hours' sound sleep must be had at any cost. If the rest is broken by night calls, it must be made up in the morning. Some part of each day should be devoted to recreation. These are difficult rules to follow out in practice, but they are quite possible when a determined stand is taken.

Those who habitually over-work must remember that they are thus defeating the very object of their ambition. In the medical profession the best work should be done between 45 and 55. The late Dr. Flint did not issue his celebrated work on "Practice of Medicine" until he was over 50. We know from observation that medical men in health are at their best during those years. This being the case, it should be the aim of an ambitious physician, above all things, to maintain his health and vigor until he can reap the fruit of his earlier labor.

The most satisfactory, the most lasting, and the best work is done by those who are careful not to overtax themselves, but who so arrange their business as to take that recreation which the body so much needs.

I would not close this address without referring to the opposite condition: the spirit of apathy and inactivity which blights many physicians' lives. It is far better to live an active life of usefulness, even if one should be the sooner cut off, than to pass through this world as a miserable drone, of little use either to the family or community.

Our active professional and business men, those who shape our destinies as a nation, frequently exhibit one trait of character which might almost be considered a failing, viz., the expectation of immediate results from their labor. This is particularly noticeable in our western provinces and territories. We work hard, and if in a few years the reward of our toil is not within our grasp we chafe under the disappointment, become discontented, and determine either to change

the political character of our country or remove to lands where fortunes are said to be more rapidly made.

We have a vast territory, but one in which the material obstacles to rapid advance are great. These very difficulties ought to develop in us qualities of patient endurance and steady perseverance—qualities which will ultimately make this Canada of ours one of the greatest nations of the world.

Let us as physicians, not under the influence of haste and worry, but steadily and perseveringly, work in building up our own profession, so that in all matters which pertain to excellence we may be equal to that of the foremost nations."

The State Board of Health.

The regular meeting of the State Board of Health was held in Harrisburg on November 9, 1887. There were present Drs. Engelman, President; Lee, Secretary; Edwards, Dudley and Murphy, C. E. In his third annual report, Secretary Lee referred at length to the death of Dr. Germer, the first President of the Board, and paid a high tribute to his memory. Dr. Lee says that at no time in his experience of ten years as Secretary of the Board have there been twelve months of such remarkable immunity from pestilence. The Secretary says one of the most important practical questions confronting the Board is the quarantine of the Delaware river, a matter which demands earnest attention. He recommends that the Board should urge upon Governor Beaver the importance of at once conferring with the Governors of Delaware and New Jersey, with a view to making joint application to the President of the United States for the grant of such portion of the reserve funds placed in his hands by Congress for meeting emergencies like the present, as may be necessary to immediately establish a National Quarantine Station, either at the site of the present Marine Hospital at the Delaware Breakwater, or Pea Patch Island, which station shall provide ample accommodations for quarantine purposes, as well as be supplied with all the modern appliances for disinfection of ships, cargoes, baggage and clothing.

—Chinamen who are fortunate enough to find a wild ginseng plant need not do any work for a year. The wild roots are worth from \$50 to \$100 an ounce. The cultivated root, however, is not worth more than from \$1.25 to \$2.00 per pound.—*West. Druggist.*

Items.

—William S. Stokley, Director of Public Safety in Philadelphia, has recommended that the Municipal Hospital be removed from Twenty-first and Lehigh avenue to the Lazaretto. It would be better to consolidate the Municipal and Philadelphia Hospitals, having a special department for contagious diseases, and remove the Almshouse to the House of Correction grounds.

—The *Philadelphia Ledger* states that Dr. S. Weir Mitchell, who is becoming as well known in secular as in medical literature, will shortly publish a novel called "In the Far West," the scene of which is laid in Elk and McKean counties, Pennsylvania, as they were sixty years ago. Dr. Mitchell has also just completed a volume of essays entitled "The Doctor and Patient," which is said to be intended chiefly for women, and to discuss the subjects in a popular rather than in a scientific way.

OBITUARY.

DR. WILLIAM ARMSTRONG.

Dr. William Armstrong, a retired physician and druggist, who was active in many charitable and reform movements in Philadelphia, died November 3d, in his eighty-seventh year.

DR. WILLIAM SELDEN.

Dr. William Selden, an old and prominent citizen of Norfolk, Va., and the wealthiest capitalists in this section, died Nov. 7th.

Dr. Selden was born in Norfolk, Va., in 1808. He studied at the University of Virginia, and took his degree of M. D. at the University of Pennsylvania, in 1830. After spending two years in study in the hospitals of Paris and London, he established himself in practice at Norfolk. He was a surgeon in the Confederate army, and had made a number of contributions to medical literature, among them a "Report on the Yellow Fever in Norfolk and Portsmouth in 1855."

DR. WILLIAM O'GORMAN.

Dr. William O'Gorman, one of the leading surgeons of the United States, died in Newark, N. J., November 10th, 1887, aged 63 years. He was born in Ireland, and graduated there, but came to this country in 1849. He was chief of the New Jersey medical staff during the war. He had been president of the State Medical Society and of the Essex County Medical Society, and was called in consultation when

President Garfield was shot. Dr. O'Gorman was brought prominently before the world two years ago through his connection with M. Pasteur in his treatment of the Newark hydrophobia patients.

DR. JOHN K. LEE.

Dr. John K. Lee, a well-known homœopathic physician, died in Philadelphia, November 10th, aged sixty-three years. He was born in Meadville, Crawford county, this State. He graduated in medicine in this city in 1851, and had been in active practice ever since. About three years ago Governor Pattison appointed Dr. Lee to the unexpired term of a member of the State Board of Public Charities, and he has been a member of that body ever since.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Nov. 6, 1887, to Nov. 12, 1887:

Major Chas. R. Greenleaf, Surgeon. Par. 8, S. O. 248, A. G. O., Oct. 25, 1887, directing Surgeon Greenleaf to visit the recruiting depots and rendezvous at certain places, is amended to include Davenport, Iowa; Quincy, Ill., and Evansville, Ind. S. O. 257, A. G. O., Nov. 4, 1887.

Capt. Leonard V. Loring, Assistant Surgeon, ordered for duty at Fort Mogave, Ariz. Ter., upon the expiration of his permit, with leave of absence. S. O. 258, A. G. O., Nov. 5, 1887.

Capt. Harry O. Perley, Assistant Surgeon, now on duty at Fort Wayne, Mich., ordered for temporary duty, with troops stationed at Highwood, near Chicago, Ill. S. O. 258, A. G. O., Nov. 5, 1887.

First Lieutenant F. J. Ives, Assistant Surgeon, granted leave of absence for one month, to take effect on or about the 15th inst. S. O. 113, Dept. Platte, Nov. 5, 1887.

List of Changes in the Medical Corps of the U. S. Navy, during the week ending Nov. 12, 1887:

Surgeon T. C. Heyl, detached from the "Marion," proceed home and wait orders.

Passed Assistant Surgeon T. C. Craig, detached from the "Marion," and to proceed home and wait orders.

Medical Inspector H. M. Wells, detached from the "Trenton," and to proceed home and wait orders.

Medical Director Geo. Peck, ordered to Washington, D. C., as member of Examining Board.

Surgeon Jas. G. Ayers, ordered to the "Galena" to relieve Surgeon F. L. Du Bois.

Surgeon F. L. Du Bois detached from the "Galena," and to proceed home and wait orders.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, two weeks ended Nov. 12, 1887:

Walter Wyman, Surgeon, to proceed to Louisville, Ky., and Memphis, Tenn., as Inspector. Nov. 12, 1887.

F. M. Urquhart, Passed Assistant Surgeon, relieved from duty at Cape Charles Quarantine, ordered to Norfolk, Va., Nov. 6, 1887.

G. M. Magruder, Assistant Surgeon, when relieved to rejoin station at Chicago, Ill., Nov. 3, 1887.

THE MEDICAL AND SURGICAL REPORTER

No. 1604. PHILADELPHIA, NOVEMBER 26, 1887. VOL. LVII.—No. 22.

ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

EPILEPSY, SUDDEN DEATH IN A
COMATOSE CONDITION, NO LESION
DISCOVERED AT THE AUTOPSY.
—INFLAMMATION OF APPENDIX
VERMIFORMIS, FOLLOWED SEVEN
MONTHS LATER BY ULCERATION,
RUPTURE AND DEATH.

A Clinical Lecture delivered at the Hospital of the
University of Pennsylvania by WILLIAM PEPPER,
M.D., LL.D., Provost and Professor of
the Theory and Practice of Medicine
and of Clinical Medicine in the
University of Pennsylvania.

REPORTED BY WILLIAM H. MORRISON, M.D.

GENTLEMEN: I wish in the first place to call your attention to these specimens which were removed from a case which has lately died in the hospital. The patient was an epileptic. He had been subjected to various methods of treatment, and was admitted to the hospital with the hope of benefiting him, if that were possible. He had epilepsy very badly. The attacks occurred four or five times a day, and were increasing in severity. The patient's mind was failing under the influence of the disease. As I have already said he had been treated in all ways, but at no time had he been benefitted. He was unable to work, and was becoming more and more feeble-minded. The patient was before you on one occasion, and at that time I said that occasionally in cases of this kind, where the ordinary measures of treatment fail to arrest the attack, by a course of

treatment which would produce a radical and profound effect upon the whole nutrition, there would be a change in the symptoms. We therefore proposed to put the man to bed, and keep him there for a long time, and to place him upon a carefully restricted diet, gradually reducing it so as to effect as far as possible a complete revolution and a re-creation of the entire frame. We placed him in bed and gave him moderate doses of antipyrine, the influence of which over vaso-motor phenomena would indicate that it might be serviceable. He was given eight grains of antipyrine three times a day. I am sorry to say that this proved of very little service. The man was very rebellious as regards diet, so that practically we were unable to restrict his food. He was willing to lie in bed as long as he was well fed, and the fact is that he increased in weight while under treatment. As the man lay in bed he looked in perfect health, with no sign of depression or debility about him, and this continued until very shortly before his death.

The use of antipyrine was begun on October 2, and continued until October 13. As it accomplished nothing it was stopped, and antifebrin in three grain doses, three times a day, was substituted. As the convulsions still continued severe, he was placed upon a preparation of the bromides, containing five grains each of the bromides of potassium, sodium, and ammonium, with fifteen drops of hydrobromic acid, three times a day. This was given in conjunction with the antifebrin. The paroxysms were not materially influenced, and the antifebrin was cautiously increased until eight grains

were given three times a day. Under this treatment the convulsions steadily decreased in number, so that from October 21 to November 3, a period of two weeks, he only had twelve convulsions; whereas, during the previous two weeks, he had had twenty-one attacks.

On November 1, the antifebrin was reduced to two doses a day, and the bromide mixture was only given twice a day. The man remained quiet in bed, and continued to do well. On the morning of November 3, he attempted to rise from bed for some purpose, and fell back unconscious, and continued unconscious from this time until his death, sixteen hours later. He was in a condition of complete coma, with stertorous breathing, and for the first time since his admission, with but one exception, there was a rise of temperature, from 98.5° in the morning to 102° in the evening, and at the time of his death it was still rising. Upon one other occasion he had had for a short time a temperature of 101.2° , apparently due to some temporary disturbance. Since his death his wife informs me that on four previous occasions this man had suddenly passed into an unconscious condition, and continued in this state for twenty-four hours. It was thought on each occasion that he would die, but he had gradually regained consciousness, and recovered his usual health.

A careful post-mortem examination was made. What should we expect to find in such a case? We are to remember that here we had a man who had for a long time suffered with convulsions which had been increasing in frequency and severity, and that he complained a great deal of headache. When we came to ask ourselves the question whether or not there was some intra-cranial disease or tumor which might cause both the convulsions and the headache, the answer was in the negative. There was no history of syphilis or of traumatism. The ophthalmoscopic examination was negative. There was no paralysis of any cranial nerve. There was nothing to point to lesion within the cranium as the cause of the trouble. There was no lesion of the kidneys, nor of the spleen. We therefore came to regard the case as one of essential epilepsy. Yet when I heard that the man had fallen into this unconscious state, not knowing at that time that he had had previous similar attacks, I naturally suspected that there would be found some aneurism or other intra-cranial lesion. The results of the post-mortem examination were entirely negative.

No lesion was found anywhere to explain this sudden death. There was no heart-clot, no slight effusion, no small hemorrhage; nor does the mode of death throw much light upon its cause. The patient did not die from paralysis of the heart, and this is an important thing to note. The heart remained strong to the very last, and he evidently died by the brain, the respiration and the circulation continuing good to the very end.

You will at once see that I dwell upon these facts in consequence of the remedies which this man had taken, for in any given case the question must arise whether or not the drugs which have been administered could have caused the sudden death. This is particularly true when we have been giving such drugs as antipyrine and antifebrin, which if pushed beyond a certain limit do exert a depressing influence upon the heart. Cases are beginning to accumulate in the journals in which the use of large doses of these drugs has been attended with symptoms of cardiac failure and of failing circulation. You will see that in this case we can scarcely assign to these drugs any part in the event. In the first place, at no time did he take a dose which would be sufficient to depress the heart and circulation. He was a strong, muscular man, with a healthy heart; further, he was lying in bed making no muscular exertion. At no time did the dose exceed eight grains of antifebrin three times a day. This may be said to be a perfectly safe dose under the circumstances. While taking it three times a day he bore it perfectly. Since November he took it only twice a day. Finally, in the events of the day, there was not the slightest evidence of depression of the heart or of the circulation. The symptoms were not those of cardiac failure, but those of sudden paralysis of the brain, a sudden cessation of nervous action, unconsciousness, profound coma and gradual failure of cerebral power. We may, therefore, say that neither the bromide, the antipyrine, nor the antifebrin had any influence in the production of the fatal result. It is important to dwell upon this because we desire to learn what are the limits of safety of these drugs. It is proper that we should scrutinise every case where new drugs are given, and where such a dramatic end occurs, to see if the drugs have had any part in the production of the result.

There are many chronic diseases in which sudden death occurs. It may take place in Addison's disease from heart failure under exertion. In the same way, sudden death

may occur in leucæmia from the watery state of the blood and the exhausted condition of the heart. In other cases, sudden death occurs from the development of some constitutional condition of a highly complex character, as we see sometimes in diabetes. At times, a patient with diabetes, who has apparently been doing well, will suddenly become delirious, pass into a condition of coma, with rapid rise of temperature, and die within twenty-four hours. This mode of dying is far from rare in diabetes, but it has not yet received a satisfactory explanation. It is clear that there is developed some highly complicated product of nutrition, which, acting upon the nervous system, causes death as does the ingestion of some fatal poison. A perfectly satisfactory explanation of these cases of sudden death has not yet been found. You will observe that in this case, the patient died with a rapid rise of temperature and with symptoms of arrest of the circulation of the brain. This man did not die from the effort to rise in bed. This was not a syncopal attack from failure of the heart. The probability is that he attempted to rise from bed because he felt uncomfortable and was overcome by the unconsciousness before he could get on his feet. This has occurred from some profound nutritional change associated with a morbid vaso-motor state in which failure of the cerebral circulation occurred with complete unconsciousness, attended with derangement of nutrition throughout the body, marked by fever, excited circulation, continued unconsciousness, coma and rapid death. We cannot explain it. No gross lesion presents itself.

Observe that he had four preceding similar attacks, all of the same nature. He was in all suddenly seized with unconsciousness and coma, apparently going to end in death, but out of which he rallied. This case is of interest in many ways; of interest from the fact that these new and powerful drugs had been administered, but they cannot be held in the least responsible for the result. It is also of interest, because we have here a case of sudden death in which careful examination fails to reveal a satisfactory explanation.

Inflammation of the Appendix Vermiformis, Followed Seven Months Later by Ulceration, Rupture and Death.

Very different are the other specimens which I have to exhibit. These were removed from the body of a young man 18 years of age, whom I attended last March, with an attack of acute obstruction of the bowels.

The obstruction was absolute and was marked by severe pain a little to the right of the median line and low down toward the hypogastrium. The fever was moderate. The belly was distended, and there was tenderness on pressure, which was more marked in the region above-mentioned than at any other point. There was no distinct indurated mass to be made out in any position. The diagnosis was circumscribed acute peritonitis, with accumulation in the bowel close to the cæcum. It is not difficult to see why this diagnosis was formed. The patient was rather too old for intussusception of the bowel, and this accident is usually attended with a demonstrable fullness and hardness in some part, and there is not the rapid development of peritonitis that occurred in this case. Moreover, in this case, vomiting was not so urgent as it becomes in intussusception, where it is frequently repeated, and if the obstruction is not relieved, soon becomes fecal. Examination by the rectum failed to reveal anything. When the intussusception is extensive, it is not uncommon to feel the volvulus when a rectal examination is made, and often a little bloody mucus escapes. The symptoms of intussusception were therefore wanting in this case.

It was not a case of ordinary impaction of the bowel. There was no demonstrable mass, and the symptoms of inflammation were too marked and came on too abruptly. The pain was also too severe. Nothing would explain it but peritonitis. The inflammation was not associated with typhlitis or perityphlitis, for there was no induration, and the position of the pain was more toward the median line than it would be if the inflammation were located in the cæcum. In perityphlitis, we find in the region of the cæcum an area of distinct hardening, with sometimes a slight prominence. This was wholly wanting in this case. We feared at the time that the appendix vermiformis might be involved in the inflammation. It could not be felt by a rectal examination.

The patient was kept in bed and quinine and opium given by the rectum. Minute doses (one-twelfth of a grain) of calomel were given by the mouth, simply placed dry upon the tongue, but not a drop of water or a particle of food was given for several days. Little pieces of ice were allowed to melt in the mouth, but opium was depended upon to blunt the sensation of thirst. He remained in this condition for nine days without passing even flatus by the bowel. Then flatus was passed, and on the tenth day an enema secured a movement, and after that

convalescence was rapid and apparently complete.

It was therefore evident that whatever had been the cause of the obstruction it had ceased to exist. The lad continued perfectly well all summer, spending his vacation in hunting and fishing. In the fall he returned to his duties apparently in perfect health. Ten days ago, he was suddenly seized with agonizing pain referred to the lower zone of the abdomen. The pain was so severe that he rolled and writhed on the floor, and four large hypodermic injections of morphia were given before any relief was obtained, but at no time during the whole of his illness could a sufficient amount of opium be given to entirely relieve his suffering. There was an immediate and progressive rise of temperature. It gradually rose, and when I saw him in consultation, four days after the onset of the pain, it was 104.6° , and on the following night it was 107.5° . There was with this a corresponding increase in the rapidity of the pulse which became running and small. Vomiting was not frequent: it occurred once or twice in the beginning; the stomach then became quiet, but the vomiting recurred once or twice toward the close of the case. At no time was the vomiting such as we have in mechanical obstruction of the bowel. Nothing like faecal matter was vomited, yet from the time that he was taken, until his death, no flatus passed through the intestine. The bowels became rapidly distended, and the colon and the coils of the intestine could be distinctly seen through the stretched abdominal walls. The urine was secreted freely and was perfectly normal. It was passed frequently owing to the irritation of the bladder. I at once made an examination of the rectum. The bowel was entirely empty, and the roof of the pelvis was found to be uniformly hard, instead of soft and yielding.

The question of diagnosis again arose, and it was impossible not to connect this second attack of acute peritonitis and obstruction of the bowels with the previous one. This made it the more certain that the first attack had not been one of intussusception. If it had been, it would not have recurred. It was not a case of impaction, for the symptoms were too sudden and too violent. It was not a case of typhlitis, for there was no local induration. Rectal examination showed no greater fullness on the right side than on the left. It was possible that in the former attack there had occurred, between two inflamed coils of intestines, a band of organized lymph which had become

stretched, and that a portion of the intestine had passed into this loop and become strangulated, thus causing an internal hernia. I have seen this accident occur on several occasions. In opposition to such a view was the fact that the peritonitis was immediate and severe, and had almost at once followed the attack of sudden pain. Had this been a case of mechanical obstruction, the symptoms of peritonitis would have appeared more gradually. Again, as I have already pointed out, the vomiting was not such as accompanies mechanical obstruction. It did not recur frequently, and at no time were any of the contents of the bowel brought up. All these things were against the view of an internal hernia.

It therefore appeared probable that the portion of the bowel which had been involved in the previous attack of inflammation had now perforated, and that general peritonitis had followed. Your studies in pathology will teach you that such perforation most frequently has its seat in the appendix vermiformis; so that this attack naturally connected itself with the explanation of the attack of last spring.

The question of laparotomy was seriously discussed, but it was clear that the peritonitis was so intense that the operation was inadmissible. Death occurred at the end of the fifth day of the attack.

The autopsy was made twenty-four hours after death. I have in my hand a coil of the intestine, showing the character of the peritonitis. There is a thick layer of yellow lymph, looking like buckskin, covering the intestines. The abdomen also contains pus and serum. The intestines were everywhere matted together, forming little pockets, containing pus and serum. The peritonitis was especially intense in the pelvic segment. At the point where the pain had been so intense last spring, there was a cluster of coils of intestine strongly adherent. So close were these adhesions that some of them evidently dated back to the first attack. In addition, there were other adhesions resulting from the recent inflammation. The vermiform appendix was covered by a cap of adherent intestines. It was purplish in color, was distended and swollen. Close to the cæcum it was nearly severed by gangrenous ulceration. There was a perforation into which the thumb could be placed. The mucous membrane of the appendix was rough and thickened. The opening of the appendix into the cæcum had been completely closed by the previous inflammation. The pus from this perforation had in conse-

quence of the dense adhesions around the appendix burrowed in different directions, and there was no circumscribed collection of fluid at the site of perforation.

Here, then, we had a case of simple appendicitis last spring, with peritonitis, gradually terminating by resolution, leaving adhesions. The appendix, however, remained inflamed, but producing no symptom, and gradually went on to ulceration and rupture. Careful search was made for any concretion that might be present, but none was found.

This case of perforating appendicitis is of special interest. It is almost unique in the fact that it clearly followed upon an attack of simple inflammation of the appendix, and it warns us how careful we should be in the after treatment of any case of inflammation in the cæcal region. It is perfectly true that in the present instance nothing was left undone that suggested itself as desirable. I do not see how it would have been possible to have anticipated, or to have averted the fatal result. This case impresses upon us most strongly the fact that in these cases of disease of the appendix there is nearly always, if not always, a pre-existing, insidious, unsuspected inflammation. There may be a little catarrh of the lining membrane of the appendix, which does not reveal itself by any symptom. There may be an occasional slight twinge of pain, which does not attract special attention. There may be gradually forming a little concretion, which will kill the person in twenty-four hours. The concretion gradually increases in size, until its irritation leads to ulceration and perforation; giving rise to violent pain and severe peritonitis, which is one of the most rapidly fatal forms of peritonitis with which we meet.

This catarrhal inflammation of the appendix may come from wrenches, from strains, or from over-exertion. In the case which I have described there is reason to think that the starting point of the inflammation was violent over-exertion and over-heating in base ball. This acute inflammation once started, may run into the chronic form, ending in perforation. During the progress of the chronic inflammation, a concretion forms varying in size from a very small body up to a cherry stone or a date seed. This sometimes is made up of dried mucus, or it may have as a nucleus a small seed or other foreign body which has found its way into the appendix. You will observe that in this case the opening into the cæcum had been closed by inflammation. This, of course,

formed a closed abscess. The presence of pus and decomposing matters would naturally excite inflammation and a tendency to perforation.

In the treatment of such a case as this, it is perfectly clear that there is only one thing that will give the patient a chance, and that is instant laparotomy; but how are you to assume the responsibility of opening the abdomen in such a case within a few hours of the commencement of the attack? And how will you be able to convince the family that what seems like an ordinary colic, is a deadly disease which can only be met by one of the most dangerous operations in surgery? You can not be sure of your diagnosis, and even when you have good reasons for suspecting this accident, you can not demonstrate it. For these reasons, I fear that we shall never be able to perform laparotomy early enough to save our cases of perforating appendicitis. The only thing to be done is to open the abdomen within twelve hours, locate the appendix, ligate it with antiseptic ligatures, remove the distal portion, and introduce a drainage tube, or if the ulceration is so close to the cæcum as to preclude the use of the ligature, make a fæcal fistula.

The general symptoms are not sufficient to enable you to recognize the trouble. The pain may be more marked on the right side, but it spreads to other parts of the abdomen and the symptoms of peritonitis soon become general.

One of the cases of perforation of the appendix, which I attended during this summer, was in a young man who was believed to have been in perfect health, until the beginning of his last illness, which terminated fatally within seventy-two hours. A neighbor's house catching fire, he went to afford what assistance he could, wrenched himself in the side and had some pain. The next day symptoms of peritonitis appeared, and I saw him thirty-six hours after the accident. I considered it a case of perforating appendicitis and suggested laparotomy. It was agreed that if the patient were no better, the operation should be performed the following morning. The operation was performed, and the drainage tube was passed into a cavity full of pus. It was then supposed that the case was one of perityphlitis. The patient, however, died, and at the autopsy the appendix was found in a state of gangrene, with the evidences of old catarrhal inflammation which had been there for months. This is only one of a number of cases which I have seen. In

this case the operation was done within sixty-four hours after the onset of the symptoms, and this has been the earliest that I have ever been able to have the operation performed.

One of the most important diagnostic measures in these cases is the rectal examination, and in no cases where a trouble of this kind is suspected should the rectal examination be postponed one hour, but, on the other hand, it should be frequently repeated. The moment that, by rectal exploration, we are able to detect the slightest fullness in the cæcal region, laparotomy should be performed. In the case from which these specimens were removed, a rectal examination within eighteen hours of death failed to reveal any difference between the two sides. The reason of this is evident, for the adhesions were so dense as to prevent any accumulation of pus.

COMMUNICATIONS.

IMPROVED SPLINT.

BY D. BENJAMIN, M.D.,

Physician to the Cooper Hospital, Camden, N. J.

This splint, called the "Day Splint," with double inclined plane, has been in use in hospitals and private practice for many years, and is considered by many surgeons the best splint that can be used for fractures of the lower extremities. It has some advantages, viz.: In treating compound fractures it will permit the surgeon at all times to inspect the injuries to the soft parts, as they can be treated on this splint without bandaging. It also has the advantage of the hinge at the apex of the frame, under the knee, which permits the passive movement of the joint, without permitting the movement of the fragments of fractured bones.

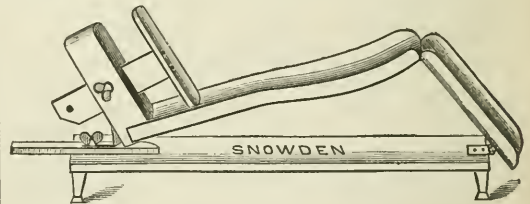
The mechanical principles upon which it is constructed are correct, but the methods used in its construction are defective. The splint would, no doubt, be more extensively used were certain objections and imperfections in its mechanism overcome. In the first place, there are no adequate means of keeping the heel of the splint in the notches, and it has been the experience of every surgeon who has used it that, notwithstanding the most careful tying, it will frequently slip out, letting the leg suddenly down straight, thereby bruising and deranging the ends of the bones.

The second objection is that the movable foot piece does not come down low enough towards the bottom of the heel, to make traction in the line of the long bones, but makes its traction upon the foot, about opposite the ball of the big toe, thereby bending the ankle unnecessarily and uncomfortably, and producing inefficient traction.

Objection third: That the foot piece wobbles from side to side, and unless great care is used in managing the screws, would be so loose as to cause a rolling of the foot and, consequently, an irritation of the wounds, and a rotation of the lower fragments of the bone on the upper fragments, interfering with the union of the parts.

Objection fourth: That the movable foot piece is straight up and down, whereas the natural position of the foot is with the toes turned slightly outward.

Objection fifth: That as the foot settles down towards the foot piece, after being adjusted, the traction ceases until the screws are turned at the next visit of the physician. In using this splint I have been constantly troubled by these objectionable features, and I have therefore attempted to overcome them in the manner illustrated in the accompanying cut.



The first objection is overcome by a plate of iron with a long slot occupying the position of the notches, and another plate of iron, hinged, is screwed to the base of the permanent foot piece. This latter plate is provided with a bolt and thumb-screw, passing through the slot in the first plate, preventing the possibility of the foot piece slipping in any way, and also having the additional advantage of being adjustable at any distance or angle required; in other words, of increasing or diminishing the angle at pleasure with perfect firmness and safety, and no danger whatever of its slipping.

The second objection is overcome by placing the foot piece lower down towards the heel.

The third objection is overcome by fastening the foot piece to a solid bar, two inches in width, and three-quarters of an inch in thickness, which slips through a mortise in the immovable foot piece, entirely prevent-

ing any wobbling of the foot piece. This bar can be fixed in any position by means of the thumb-screw on the side.

The fourth objection is overcome by making the foot piece on the bar adjustable for either the right or left foot, so as to give the foot its natural eversion.

The fifth objection is overcome by allowing the thumb-screw in the side of the permanent foot piece to be loosened, and a weight attached to the bar, and hung over the foot of the bed, keeping up a constant traction, until the surgeon sees fit to fix the movable foot piece by means of the thumb-screw, in any desired position.

GLEDITSCHINE.

BY WILLARD H. MORSE, M.D.,
WESTFIELD, N. J.

BOTANICAL NAME.—*Gleditschia Triacanthos*.

Synonyms:—*G. spinosa*, Marshall, arbustum, 54; *G. meliloba*, Walter, fl. car., 254; *G. macrantha*, Willdenow, Baumz., 164; *G. elegans*, Salisbury, prodr., 323; *Melilobus heterophylla*, Honey locust; black locust; sweet locust; tear-blanket; honey chucks; three-thorned acacia.

BOTANICAL DETAILS.—Natural order of the leguminosæ; genus: *gleditschia*.

FAMILY RELATIONS.—*Prosopis pubescens*; *dalea spinosa*; *eysenhardtia orthocarpa*; *robinia viscosa*, *R. pseudo-acacia*, *R. neo-mexicana*; *olneya tesota*; *piscidia erythrina*; *cladrastis tinctoria*; *sophora secundiflora*, *S. affinis*; *gymnocladus canadensis*, *G. monosperma*; *parkinsonia torreyana*, *P. microphylla*, *P. aculeata*; *cercis canadensis*, *C. reniformis*; *prosopis juliflora*, *P. pubescens*; *leucena glauca*, *L. pulverulenta*; *acacia Wrightii*, *A. Greggii*, *A. Berlandieri*; *lysiloma latisiliqua*; and *pithecolobium unguiscati*.

GENERIC SYNONYMS.—*Prosopis juliflora* is also known as "honey locust"; *robinia pseudo-acacia* as "black locust"; *robinia pseudo-acacia* and *robinia neo-mexicana* as "locust"; and *prosopis juliflora* as "honey shucks."

REMARKS ON RELATIONSHIP.—It is notable that *piscidia erythema* is co-related. *Robinia pseudo-acacia*, and *acacia wrightii seu stenocarpa*, have by some been confounded with *gleditschia triacanthos*; but they are not identical. Linnaeus, Gaertner, and some others have sought to make *gleditschia triacanthos* a variety of *gymnocladus monosperma*; but it has been fully proven that the two are distinct. *Gymnocladus monosperma* has a short pod, containing but one seed, while *gleditschia triacanthos* has a long pod with several seeds. There are four or five of the

gleditschia; but these two are the only American species.

DESCRIPTIVE BOTANY.—Flowers polygamous; calyx short, $\frac{3}{8}$ cleft; lobes divergent; petals and sepals of same number; stamens, $\frac{13}{16}$ distinct, inserted with petals on base of calyx; legume, flat, pulpy; seeds 8 to 15, flat; flowers and pods, both greenish; leaves, pinnate; thorns above the axils, stout, often compound or triple. The pods are generally 8 to 10 inches long, and twisted; the thorns (or spines), average an inch in length; the wood is heavy, hard, coarse-grained, durable, susceptible of high polish, layers marked by open ducts; medullary rays numerous; color, reddish-brown; sp. gr., 0.6740; ash, 0.80. The wood is valued for fence-posts, wagon-hubs, well-curbs, construction, etc. Dr. Porcher informs us that the pods are used, in Georgia, in brewing beer. Children, as well as swine and sheep, eat the pulpy pods, without unpleasant after-effects; but, like the persimmon, they are not considered edible till frost-bitten. Presumably, like the European locust (*ceratonia siliqua*), the pods might be made into a syrup and spirit.

HABITAT.—From western Massachusetts to the Brazos river in Texas, in the Atlantic and Gulf States, on the western slopes of the Alleghanies; west through southern Michigan, to about longitude 96° west: the only section within this area, where it has not been found, is eastern Florida. It is the characteristic tree of the "barrens" of middle Kentucky and Tennessee, and reaches its greatest development in the bottoms of the Ohio and Sangamon. It is quite as common in the dry, sterile hill-country as in the rich and fertile bottoms. In the east, while not indigenous, it has been naturalized so thoroughly as to be accounted an agricultural pest in some sections where it was originally introduced as a shade tree. It grows very rapidly, attaining a height of from twenty-five to forty-five feet.

SUB-VARIETIES.—There are two sub-varieties, viz: *Gleditschia inermis*, which is almost entirely destitute of thorns, and *G. brachycarpus*, which has the thorns and pods abbreviated, and the former white and unbranched. This latter sub-variety is the common wild locust of Mississippi and Louisiana, and is not clearly distinguished from the *acacia farnesiana* and *A. stenocarpa*. The flowers are very inconspicuous. The peculiarity about this form is that on cultivation the pods and flowers are more developed, and the spines become of the color of the

bark, as well as bifid and compound. Another characteristic is its exemption from the attacks of the locust-borer (*cyllene picta*). All trees with spines, even the thorn-apple, growing in the lower Mississippi valley, are locally called "tear-blankets." It is worthy of mention, perhaps, that the *gleditschia brachycarpus* does not afford spines long and strong enough for the Mexican Indians to use as "needles and pins." The leaves of this sub-variety are not deciduous—a fact sufficient to prevent confounding it with the acaciæ.

PARTICULAR MEDICINAL NOMINATION.—While the alkaloid *gleditschine* is afforded by the leaves of the *G. triacanthos* and both of its sub-varieties, it is found in the largest amount in the winter leaves of the *G. brachycarpus*, which is better distinguished by De Candolle as the *G. brachycarpa*.

MEDICINAL PORTION.—The leaves, and the alkaloid derivable from them. The bark of the root is said to be "very active;" but no particular inquiry has been made as to its properties. The pods when eaten are inert; but it is claimed that there are those who are "intoxicated" to some extent by eating them.

CHEMICAL COMPOSITION.—The earliest chemical inquiry related to the pods, the pulp of which was found to abound in albumen. The pod itself is also productive of gluten. As remarked above, it is altogether probable that from the honey-like juice a spirituous liquor is distillable. And it is quite as equally probable that a toxic bitter (?) principle resides in the bark of the root. The leaves contain a peculiar alkaloid, well-termed *gleditschine*, and inappropriately styled "stenocarpine." Seward is authority for the statement that the winter leaves contain $7\frac{1}{2}$ grains to every ten pounds, while the summer leaves contain only 5 grains to the same amount of leaves. My own investigations lead me to believe that it is easy to obtain one grain from every 100,000 grs., and frequently one from 60,000 to 80,000! This applies to the green leaves, the dried leaves responding to analysis "with difficulty." It is yielded up to both water and alcohol, and most freely to the latter. Unfortunately, the alkaloid is not readily crystallizable, but occurs as a semi-liquid mass of a greenish tint. United with acids it forms greenish-white salts, tasteless, and apt to assume the form of four-sided prisms. Possibly the sulphate of *gleditschia* will take the lead in subsequent therapeutical consideration.

Perhaps as good a method of alkaloid determination as any consists in first preparing

an alcoholic extract by the usual course of operation. This is treated with acidulated distilled water at about 110° F., a little animal charcoal being added. After filtration, and partial neutralization with ammonia, a fresh concentrated infusion of galls is slowly added until precipitation ceases. After decanting and washing, this precipitate is rubbed up with about one-fourth its own weight of pulverized litharge. An alcoholic solution is then had, and, after filtration and evaporation, the residue is twice acted on with cold and very pure sulphuric ether, which removes impurities and leaves the *gleditschine*. The action of potassa upon an aqueous infusion of an alcoholic extract of the leaves, will also result in the isolation of the alkaloid, showing that the same result may be had either by crude or elaborate means.

Of the properties of *gleditschine*, I can only say that it is soluble in both cold and hot water, and in ether and volatile oils. It has the peculiarity of frothing on agitation. It is fusible, and combines with several salifiable bases. From the first, I could not obtain as favorable results from my privately-isolated alkaloid as from that of Lehn & Fink, in solution. Indeed, it was all but impossible to obtain any mydriasis from the alkaloid, which I was able to obtain after toilsome laboratory effort. Still in doubt, the following manometric experiments were tried:

1. The effect of atropine on the eye of a curarized rabbit, was a slow depression of the intra-ocular tension.

2. The effect of cocaine was at first a slight elevation of tension, followed by a decrease, less than one-half that of atropine.

3. Lehn & Fink's "*gleditschine*" first largely increased the tension, and then diminished it to an extent less than the increase.

4. A combined atropine-cocaine solution had an effect similar to the "*gleditschine*," except that the after-diminution of tension exceeded the increase.

5. The effect of a compound solution of cocaine, 1 to 5; atropine, 1 to 2; and *gleditschine*, 1 to 2, was the same as that of "*gleditschine*."

6. The effect of my poor alkaloid, "all alone," was, first, great fluctuation in ocular tension, followed by a barely-appreciable depression.

In addition to this, let me add that by atropine, cocaine, and "*gleditschine*," I gain no effect on the corneal curvature, while, from my lonely alkaloid I get a shor-

tening of the curvature, like that from weak pilocarpine or eserine.

Moreover, as above observed, the true alkaloid is apt to crystallize in four-sided prisms, while the "gleditschine" crystallizes in acicular (cocaine-like) form. I cannot understand this, and will only remark that the latter are, if not actually like those of cocaine, very similar to atropine and cocaine, well mixed and shaken together. To my mind, there are two or three alkaloids in the "gleditschine;" at any rate, it is more than equivalent to a two per cent solution.

CONCLUSIONS.—With the leaves of gleditschia tricanthos, I am unable to make such a poultice as Dr. Claiborne nominates. My horses, after wearing the poultice, are as prone to kick as ever when the part is incised. It is told of the editor of a sensational New York daily that when he has a rich, blood-and-thunder article "written up," he directs that it be "located away off down South in some out-of-the-way place." The beauty about locating that poultice in West Feliciana Parish, La., is, that it is an out-of-the-way country of large area, and that by the time its substantiation could be sought out, the bubble might burst.

With the alkaloid, I am unable to obtain any of the results recited by Claiborne, Seward, Jackson, Mitchell, Knapp, or any other. More than this, I am willing to challenge any chemist to procure such substantiation. The results can be procured by "gleditschine," and by a compound solution of atropine-cocaine, with a small quantity of eserine, or of true gleditschine. *They cannot be procured by the true alkaloid.*

I assure Dr. Thompson (*Vide Medical Age*, Oct. 25) that the leaves of this tree (which I have taken so much pains to study) will actually produce an alkaloid; but it is the mountain laboring and bringing forth a mouse. This alkaloid, when obtained, will show certain peculiar properties, but among them the mydriatic and anæsthetic are nil.

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HYPNOTISM AND ITS CURATIVE USES.

BY HERMAN B. ALLYN, M.D.,
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Hypnotism, and the wonderful therapeutic results which have been asserted to follow its employment, have aroused such widespread interest and discussion among Continental physicians, that a breif *résumé* of the subject will probably be of interest to many readers of the REPORTER. Its history is briefly as follows:

In 1840, Braid, of Manchester, England, an enthusiast in animal magnetism, discovered that in most persons on whom he tried the experiment, he could produce a condition of sleep by getting them to look steadily at a fixed object, about a foot distant from their faces and slightly above the level of their eyes. The condition thus developed he called hypnotism. His discovery was a development in the line of animal magnetism, and aroused much interest in England and France. During the early part of the decade from 1850 to 1860, lectures upon hypnotism—then commonly called "biology"—were

frequently given in the various towns and cities of the United States.

In 1860, Liébault, of Nancy, published his book on "Sleep and the Conditions Analogous to It."¹ In this book he maintained that the most essential thing in hypnotism was the suggestion of thoughts to the patient while asleep, and argued that hypnotism was simply a modification of normal sleep in which direction was given to the dreamer's ideas by another person. Liébault's work attracted comparatively little attention until the publication of the book of Bernheim,² which contained new experiments and a keen and thoughtful criticism of the ground previously covered by Liébault.

From this time on experiments with hypnotism became general. The common impression that only hysterical patients can be hypnotized will be seen to be false by the statements of Liébault and Bernheim, that on an average from eighty to ninety per cent. of normal persons are susceptible of hypnotism.

More recently, M. J. Luys, in a communication to the Paris Academy of Medicine, declared that when drugs contained in tubes were hung around the necks of hypnotic subjects, phenomena were often developed representing the physiological action which the drug has when taken internally. For instance, morphia, when applied to the left side of the neck, produced in the patient first a sensation of terror, which deepened into one of anger if the application was prolonged. If, however, the morphia was applied to the right side of the neck, the patient sank down into a chair or on the floor, and wore an expression of calm and comfortable repose, such as is induced by a moderate dose of morphia. Again, when brandy, rum or champagne was applied to the neck, the patient passed through all the well known stages of intoxication, with the symptoms of gradual recovery from it.

M. Luys experimented with eighty-six different substances in this way, and found that they could be divided into two groups, in one of which the patient responds automatically, without speech, to the influence of the drug; and in the other, he passes into a condition of somnambulism, in which he is able to hear and to communicate with those about him. Morphia belongs to the first group and alcohol to the second. Valerian is said to produce such a saddening effect

that the patient goes through the different motions necessary to the digging of a grave and the burial of a very dear friend, even to the religious ceremonies before the cross.

These statements are so amazing that one's powers of belief are for the time hopelessly staggered. It will be no doubt wise to await the report of the committee appointed by the French Academy of Medicine to investigate M. Luy's results, before expressing an opinion as to the accuracy of his observations. It should be stated, nevertheless, that M. Delbœuf has been putting to the test one of the oldest claims in regard to hypnotism, namely, that a magnet will produce trembling and tingling, and at times contractures of muscles, and even cause a contracture to be transferred from one limb to the other. He finds that, whether such results follow or not, depends upon the expectation of the patient. If he thinks he has been given a magnet, the sensations described occur, but not otherwise. Further, it is stated in *Science* that Dr. Voisin has confirmed M. Delbœuf's conclusions, and finds, moreover, on investigating M. Luy's results, that when the utmost care has been exercised in talking to his assistants in the presence of the hypnotized subject, so that the latter may have no inkling as to the physiological effect of the drug, the result of hanging drugs about his neck is negative.

As to the therapeutic uses of hypnotism, they will be readily guessed from the fact that a suggestion to a hypnotized patient is promptly accepted, firmly believed and readily acted upon, and from an understanding of the condition of partial anæsthesia which exists during this condition. The latter was the first to be utilized. A French physician attempted to deliver a pregnant woman, without pain, while she was hypnotized. In this he was only partially successful; for when the labor pains became very severe, chloroform had to be employed. More recently, a surgeon has amputated the cervix for carcinoma, while the patient was hypnotized. The operation seems to have been painless, but it must be remembered that the cervix is not a very sensitive part. Several minor operations have been done with the patient under the influence of hypnotism, such as avulsion of a toe-nail; but it is sufficient merely to mention the fact in order to indicate the practical utility of hypnotism.

In regard to the employment of suggestion to hypnotized subjects for therapeutic purposes, some very striking results have been reported at a meeting of the French

¹ Du Sommeil et des états analogues, etc. Paris et Nancy: 1866.

² De la suggestion et de ses applications à la thérapeutique. Paris: 1886.

Society for the Advancement of Science, at Toulouse, in September last. In the *Deutsche Medizinal-Zeitung*, October 13, 1887, from which paper the information is obtained, Dr. Bernheim, of Nancy, is reported as saying that, in a woman of thirty-five, who suffered from hysterical convulsions and had, in addition, metrorrhagia every eleven or thirteen days, he had been successful by hypnotic suggestion in interrupting this metrorrhagia, and in establishing the regular menstrual period, which then became less painful and exhausting than it had been before. Other physicians who were present reported experiences more or less similar to this one. Hysterical contractures have also been removed by hypnotic suggestion.

One of the most thorough papers, which has yet appeared on this subject, is one by Prof. Aug. Forel,¹ of Zürich, from which some of the information contained in the previous part of this article has been gleaned. After reading Bernheim's book, he was induced to visit Nancy, where he was profoundly impressed by what he saw, and returned from this visit such an enthusiastic convert to the new method, that some allowance must be made for his statements. According to him, the chief therapeutic value of hypnotic suggestion resides in the fact that it continues to exert a powerful influence upon the whole organization of the patient, *after* the sleep is over. Dr. Forel has experimented himself, and reports forty-one cases in which he tried hypnotic suggestions upon others. In fourteen of these cases he failed completely, while the remaining twenty-seven patients were influenced. Among the most remarkable cases which he reports, are six of chronic alcoholism, all of which continued sober and industrious after their dismissal from treatment, though, of course, it could not be told with absolute certainty whether they remained total abstainers or not. One of these patients also suffered from jealousy of his wife, which vanished under hypnotism, and from an old traumatic paresis of his right arm, which yielded to the combined influences of hypnotic suggestion and electricity. Another patient, a physician, in addition to his alcoholism, had twice suffered from acute mania, and had been for years an opium eater, because of severe trigeminal neuralgia. After six weeks of treatment, the patient became a changed man in all respects.

The result of this treatment, in the various

forms of insanity in which Forel employed it, was for the most part without good effect.

But that this method of treatment may be exercised with due precaution, it is well to record the statement made by Dr. Larroque to the Medico-Psychological Society (*N. Y. Medical Abstract*) that in a hysterical girl whom he had hypnotized to cure of vomiting, there remained a contracture of the foot, which persisted some months in spite of suggestions. Dr. Larroque thinks this was the result of the neuro-muscular hyperexcitability, which, during certain stages of hypnotism, is sufficiently great to react to the slightest touch or breath, and so result in contracture.

In conclusion, it may be safely said, that a method of treatment which will cause hysterical dumbness and various forms of hysterical paralysis and even hystero-epilepsy to disappear, is of great service to the specialist in nervous diseases; care should, however, be exercised in its use, and the utmost exertion of medical men should be employed to keep it from being used by base men or for base purposes.

A CASE OF CEREBRAL RHEUMATISM.¹

BY J. B. CARRELL, M.D.,
HATBORO, PA.

On account of the rarity of cerebral rheumatism, I think it worth while to report the following case: During the afternoon of May 10th, this year, I was called to see Miss W., aged about twenty-five years. I found her in bed, suffering much pain in the back and in the articulations of one arm. The temperature was 102°, and the pulse 80. The case was plainly one of acute articular rheumatism, and I prescribed, as anti-rheumatic remedies, salicylate of soda and colchicum, and, to relieve the pain, positive doses of morphia.

The following morning the patient's temperature was the same (102°), and the pulse 90. The severity of the pain was considerably lessened. The same treatment was continued. By the morning of the 12th, all of the joints of the body had become involved, constituting a typical case of acute poly-arthritis rheumatism. The temperature, strange to say, was now one degree lower, being 101°, and the pulse was 96. The joints were much swollen and very painful,

¹ *Correspondenz-Blatt f. Schweizer Aerzte*, August 15, 1887.

¹ Read before the Adjunct Montgomery County Medical Society.

the least motion producing agonizing pain. The amount of morphia was increased, so as to give as much comfort as possible and to secure sleep. The brother of the patient being a physician, was now sent for, and arrived the next day. The temperature was 101° , and the pulse 96, the same as the previous day. There having been but slight action of the bowels, we concluded to take the morphine off for a few hours, so that they might be acted upon. The following medicine was given: $\mathcal{R}$ Sodii salicyl., gr. xx; vin. colch. rad., gtt. xv; tincture digital., gtt. x. Mix. This was given every three hours, alternately, with: $\mathcal{R}$ Hydrarg. chlor. mit., gr. ss; pepsin sacch., gr. iij. Mix. In a few hours the bowels were freely acted upon. Then the calomel was discontinued, and the morphia was given again.

The next morning our patient was more comfortable, being able to move herself a very little. The temperature was 100.5° , and the pulse 84. During the night there had been several loose evacuations from the bowels, and profuse sweating was established. All through the day she was comparatively comfortable, and at my evening visit the temperature was 100° , and the pulse 86.

There being much nausea, and the pulse showing a tendency to weakness, I was obliged to discontinue the anti-rheumatics, and gave four grains of quinine and ten drops of tincture of digitalis alternately every two hours, with morphia and tincture of belladonna. On the morning of the 15th every symptom was favorable; the temperature was 100.5° , and the pulse 84. Throughout the entire day nothing unusual occurred. The next morning I found her much worse. For some unaccountable reason there had been a redevelopment of the disease in a more intense form than before. The temperature was 103° , but the pulse was only 84; the skin was hot and dry; the tongue was heavily coated, and there was a tendency to mental wandering. I prescribed: Extract ipecac., fld., gtt. ss; ext. jaborandi fld., gtt. vi; tr. digital., gtt. xij; every four hours, and one-half grain of morphia as needed to control the pain. During the afternoon the patient became quite delirious. On the next morning I found her temperature 101.5° , and the pulse 90 and full. The delirium had now assumed an active form. Ice was applied to the head, and blisters to the temples. Fifteen grains of salicylate of soda was added to the liquid mixture, and large doses of bromide of potash to the morphia. In the afternoon I found the

symptoms worse. It was with difficulty she was kept in bed. I took off the liquid mixture and gave: Potass. bromid., gr. xx; tinct. aconit. rad., gtt. iij; alternately with morphia. As the disease advanced upon the brain it abated upon the articulations. By the morning of the 18th, nearly all of the marks of inflammation had disappeared from the articulations.

Her delirium was the wildest I have ever seen, it being necessary to keep her under constant guard. The temperature was 102° , and the pulse 110. It was almost impossible now to administer remedies. About the middle of the day she went into coma, and at 6 P. M., after a slight convulsion, died.

It is seldom we see cases of rheumatism in which all the articulations are involved, and the cases are infrequent in which the metastasis is as marked as in this one. Twelve hours after the disease had shifted to the brain, all evidence of articular inflammation had disappeared. At first there was a severe onset, then a remission, then a redevelopment of the disease in a severer form than at first, and finally a shifting of the disease from the articulations to the brain, and finally death.

The first attack was mitigated with positive doses of salicylate of soda and colchicum, aided with free action of the bowels.

Fortunately, cases of the kind just described are very rare, and according to statistics are generally fatal. In conversation with my neighboring physicians, they could not call to mind a similar case in this section. One of my competitors, without seeing the case, said he considered it one of measles.

ADHERENT PLACENTA, WITH HOUR-GLASS CONTRACTION, IN THREE CONSECUTIVE PREGNANCIES.

BY G. B. WOODS, M.D.,
WEST ALEXANDER, PA.

I was called in February 24, 1884, to attend Mrs. C. Bell, in her third accouchement. The child, a well developed female, was born an hour before my arrival. On examination of the mother I found a retained and adherent placenta, with hour-glass contraction of the uterus. I delivered the placenta by the introduction of my right hand, gradually overcoming the contraction of circular fibres of the womb, and detaching the adhered surface of the after-birth. In a short time the patient rallied, and she made a good recovery.

On February 1, 1886, I was again sent for to attend Mrs. B., but, being absent from home, Dr. Wm. Denny attended her. I arrived at the house a short time after the delivery of the placenta, which was adherent, with hour-glass contraction of the uterus.

On October 23, 1887, Mrs. B. was again confined. The child was born an hour before my arrival. I found the patient very much exhausted from hemorrhage, with countenance pale, pulse feeble and fluttering. I proceeded to deliver the placenta as on the first occasion, and accomplished this after some difficulty.

At this date, October 27th, the patient is doing very well.

SOCIETY REPORTS.

PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated Meeting, October 24, 1887.

MORRIS J. LEWIS, M.D., in the chair.

Dr. J. T. ESKRIDGE presented a paper on
**Mental and Nervous Diseases as Influenced
by the Climate of Colorado.**

DR. F. X. DERCUM reported

**A Case of Unilateral Convulsions, and Another of Hemiplegia Occurring in
Uræmia.**

The following cases are of interest in connection with the observations of Raymond,¹ and of Chantemesse and Tenneson,² in the same field, and also in connection with two cases of hemichorea, associated with Bright's disease, recently reported by the writer.³ They are as follows:

Case I.—H. S., colored, aged sixty-nine years, an inmate of the Philadelphia Almshouse, had, while in the out wards, occasionally suffered from convulsions. On several occasions he had been admitted into the epileptic ward of the hospital. Here it was noticed that he usually had several convulsions in close succession, each lasting about

five minutes, and that after the attack was over he would fall asleep. His convulsions were always general, and attended with frothing at the mouth.

Mentally he was much impaired. He had delusions of persecution, and sometimes imagined himself unable to walk. He was also at times violent and maniacal during the night, requiring to be strapped in bed.

On August 15, 1887, being much improved, he was, at his own request, again transferred to the out wards.

On August 27, after having had occasional fits for several days, he was again admitted to the epileptic ward. On this day his convulsions seemed much worse than usual. They were almost continuous, and he was brought into the ward in a semi-conscious condition. In striking contrast with the seizures previously observed, the spasms now existed only on the left side, beginning apparently on the left side of the face, extending quickly to the left arm and thence to the left leg, being less severe in the last-mentioned member. During the quiescent periods it was observed that the left arm was paralyzed, as was also to some extent the left leg. The left side of the face was also paralyzed, the mouth was drawn toward the right, and the left cheek was flaccid. The conjunctiva of the right side was sensitive, but that of the left was not. The urine was drawn and examined for albumin, but none detected. The temperature was 97.2°; pulse, 140. The sphincters were relaxed.

After the convulsions had ceased altogether the patient slept. Consciousness had evidently been absent during the attack, but on the following morning, August 28, it had fully returned. The condition of left hemiplegia, however, persisted. His urine was now examined a second time, and revealed both albumin and casts, the latter in large numbers.

On the evening of the 28, the convulsions recurred, the patient having nineteen in rapid succession. On the morning of the 29, he was again conscious, and talked, but during the day he gradually became weaker and died at one o'clock.

An autopsy was held within the following twenty-four hours, and revealed the following: Calvarium of moderate thickness. Dura very adherent, the brain being removed in the calvarium. Pia not thickened, but its meshes very cedematous. Veins of vertex full. Pia presented milky opacities here and there, and was easily separated from the convolutions, a sub pial space having been formed, which was distended

¹ Raymond "Sur la pathogenie de certains accidents paralitiques observés chez des vieillards, leur rapports probables avec l'urémie," *Révue de Médecine*, Sept. 1885.

² Chantemesse et Tenneson: "De l'hémiplegie et de l'épilepsie partielle urémiques," *Révue de Médecine*, Nov. 1885.

³ F. X. Dercum: "Two Cases of Hemichorea Associated with Bright's Disease," *Journal of Nervous and Mental Diseases*, xiv., August, 1887.

with lymph; vessels of the base of the brain extremely atheromatous. Brain as a whole soft, flattening by its own weight. Ventricles large and excessively pale. Choroid plexuses very pale and cystic. Velum interpositum presented whitish granulations. On section, the cortex was found pale and the white matter excessively œdematous. Serial sections of both hemispheres *failed absolutely* to reveal a focal lesion.

In the general post-mortem nothing of special importance was found except that the *kidneys were markedly granular* and fatty. The lungs were emphysematous, the heart fatty, and the aorta somewhat atheromatous.

Case II.—J. H., eighty-two years old, white, in the out-wards of the Philadelphia Hospital, complained of weakness in the left arm and leg. This continued for four weeks, when he was admitted to the nervous ward of Dr. Mills, temporarily under my care. Here it was noticed that he dragged the left leg a little in walking, and that he moved his left arm with difficulty. Sensation on the affected side was also dulled. The hemiparesis grew gradually more and more pronounced, and was as sharply defined as a hemiplegia of organic origin, which, indeed, it was at first supposed to be. At last, though sluggish mentally, he was able to reply to questions and to make his wants known in his native (German) language. Gradually, however, he failed in mind and body, incontinence of urine, delirium and coma set in, and after having been in the ward two weeks he died. During life the urine had been examined and revealed a small amount of albumin.

On the day following death the autopsy was held, and the following conditions noted: Calvarium and dura normal. The pia arachnoid loose and very œdematous, its meshes milky. Vessels of the base of the brain were very atheromatous. Ventricles excessively pale. Choroid plexuses presented numerous large cysts. The velum interpositum was infiltrated. The brain itself very soft, and on section, found to be œdematous throughout. Careful serial sections *revealed no focal lesion*.

The kidneys were found to be *much contracted and cystic*, markedly cirrhotic.

The other organs revealed nothing of consequence. The lungs presented some adhesions in the right pleura, the heart valves were thickened, the aorta was atheromatous.

Both of the above cases are doubtless to be relegated to affections of the nervous

system occurring during and as a consequence of Bright's disease. Chantemesse and Tenneson¹ have already recorded two instances of unilateral epilepsy occurring in the course of this affection, and have verified one of them by post-mortem examination. Their cases are in everyway a counterpart of the case here reported. The convulsions were strictly limited to one side, and the autopsy revealed merely general œdema of the brain and chronic interstitial nephritis.

The objection may be made that these phenomena of hemiplegia, hemichorea,² and hemi-eclampsia, are due simply to atheroma of the arteries of the brain, by means of which a portion of the cortex or a tract of the internal capsule may receive an imperfect blood supply, be shut off, as it were, from its necessary amount, an oligæmia and œdema being the result. The weight of evidence, however, is against this interpretation. There are absolutely no areas of local softening or local necrosis to be detected, and the œdema is not confined to a spot, but is general, is evenly diffused, and apparently as much in one hemisphere as in the other. Besides, the ingenious experiments of Raymond³ leave no doubt as to the possible one-sided action of the nervous system in uræmia. It will be remembered that he first mutilated the sympathetic system of an animal by removing the superior cervical ganglion of one side. In this way he threw the entire nervous apparatus, so to speak, out of balance. He then ligated the hili of both kidneys, and the convulsions that ensued were limited to one side. He repeated the experiment a second time with the same result. It seems as though the two halves of the nervous system bear unequal powers of resistance and that the weakest yields.

DR. OSLER asked if, at the autopsy, special attention was paid to comparing the two sides of the brain. It was some time since he read the articles to which reference had been made, but his impression was that more œdema had been found on the side of the brain opposite to the side on which the paralysis was present. An interesting point in these cases is that it appears to be absolutely impossible in certain cases to make a satisfactory diagnosis between cases of hemiplegia from apoplexy and cases of hemiplegia from uræmia. He recently went over this question with his class in the case of a man brought into the hospital with hemiplegia,

¹ Loc. cit.

² Dercum, loc. cit.

³ Loc. cit.

unconscious, and with albumin and tubercasts in the urine. He said that it was in all probability a case of hemorrhage, but that it was impossible to exclude positively hemiplegia due to uræmia. He said that it might be a case of œdema of the brain from uræmia, in which the œdema, being more marked on one side of the brain, or from some other cause, the paralysis was unilateral. He had seen one case of unilateral convulsions occurring in a man who was brought into the general hospital at Montreal some eight or nine years ago. He had convulsions for three or four days. At the autopsy in that case nothing was found in the brain that would account for the convulsions. At that time we were not so familiar with œdema of the brain, or with the relation of œdema of the brain in Bright's disease as we are now.

DR. JAMES HENDRIE LLOYD said that Dr. Dercum may recall the fact that, at the meeting of the American Neurological Society two years ago, Dr. Lloyd had referred to a case similar to those just reported. The patient was a boy, aged seventeen years. When he saw him he was in a comatose condition with convulsions, which were confined to the right side of the body. The boy had been a sot, and died a few hours after he saw him. At the autopsy there was nothing found in the brain to account for the condition. The only lesion was the "pig back" kidney. This case was undoubtedly one in which the symptoms resulted from uræmia. He thought that in the intervals between the convulsions it was possible to demonstrate the fact that the side on which the convulsions occurred was paralyzed.

DR. MORRIS J. LEWIS said that a man, aged twenty years, a heavy drinker, under his care, had albumin with granular and oily casts in his urine. He suffered with frequent convulsions, which usually followed the periods of heaviest drinking; and on two occasions the convulsions were most marked on the right side, and were followed by paresis, which lasted two or three days. The young man was placed in a position where he could not obtain alcohol, and has apparently made a complete recovery. There is at present no albumin, no casts, and no paresis.

DR. DERCUM said that, to the best of his recollection, the authors to whom he had referred, have noted no local œdema. He had made three post-mortems in cases of well marked hemi-disease occurring during uræmia, and he had found no more œdema on one side than on the other. The cases

reported by Drs. Lloyd and Lewis are of special interest as occurring in young persons. Most of the cases reported have occurred in old people. With reference to local cerebral manifestations from a general cause like uræmia, he recalled the case of a gentleman under his care for several years, who suffers from chronic contracted kidney. He now and then has general uræmic convulsions. Some years ago he had the following remarkable seizure. He went down town to attend to some business, and while in a bank he suddenly became aphasic. He was perfectly conscious. The aphasia continued for several hours. This looks like another instance of a local manifestation from a general cause.

Mental Affections Associated with Chronic Bright's Disease.

DR. WILLIAM OSLER said that as it was in close connection with the paper of Dr. Dercum, he should like to make some reference to the occurrence of certain mental affections which come in connection with chronic Bright's disease. It is well known that certain mental phenomena occur in connection with chronic renal diseases besides simple uræmic coma. He had reported one case of violent mania in a man aged forty-two years, the subject of Bright's disease. When brought to the hospital, he had been maniacal for three or four days. He subsequently became comatose and died. A very interesting case was recently under his care in the University Hospital. A man was brought to the hospital Thursday evening. He saw him on Saturday. He was then quiet, in a semi-dosing condition, but could be aroused and gave a very intelligent account of himself. The whole clinical picture was that of chronic interstitial nephritis. He thought it not improbable that the man might pass into a condition of coma. There was nothing to attract special attention to his mental condition, and he did not regard his condition as critical. That night he got out of bed in the absence of the attendant, wandered about the ward and finally jumped out of the window. It was subsequently learned that, before admission to the hospital, he had been violent, requiring two or three men to hold him. We were not told this when he was brought to the hospital. He had no doubt that this was an instance of mental disturbance due to chronic nephritis. He was told by one of the physicians who had attended him, that the man was full of delusions. He thought that his wife and others were persecuting him.

He saw another interesting case a year ago last Christmas. This occurred in the practice of Dr. Mullin, of Hamilton, Canada. Here there was also a medico-legal question. It was whether or not the man was in a condition to make a will. There was no doubt as to the existence of chronic Bright's disease. The mental condition was peculiar. He believed that his wife and others had designs upon his life, and it was with difficulty that he could be persuaded to take food. He thought that people were persecuting him. Although he gave a very intelligent account of himself, it was not considered advisable that he should make his will at that time. He was placed upon a somewhat more active treatment than he had previously received. This man subsequently did well, his mind had cleared, and he recovered sufficiently to get about and to make his will.

DR. DERCUM said that the negro, who was the subject of unilateral convulsions, had also presented, at various times, periods of maniacal excitement and had also had delusions of persecution.

PHILADELPHIA CLINICAL SOCIETY.

Stated Meeting, October 28th, 1887.

The Vice-President, DR. MARY E. ALLEN, in the chair.

DR. SOPHIA PRESLEY reported a case of

Rectal Polypus.

Willie C—, a child, six years of age, pale and sallow, who had always been delicate and of a constipated habit, was brought to my office by his mother, who said that he had been suffering from "piles" for about three months; that whenever he had an evacuation from the bowels, there was blood partially covering the stool. This blood caused her to make an examination of the parts, when invariably she found a *fleshy mass* as large as a cherry protruding from the anus. After a short time it would disappear, and not be visible until after the next evacuation.

She had, previously, consulted another physician, who considered the case one of hemorrhoids, and treated it with various ointments, but without any beneficial effect.

I made an examination, but could detect nothing abnormal in appearance, nor by the finger. To help correct the torpidity of the liver, and to overcome the constipation, I ordered:

R Hydrarg. chlor. mitis.....gr. ij
Pulv. ipecac.....gr. ss
Sacch. lact.....gr. xx

M, ft. chart., no. xx.

Sig. One powder to be taken every two hours.

After taking the powders the child was to take a dose of magnesia, and then continue with the following mixture:

R Acid. tartaric.....gr. j
Pepsin (Jensen's).....gr. xxiv
Glycerin.,
Liq. menth., pip.....āā f 3jss

M. Sig.—Teaspoonful after each meal.

To be used locally:

R Unguent. belladon.,
Unguent. acid. tannic.....āā 3ss

M. S.—To be used night and morning in and about the anus.

I requested the mother to return with the child at the expiration of a week. At the appointed time he was brought, with the report that he was brighter and better, generally, but the bleeding still continued; and that the lump appeared at each evacuation, as it had done previously.

As she did not live far away, I asked her to send for me when she again noticed the protrusion. I was called the next morning, and, upon examination, found a purple-red polypus, as large as a cherry, protruding from the anus. Upon making a digital examination I found the growth was attached just above the internal sphincter, on the posterior wall of the rectum, by a pedicle about one-sixth of an inch in diameter.

The following morning I removed the polypus by cutting the pedicle, and to make *perfectly sure* there would be no *bleeding*, I injected about two tablespoonfuls of ext. hæmamelis virginic. fld., diluted with one of water, into the rectum, and ordered more of the mixture to be used in the same way should any bleeding be noticed. The child was to be kept perfectly quiet on the lounge, all day.

I left the house, satisfied that I had performed a successful operation, and had rendered hemorrhage impossible. But when I reached home, after making my other calls, I found that a messenger had been there, two hours before, urging my immediate presence. When I reached my patient he was almost in a state of collapse from loss of blood, but from outward and visible signs the bleeding had ceased.

Soon after I left in the morning the child had an inclination to use the commode, and while seated thereon his extreme pallor frightened the nurse, who quickly laid him on the lounge. About half a teacupful of

blood was discovered in the vessel. His mother immediately injected the hæmamelis, with apparent good effect. Recognizing the grave aspect of the case, I felt the necessity of keeping up the strength of the patient and preventing a recurrence of the hemorrhage, while, at the same time, warding off septic symptoms. This I endeavored to do by administering quinine, in one grain doses, three times a day, giving as nourishment, milk, milk-punch, wine, beef-tea and broths of various kinds.

About the third day his skin presented a jaundiced appearance, and there was distension of the abdomen, without tenderness.

I now saw the importance of freeing the intestines from the accumulated blood and fecal matter; and for that purpose administered a large dose of castor oil, but without effect. I gave him another dose with the same negative result. I then gave an enema of warm sweet oil, which he retained, and an hour later, one of warm water, after which he had a passage of fetid, coagulated blood. For fully three days, these bloody, offensive evacuations continued at frequent intervals. At the expiration of that time the patient showed signs of decided improvement, although the unhealthy appearance of the skin remained.

The vigorous use of proper stimulants, tonics and nourishment, gradually induced a more healthy condition, and in a reasonable length of time he recovered his original strength; and has since (a period of almost three years) shown no symptoms indicating a recurrence of the trouble.

In conclusion, Dr. Presley said:

"Although the operation was successful, in the end, all the accompanying symptoms convinced me, that to have prevented hemorrhage and its attendant consequences, *I should have ligated the pedicle.*

DR. EDWARD E. MONTGOMERY then exhibited a set of O'Dwyer's tubes for Intubation, also those modified by Waxham, of Chicago; and gave an analysis of twenty-five cases on which he had performed the operation.

Of these, twenty-two were seen in consultation with other physicians, many when the chances of a successful operation were impossible.

One of the three cases in Dr. Montgomery's own practice, was the victim of a second attack of croup; the child requiring the tube a second time six months after a previous operation.

All of these cases were successful.

Ten of the twenty-five cases had diphtheria, and six of them recovered. The remaining fifteen who were operated upon, were afflicted with membranous croup, and seven recovered.

The most frequent cause of death was broncho-pneumonia.

The youngest child, to recover, was sixteen months old; the oldest, eight years.

Eleven of these children were under three years of age; six recovered. Of the fourteen over three years, who were operated upon, seven recovered, showing a greater percentage of recoveries in favor of those under three years,—a decided advantage intubation has over tracheotomy, which is considered *less* favorable in persons under three years of age than later.

The shortest time the tube was worn, in a case which recovered, was three days; the longest time was three weeks.

In conclusion, Dr. Montgomery urged the value of this operation, stating as its advantages over tracheotomy:

1. The greater readiness with which parents will give their consent to an operation in which no anæsthetic and blood-letting are necessary, thus gaining valuable time by operating early.

2. The same skilled attention is not necessary, after intubation, as after tracheotomy.

The secretions are apt to become dry and accumulate in the tracheotomy tube, rendering its frequent removal and cleansing imperative.

In intubation the air passing through the mouth keeps the membrane moist, and there is no necessity for the removal of the tube.

—In the *Canada Medical and Surgical Journal*, October, 1887, Dr. Osler says that American physicians are much more pronounced as regards the style of their door-plates and professional cards than English physicians are. He thinks that a large card, say about five inches by three, with gilt and indented edges, and having at the top several specialties and below office hours and telephone number, stamps the man as on the border land, or already in the wastes of quackery. He is charitable enough to believe, however, that some men, particularly young graduates, err in this matter through ignorance, and thinks that medical students should receive, before graduation, a short course of lectures on medical ethics and on the business and legal relations of the doctor. This plan was adopted last year at the University of Pennsylvania.

HOSPITAL NOTES.

LARGE GOITRE.—IMPROVEMENT
UNDER LUGOL'S SOLUTION.

Reported by M. Howard Fussell, M.D., one of the
Physicians to the Medical Dispensary of the
University Hospital.

In September, 1886, the patient, Julia C—, eighteen years old, presented herself at the dispensary, with the following history:

Eight years ago she first noticed a beginning enlargement of the throat, which gradually increased, and was accompanied, until her present visit, with increasing dyspnoea, and failure of strength. There was no family history of goitre, though a younger sister has a very prominent thyroid.

The patient was very anæmic, complained of some palpitation of the heart and dyspnoea, together with difficulty in breathing when lying on her back.

On examination, a huge tumor, which proved to be the enlarged thyroid, filled the *entire interval* between chin and the sternum. On closer examination the tumor was found very tense, pulsating markedly, and there was a distinct thrill and murmur in the left lobe. The isthmus of the thyroid projected as a distinct swelling of the size of an unhulled walnut.

Each carotid was pushed backed entirely out of its normal course. In the left carotid a distinct thrill could be felt and *bruit* heard, both due to pressure. The thrill and *bruit* observed in the tumor were doubtless transmitted from the compressed vessels.

The neck measured *nineteen* inches in circumference. An examination of the heart showed that its action was regular, and that there was no hypertrophy. Over the base of the heart was a soft, blowing murmur. There was no prominence of the eye-balls. The patient was put at once on syr. ferri iodidi and liq. iod. co., 30 drops of the former, and 15 drops of the latter, three times a day.

She has reported at the dispensary at intervals of a month, and says that a gradual improvement has occurred. The distressed breathing first became easier, the anæmia gave place to a natural color of the skin, and dyspnoea gradually disappeared. At her last visit, which was made a few days ago, the following note was made:

The neck measures *seventeen* inches; tumor appears much smaller, is soft to the

touch, while no thrill nor murmurs are to be found either in it or in the compressed carotid. The patient appears in excellent general health, and does not suffer from dyspnoea or palpitation of the heart.

The Lugol's solution was continued.

Cascara Sagrada.

In the *Therapeutic Gazette*, for March, 1887, the writer gave his experience with the above drug in fifty carefully observed cases with the following results:

Of the fifty cases the drug was useful in forty-three (43). It entirely failed in seven (7). In the forty-three favorable cases the dose of the drug was diminished in twenty-nine instances after using it for a longer or shorter time. In *no* instance was it found necessary to *increase* that dose which by trial had been found sufficient to cause a daily evacuation of the bowels.

The fluid extract was the preparation used, in 20 drop doses three times a day.

Continued use of the drug, both in private and dispensary practice, tends to strengthen the writer's opinion as to its value as a laxative in chronic constipation, and enables him to recommend it as a valuable addition to our armamentarium.

Medical Dispensary, University Hospital, November, 18, 1887.

A Monument to Audubon.

At the recent meeting in New York of the American Association for the Advancement of Science, the fact that the remains of the great naturalist, Audubon, lie in an obscure and little visited portion of Trinity Cemetery, New York City, and that his tomb is unmarked by any distinguishing monument, was brought to the attention of the members. At the first autumn meeting of the New York Academy of Sciences, a committee was appointed to solicit funds and make all arrangements for a monument. This committee has organized, with Dr. Britton as secretary and treasurer, and is now ready to receive subscriptions. Checks should be made payable to N. L. Britton, treasurer, and post-office orders should be drawn on Station H, New York city. The committee estimates that between six and ten thousand dollars will be required to erect and engrave a shaft worthy the memory of America's first naturalist, and, while confident that this amount will be forthcoming, desires to have interest taken in the project by scientists in all departments, in all portions of the country.—*Science*, Oct. 28, 1887.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Marvellous Voice.

Most people who have been to the "Wild West" show at Earl's Court must have been struck by the enormous vocal power displayed by Mr. Frank Richmond, the "Orator," who explains the action of the realistic drama so vividly presented by Buffalo Bill's cowboys and redskins. The voice of this modern Stentor is a physiological curiosity in its way, for he has often made himself distinctly heard by an audience of thirty thousand persons in the open air. This throws Mr. Gladstone's famous record at Blackheath in 1874 altogether into the shade. Some idea of the vast amount of work which the "Orator" gets out of his vocal organs may be formed from the fact that his running commentary on the show contains more words than the part of Hamlet, which, as is well known, taxes the powers of the best trained actors. This severe effort the "Orator" makes—and makes successfully—twice a day for months together, under much less favorable acoustic conditions than players even in the largest theatres. A few physical details respecting such a vocal athlete may, therefore, be interesting to some of our readers. For these we are indebted to the courtesy of Dr. Robert C. Myles, of New York, whose examination, it may be added, was confirmed by Sir Morrell Mackenzie. The vocal cords are of ordinary length, and not much above the average in breadth, but the vocal processes at once strike the observer by their extraordinary development. They project inwards towards the middle line like two large spurs when the glottis is open. The great leverage thus given to the laryngeal muscles allows them to act to the best advantage with a minimum of effort. The larynx itself is of a large size, and the pharynx is exceptionally roomy and well developed, whilst the mucous membrane covering it is remarkably free from granulations and roughness of any kind. The "Orator's" vital capacity is not above the ordinary standard, but what breath-power he has he utilizes to the utmost with the art of a trained elocutionist. Mr. Richmond, we believe, was on the stage before he occupied his present position, and the secret of his remarkable delivery lies more in the perfection with which he has learned to use his natural advantages than in any

notable peculiarity of physical conformation.
—*Brit. Med. Journ.*, October 1, 1887.

The Epidemic of Miliary Sweat Rash in France.

On March 16th, of this year, according to the *Lancet*, October 1, 1887, during an epidemic of measles, there appeared a case of *suette miliare* in a young man eighteen years old, living at Sillards, in the canton of Lussac-les-Châteaux. From this first case the disease spread and became epidemic. It was usually preceded by such premonitory symptoms as feverishness, weakness of the legs and general malaise, followed the next night by copious sweating. The nervous symptoms were continued feeling of suffocation, sometimes increased into paroxysms; a sense of epigastric constriction, palpitations, agitation, and delirium. Cramps and contracture of muscles were also observed. The tongue was furred and the bowels constipated. In the first stage cough is habitual, and epistaxis generally abundant. The second period commences with the appearance of the eruption, which consists of two chief features: first, a miliary papule, transformed later into a vesicle, which finally discharges; and, second, a polymorphous erythema, which may be arranged under three forms—a red rash, a measles-like eruption, and a purpura. The measles-like rash appears first, and is followed by the scarlatinal and purpuric forms. The eruption first appears on the face, from which it spreads to the neck, trunk, upper limbs, and finally to the legs. The soft palate is speckled with red; and papules are particularly apt to occur on the forearm and dorsal surface of the hands. *Suette blanche* is composed of papules which remain hard and opaque. Frequently the eruption comes out in successive crops which do not exceed two or three in number. The eruption disappears completely and rapidly, but occasionally the purpuric spots remain a long time. During the eruptive period the fever is less intense, and the stomach derangements and malaise are less pronounced. Constipation, however, continues, and the stools have an offensive odor. The urine is scanty and sometimes suppressed. Copious vomiting of blood has been noted. The eruption is followed by desquamation of the skin, which occurs locally and in large flakes, especially about the fingers and palms of the hands, and which rapidly succeeds the appearance of the eruption. Convalescence is

tedious. The disease affects children chiefly. It is contagious, but there is no evidence of its propagation by water or other ingesta. The period of incubation is said never to exceed twenty-four hours. The mortality of those attacked ranged from twelve to thirty-three per cent. M. Brouardel, who investigated this epidemic at the instance of the French Academy of Medicine, by establishing a cordon around the affected areas, and by disinfecting the clothing, succeeded in checking the progress of the epidemic, which has now practically subsided.

A Mammary Gland in a Dermoid Cyst of the Ovary.

Dr. Desiderius von Velits reports from Tauffer's Clinic in Budapest to *Virchow's Archiv*, a case occurring in a woman forty years old, who had borne twelve children, and in whose ovary on the right side was found a dermoid cyst. In the cyst, besides a mass containing blonde hair, was a mammary gland, corresponding completely in its development to the mamma of a young woman. This occupied the inner surface of the cyst-wall, the latter being 3 mm thick. It was of the size of a child's fist, and from its swollen nipple there exuded on pressure two or three drops of a milky fluid. The areola of the nipple was pale red, and was surrounded by a circle of blonde hair, which was about an inch long.

Histologically, the nipple was rich in nerve and muscle, and the skin, both of nipple and areola, normal. In the nipple was found a very wide sinus, which, as well as the other ducts of the glands, was covered with stratified pavement epithelium. The body of the gland proper was only rudimentary; the normal structure of a rudimentary gland was found more in the deeper parts of the gland.

The author regards this as a case of malformation by excess, and thinks that the case is one of polymastia of the ovaries.—*Deutsche Medizinal-Zeitung*, September 29, 1887.

Detection of Metallic Bodies with the Magnet.

In the *Münchener med. Wochenschrift*, 1887, No. 15, Graser describes the case of a man from whose arm four pieces of a needle had been previously removed, and in which the presence of another piece was suspected. By the use of a strong electro-magnet the location of this piece was discovered, and it was afterward successfully removed through an incision at the spot indicated by the magnet.—*Centralblatt für Chirurgie*, Oct. 8, 1887.

Hemorrhage from the Stomach in Typhoid Fever.

In the *Weiner med. Presse*, No. 13, 1887, M. Weiss reports that a student, twenty-two years old, who, two years before had overcome a moderately severe attack of typhoid fever, was taken sick again with typhoid, which presented pretty violent symptoms. There were severe colicky pains, accompanied by bloody stools and moderately high fever. In the course of the second week, there occurred frequent vomiting and increased sensibility in the epigastric region. After a sudden rise of fever from 100.5°, at six o'clock in the evening, to 105.4° at eight o'clock, there occurred at ten o'clock the vomiting of about $\frac{1}{3}$ liter of a chocolate-colored, acid mass, intermingled with brownish crumbs. Soon afterwards the patient again vomited, this time about $\frac{1}{4}$ liter of black blood; and as a result of frequently repeated hæmatemeses, the patient died on the following morning.

An autopsy was not made, but the author is of opinion that the vomiting of blood was not the result of an accidental complication, but depended upon a typhoid change in the mucous membrane of the stomach. He bases his opinion upon the following argument: A perforating ulcer, or a new formation in the stomach in a condition of ulceration, is, apart from cirrhosis, very properly excluded in a healthy young man who had never had symptoms referable to the stomach, and was not intemperate or syphilitic. Moreover, the so-called hemorrhagic diathesis, which is sometimes present in infectious diseases of a malignant character, did not exist in this case. Finally, the blood could not have come from a section of the colon, which had become glued to the intestine, because the odor of the vomiting was not fecal.—*Centralblatt f. d. med. Wissensch.*, October 8, 1887.

Treatment of Acne.

Lassar recommends, in the *Therapeutische Monatshefte*, 1887, No. 1, the application of Wilson's ointment, prepared as follows:

R	B-naphthol.....	10 parts.
	Sulphur præcipitat.....	50 "
	Vaseline (or lanolin),	
	Saponis virid.	25 "
M.	—Rub gently together to make a paste.	

This ointment is to be smeared on in a layer as thick as the back of a table-knife, and carefully removed, after thirty minutes, with a soft rag. After this the part is to be powdered with talc.—*Centralblatt für Chirurgie*, Oct. 1, 1887.

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CHARLES W. DULLES, M. D., }

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REMOVING THE OVARIES OF INSANE WOMEN.

A very interesting and suggestive paper on the relation of disorders of the sexual apparatus, or perverted sexual feelings, to mental disturbances in women, appears in *St. Bartholomew's Hospital Reports*, Vol. xxii, from the pen of Dr. T. CLAYE SHAW, of the Middlesex County Lunatic Asylum. In this paper the author propounds more questions than he answers; but the general tendency of his views seems to be that morbid conditions of the sexual apparatus, and morbid sexual manifestations in the insane are to be considered as concomitant with or dependent upon the disorder of the brain, rather than as caused by the physical state of the procreative organs. He appreciates the advantage, in many cases, of investigation of the sexual apparatus in women with

perverted sexual feelings, and the beneficial results which have been obtained in American hospitals for the insane by operative interference in such cases. But, on the whole, Dr. Shaw thinks that the risks of such methods more than counterbalance their advantages to the patient, and his practice and advice is to treat the mental disorder as the cause of the troubles which appear in its course.

From the statement of his experience, we incline to the belief that he might be a little bolder without damage to his main argument. For example, he cites the case of a young married woman who has attacks of mania, coincident with her monthly periods and accompanied by most lascivious demonstrations; while in the intervals between her periods her conduct is perfectly correct. If these attacks continue, he says, dementia must necessarily ensue. And yet, he asks, in regard to this woman: "Would it be right to remove her ovaries?" To this question he gives no positive answer; but we would say, "Undoubtedly, provided the consent of those who are her natural guardians could be obtained." Suppose the operation did not abolish this woman's insane attacks. She would be no worse off without her ovaries, and the frightful risk that she may conceive during one of her free intervals and give birth to a tainted offspring would be averted. Suppose she were to die as a result of the operation. Who would not consider the fact that she happened to be one of the very few who make up the small percentage of deaths, a very questionable misfortune? On the other hand, suppose that she were to be cured of her periodical insanity. What would the loss of her power to procreate be to the gain of sanity! In any of the events supposed, we believe the operation would be justifiable.

More than this, while we have a proper aversion to the idea of mutilation in the abstract, we believe that, in deciding upon the propriety of removing the ovaries of insane women—especially insane married women—the advantage of abolishing the power of procreation deserves careful con-

sideration. Let him, who questions this, watch the progress of insanity in a married woman; see her become pregnant; attend her in her confinement; assume the responsibilities and anxieties of caring for her and her blighted offspring afterwards; and reflect upon the curse which these events impose upon all concerned. All this is within the experience of the writer of this Editorial, and has some influence in shaping his opinion, that the certainty of preventing procreation in insane women, by removing their ovaries, should be regarded as one of the greatest merits of the operation; and that the risk to their lives is an insignificant offset to the possibility that their reason may be restored.

We would not be misunderstood in this matter, or seem to justify recklessness in removing the ovaries in cases of insanity. In what we say we take for granted the exercise of such discretion as a conscientious and competent medical man should use. But we are as thoroughly opposed to the outcry against ovariectomy—made by men, and not supported by women, be it remembered—simply because it is a mutilation, as we are to the temerity of those who would remove the ovaries without due deliberation or for insufficient reasons.

It may be that the zeal of operation has carried some surgeons too far—if so, let their consciences judge them; but there is some risk that purely sentimental objections may hold back good men and skilful practitioners from operative undertakings which would be of the greatest benefit to women themselves and to the human race.

THE BOVINE ORIGIN OF SCARLET FEVER.

In the REPORTER, Aug. 13, 1887, p. 221, we called attention to the fact that Klein had recently made some investigations which seemed to indicate that scarlet fever is communicable through the medium of infected milk. Since then numerous observations in Europe have seemed to warrant the opinion that this disease may have been propagated

from cattle affected with an analogous disease, characterized by the appearance of a pustular eruption upon the teats or udders of cows from which the milk supply was obtained. This matter has attracted more attention on the other side of the Atlantic Ocean than it has in this country; and not a few observers have come to believe that scarlet fever is generally, if not always, propagated from a bovine source.

It would be interesting to have the experience of practitioners in the United States in regard to this matter, especially in the country, where the facilities for investigating the truth of this theory are much greater than they are in the cities; and we call the attention of the readers of the REPORTER to it, because we feel sure that they can make very useful contributions toward deciding whether the cases now being reported with some frequency in England and France are to be considered merely as coincidences, or not.

In a country practice, it ought not to be difficult to ascertain if the cows from which the milk supply of a family is obtained are healthy or are affected with an eruption upon their udders; and a series of cases in which scarlet fever in human beings, and such a disease in the cattle, were found associated would go far toward establishing the theory that scarlet fever is of bovine origin. At the same time, it would indicate a way to diminish the ravages of scarlet fever, the value of which can hardly be estimated.

On the other hand, a series of cases in which no connection could be assumed between scarlet fever and a disease of cattle would set at rest the hypothesis that scarlet fever is usually of bovine origin, and prevent the useless pursuit of an *ignis fatuus* in practice.

In either case a most useful purpose would be served by a well-conducted investigation; and therefore we strongly recommend our readers to avail themselves of the opportunity which many of them enjoy to an unusual degree, to contribute to the settlement of this interesting, but still unsettled question.

THE SEYBERT COMMISSION ON SPIRITUALISM.

We publish in another part of the *REPORTER* some criticisms of Professor Henry Kiddle, under the auspices of the American Spiritualistic Alliance, upon the report of the Seybert Commission of the University of Pennsylvania. Some of these criticisms we regard as well founded; as, for example, that the commission has not yet accomplished what seems to have been contemplated by Mr. Seybert when he made his legacy. On the other hand, we think that its critic has found fault with some of the details of its work which are of a nature unavoidable in any such investigation, and with others which were unavoidable in this particular one. Among the first of these unavoidable details was the selection of some persons outside of the body originally named to conduct the investigation, who by this fact were incorporated into the latter body, which then became responsible for what they did. Another unavoidable detail was the absence of part of the commission from some of the meetings; and no one who is acquainted with the member who attended most of the meetings will suppose that his deafness, to which Prof. Kiddle so pointedly calls attention, by any means prevented him from being an investigator very suitable either to appreciate anything worthy of credence or to discover anything tainted with deception.

The charge of Prof. Kiddle that the commission did not conduct the investigations which they made in a sufficiently serious spirit is, we believe, partly unfounded; and wherein it is true the attitude of the commission was due, not to any unfairness on their part, but to the character of the subject presented to them. We are by no means sure that spiritualism presents no manifestations worthy of serious consideration, or that careful and conscientious study may not lead to the discovery of important relations between disembodied ghosts and mortal men; but, at the risk of being set down as prejudiced, we do not hesitate to say that the manifestations of which we have any knowledge are so contemptible that it seems a waste

of time for men who have any useful occupation to turn aside to consider them.

In conclusion, it is right to say that the Seybert Commission does not regard its work as ended; and that when any spiritualist has evidence to present which is worthy of consideration by men of reasonable and well-balanced minds, it will secure a patient and fair examination by this commission. So far as it has gone, we believe the commission has acted wisely and judged justly. The opinions it has announced are, we believe, those of most scientific men. What it, and all men, shall think in the future depends wholly upon what spiritualists can demonstrate; and until the latter can produce demonstrations very different from those which have been presented hitherto, it will avail little to cry out against the verdict of the great mass of thinking men.

THE TREATMENT OF PNEUMONIA.

A fair experience in the treatment of pneumonia leads us to the opinion that most cases may be conducted to a favorable issue by a method something like the following: If the patient is a strong adult, with a hard, full pulse, venesection from the arm may be very advantageous at the onset of the disease. If the patient is old, or weak, or if the disease has already lasted several days, venesection may be dangerous. When venesection is out of place, supporting remedies must be used. An excellent prescription is composed of five minims of tincture of digitalis, five minims of deodorized tincture of opium, and five minims of aromatic sulphuric acid, with enough tincture of cardamon or lavender to make the whole up to a teaspoonful. This dose may be given every three hours until the frequency and violence of the cough are abated, or until some drowsiness is produced. For persons in adult life, no other stimulant is necessary, as a rule. For old people, the administration of small and frequent doses of whiskey—a teaspoonful every hour—is often of the greatest service.

The local application of large mush poultices, or enveloping the chest in cotton, or fine carded wool, is often comforting and

serviceable. Cupping we have little faith in, although many practitioners, who have used it often, think it of service. In the case of old, weak, or debilitated subjects, we believe it to be dangerous.

If a pneumonia reaches the stage of cyanosis, we would recommend the use of strychnia hypodermically, in doses of $\frac{1}{60}$ to $\frac{1}{30}$ grs., as suggested by Dr. Habershon; although we have had no experience in its use.

It may be scarcely necessary to say that in cases of pneumonia—as of all diseases—it is of the greatest importance to keep the bowels, the kidneys and the skin in good working order. The administration of a prompt, but not violent, cathartic, or of a stimulating enema is often of the greatest service at the outset of a pneumonia. In the later stages a cathartic is rarely demanded. The kidneys may be kept active by the free administration of water, and especially of water combined with nitre. A very good way to accomplish this is to order a teaspoonful of sweet spirits of nitre, to be placed in a tumblerful of water, to which a little lemon-juice may be added, and a tablespoonful of the mixture to be given every hour. This combination has the advantage of acting upon the skin, as well as upon the kidneys, and tends to keep up cutaneous transpiration.

These suggestions cover the main indications in the medicinal treatment of pneumonia, namely, relieving the lungs as much as possible of the work of elimination, lessening pain and irritation, quieting cough, strengthening the heart, and promoting removal of the products of inflammation. For the support of bodily nutrition, attention to feeding is important. Usually not much food is needed, and too much is injurious. The best diet we believe to be one of milk exclusively, given hot or cold as the patient wishes, remembering that when the vitality is low hot milk is to be preferred, and that the digestion of milk is facilitated by adding a little salt to it, ten or twenty grains to a tumblerful.

The method proposed above is not offered as an exclusive one. Different medical men often reach the same goal by different ways.

But this method has given very satisfactory results in the treatment of pneumonia in a large number of cases, many of which were in the persons of aged people, in whom this disease is usually most serious and most apt to be fatal.

SUTURE OF THE URETHRA AFTER LACERATION.

The tendency of modern surgical methods is to attempt to secure immediate union of most wounds by approximation and suture. In many cases such attempts are perfectly rational, and usually crowned with success. In the case of lacerated wounds of the urethra, however, it is by no means clear that immediate closure of the wound gives the best results. The structure of the wall of the urethra, its anatomical relations, and its functions, are such that primary union is hard to secure and not always desirable. At a meeting of the Société de Chirurgie, of Paris, Oct. 26, 1887, M. LUCAS CHAMPONNIERE reported two observations of LOCQUIN, which confirm the statements just made. In one of these cases the attempt to secure immediate union was wholly unsuccessful, and it was necessary afterward to freshen the edges of the opening and reunite the divided canal. In the other, the primary suture accomplished its object; but this was followed some years later by a cicatricial stricture which had to be excised, and a new operation was required to join the separated parts of the urethra.

Justice to the operation of immediate suture requires the admission that the failure may have been due, in these cases, to the way in which, and the circumstances under which, it was performed. If the tissues were much contused, or if the steps of the operation were not carried out with sufficient judgment and skill, the blame of failure cannot attach to the method itself.

The determination what to do in cases of rupture or laceration of the urethra will usually rest upon the conditions which each case presents, and upon the familiarity of the surgeon with the technique of operations upon this part. For uncontused lacerations,

we believe immediate suture should be attempted by any surgeon of fair skill and dexterity; for laceration, with much crushing of the tissues, we think no such attempt should be made. And, if, after a judicious attempt to close a lacerated urethra, union does not take place, we would by no means consider this a contra-indication to the method; nor would we think it just to blame an operation of this kind for a subsequent cicatricial contraction, which might have been much worse if the healing of the laceration had been left to nature.

A CASE OF SO-CALLED HYDROPHOBIA.

In another place, we publish an account of a death from so-called hydrophobia, which occurred recently in New York. It is impossible, of course, to speak with positiveness about a medical matter, on evidence presented by most daily newspapers. But certain points in this case will fix the attention of those who have made a careful study of what is called hydrophobia. First, as usual, there is no evidence that the dog which did the biting was affected with rabies—except the fact of biting several persons, which is not a strange thing for an excited dog to do. Second, there is no evidence that either of the two persons bitten at the same time with the man who died have suffered in consequence. Third, the patient was a drinking man; and intemperance often produces symptoms like those of so-called hydrophobia. Fourth, the account of the case shows that the patient believed he had hydrophobia, and leads to the suspicion that his physicians may have strengthened his belief by what they did or said. Fifth, physical restraint was used and opiates were administered; both of which have a prejudicial effect upon persons in the condition of this unfortunate man.

Taking these facts into consideration, we hope that this case will be made the subject of careful study by those who are familiar with its whole history and all its details; and, until we have further evidence with regard to it, we are disposed to class it with other

cases of pseudo-hydrophobia, caused by the use of alcohol, and shaped by the fear of the patient and the conduct of those about him.

INTERNATIONAL COPYRIGHT.

We publish in another part of the *REPORTER* a statement from the New York *Tribune*, which announces the conclusion of a convention on copyright between Great Britain, Germany, Spain, Switzerland, Tunis and Siberia, which will insure to authors in these countries the rights which they ought to enjoy in all lands. The London *Globe* regrets that the United States is not joined in this convention—and so do we. It is true that American authors probably suffer as much from English piracy as English authors suffer from American. But this fact does not justify the wrong on either side of the water; and we shall use the influence of this journal to dissuade publishing houses in the United States from doing to foreign authors what we consider unjust when done to those of our own country. For we believe that a firm attitude on this subject, by the leading periodicals in England and America, will hasten the day when literary work shall enjoy full legal protection throughout the civilized world.

GLEDITSCHIA.

We publish this week a very complete report, by Dr. Willard H. Morse, upon the vexed subject of gleditschia and gleditschine. This will give our readers an idea of the exact standing of the claims made for this so-called alkaloid. Those who still believe in it have made an attempt to have their process investigated by the Editors of two medical journals in New York, Drs. Shradley and Foster; but as one of the conditions was that the process should not be disclosed, we understand that one of these gentlemen has declined to act as an examiner. The report of Dr. Morse will furnish our readers with information in regard to what gleditschia is and what are its properties, so far as they are now known.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the *REPORTER*.]

LECTURES ON THE DIAGNOSIS OF DISEASES OF THE BRAIN. By W. K. GOWERS, M.D., F.R.S., Professor of Clinical Medicine in University College (London), etc. Second edition. 8vo, pp. vii, 254. Philadelphia: P. Blakiston, Son & Co., 1887. Price, \$2.00.

The first edition of this work was received with great favor by the medical profession, and at once it took its place as one of those which no student of brain-disorders could do without. The second edition contains a correction of certain trifling inaccuracies in the first, and numerous additions suggested by the result of investigations made since its predecessor appeared. The whole is an admirable presentation of the subject of diseases of the brain, chiefly from the standpoint of the physician. It would be hardly fair to criticise the omission of certain features of surgical injuries of the brain; and yet we would be glad if the author would direct his attention to the phenomena resulting from accidental or experimental traumatism of the brain, which have been so thoroughly studied by certain German investigators. It would be especially valuable to have his judgment in regard to the effects produced by injuries to the vaso motor, respiratory, and heat centres, which are of so much importance in determining the diagnosis and the prognosis after blows upon the skull. We would also be glad to have his views upon the effect of increased tension within the sheath of the optic nerve.

Even without these, however, this book is one of the greatest value, and we can most heartily recommend it to our readers.

ANATOMICAL TECHNOLOGY AS APPLIED TO THE DOMESTIC CAT, AN INTRODUCTION TO HUMAN, VETERINARY, AND COMPARATIVE ANATOMY, ETC. By BURT G. WILDER, B.S., M.D., Professor of Physiology, Comparative Anatomy and Zoölogy in Cornell University, etc., and SIMON H. GAGE, B.S., Assistant Professor of Physiology, in Cornell University, etc. Second edition, revised. 8vo, pp. xxvi, 577. New York and Chicago: A. S. Barnes & Co. Price, \$4.50.

This rather long title corresponds with those of many German books and papers, in which an attempt is made to indicate on the first page the scope of the work which follows—a practice which may suit authors, but which is a cause of much distress to reviewers. The book before us is an exceedingly thorough treatise on the method of studying anatomy as applied to the domestic cat. Everything pertaining to this subject is discussed in the most complete manner, from apparently trivial details of conduct in the dissecting room to the reasons for adopting a certain terminology. If the book has a fault, we should say it was in being too complete. The introduction, for example, contains an interesting, but hardly necessary, attempt to justify the methods of teaching which the authors have found successful, and the terms which they have adopted after an experience which—if not peculiar—would be repeated wherever their plan secured a fair trial. As a whole, the book is a monument to the patience and industry of the

authors, and a valuable guide to those for whom it is intended.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. SECOND SESSION, 1887. 8vo, pp. xx, 254. Philadelphia: Printed for the Association, 1887.

The volume before us contains seventeen interesting and valuable papers on a variety of medical subjects. Among the most interesting are that of Dr. Billings on the "Methods of Research in Medical Literature," that of Dr. Bruen on "Bergeon's Method of Treating Phthisis," and that of Drs. Pepper and Griffiths on the "Treatment of Phthisis by Gaseous Enemata." The first of these papers is written in that attractive style which has made Dr. Billings so agreeable, as well as so instructive an authority on the subject he presented. The other two papers are of great value in themselves, and led to the expression of valuable opinions in the discussion which followed them. The status of Bergeon's method at the present time is clearly indicated in the views expressed by the members of the Association of American Physicians, although some of the hopes which seemed justified when they last met have not been realized.

Much of the contents of this volume of transactions has already appeared in the columns of the medical journals—fortunately for the profession; but we can recommend the whole to our readers as a valuable addition to their libraries.

RECTAL AND ANAL SURGERY. By EDMUND ANDREWS, M.D., L.L.D., Professor of Clinical Surgery in the Chicago Medical College, etc.; and E. WYLLYS ANDREWS, A.M., M.D., Adjunct Professor of Surgery in the Chicago Medical College, etc. Illustrated. Large 8vo, pp. x, 111. Chicago: W. T. Keener, 1887.

This admirable book contains not only a succinct and excellent account of most of the diseases, injuries and malformations of the anus and rectum, and a thoroughly reliable description of the most approved methods of treating them, but also a very interesting summary of the teachings and practices of the "itinerant," or "quack," specialists in these troubles who have so recently and so generally flourished in the West. It is true that the Eastern part of our country has not been, and is not now, free from these persons; but the principal field of their industry has been West of the Alleghany Mountains. The authors, with great discrimination, indicate the reasons for their temporary success and the causes of their eventual failure. This features of the book before us make it almost, if not quite, unique in medical literature, and add much to the value of what, even without it, would be a very valuable book.

A STUDY OF THE HISTOLOGICAL CHARACTERS OF THE PERIOSTEUM AND PERIDENTAL MEMBRANE. By G. V. BLACK, M.D., D.D.S., Professor of Pathology in the Chicago College of Dental Surgery. Large 8vo, pp. ix, 138, with fifteen full page plates. Chicago: W. T. Keener, 1887.

One is apt to run out of adjectives when a series of good or bad books come up for review at one time; so when we wish to express an opinion of the book before us, it is not easy to select those which will be appropriate, without repeating what it has been our pleasant duty to say just before. Dr. Black's essay is a most complete one, and might be taken for an

example of what careful, thorough and ingenious work will produce. We can recommend it heartily to students of dentistry, and of histology, as a mine of information. The plates which illustrate it include 67 original drawings, which reflect equal credit upon the author and upon the publisher. The work of the latter is so good that we pay the book a high compliment when we say that it is as handsome as it is valuable in a scientific sense.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—Mr. Labouchere, Editor of the *London Truth*, says: Mr. Pearsall Smith's suggestion for a copyright treaty with the United States is a most sensible one. Heretofore we have negotiated not so much for our authors as for our publishers. Mr. Smith proposes that we should ask the United States to assent to English authors being allowed a royalty on their works when published in America, with the same reciprocal advantage to American authors here. If this were agreed to, there would be no monopoly. Fifty American publishers might issue a work, and compete with each other in cheap editions, but the English author would get 10 per cent. upon the retail price of every copy sold. This would be payment by results, in its most reasonable form.

—A Convention on Copyright has been signed by the representatives of Great Britain, Germany, Spain, Switzerland, Tunis and Siberia, and will come into force on the 5th of December. It places an author, composer or artist belonging to any one of the countries named in a position of equality, as regards the copyright of his works, with the authors, composers and artists of any of the other countries named. As regards translations, the copyright is to extend over ten years from the completion of the original publication; while in the case of anonymous or pseudonymous works the publisher will be entitled to protect rights belonging to the author. The rule as to books will apply also to periodicals and newspapers for which copyright is claimed; but in the latter instance protection is not accorded to news or to "articles of political discussion."

—The *London Globe* says that "one nationality in particular is conspicuous by its absence from the Convention on Copyright, namely, the United States of America; and until this country is included the Convention can be regarded only as a partial blessing."

—*Littell's Living Age* maintains its usual high standard of selections from foreign periodicals. Just now it is publishing a serial story, entitled "Major Lawrence, F. L. S.," which contains incidentally an interesting description of a patient with phthisis. A short article from the *St. James Gazette*, by Sir Thomas Crawford, maintains that the physical condition of the lower classes in England is deteriorating.

—The Emperor of Brazil is said to be suffering from an advanced stage of diabetes.

CORRESPONDENCE.

Diphtheria.

EDS. MED. AND SURG. REPORTER:

Sirs:—1. Is there a pathological condition that you can in truth call *diphtheritic croup*? Please answer through the REPORTER. I should like to see an editorial on diphtheria and its treatment.

2. Will you tell me the best *treatise* on diphtheria?—at least in your opinion.

3. Have Dr. Formad and his colaborer a work out, on the result of their investigations on diphtheria?

4. If so, can the work be gotten through the office of the REPORTER? Also state price.

The REPORTER is fine. I have been a subscriber for many years. Could not well get along without it. Pardon me for troubling you. Yours truly,

H. E. ZIMMERMAN.

Mt. Jackson, Pa., Nov. 12, 1887.

[As a rule, we cut out of the letters we receive all expressions like "your valuable journal," etc.; but the compliment in the end of this letter seems so hearty that we cannot resist the temptation to let it pass.

To the writer's questions, we reply:

1. No. We regard croup and diphtheria as totally different diseases.

2. We cannot name the best book on diphtheria; but we can strongly recommend our correspondent to get "A Treatise on Diphtheria," by Dr. Abraham Jacobi, of New York.

3. The result of the investigations of Drs. H. C. Wood and H. F. Formad have been published as "Appendix A., Report of the National Board of Health for 1887." We advise our correspondent to apply to a Congressman from his district for it.—EDS. REPORTER.]

Prescription for Lumbago.

EDS. MED. AND SURG. REPORTER:

Sirs:—I see a prescription for lumbago in your REPORTER for May 21, 1887, page 667; also repeated October 22, 1887, page 554.

I have been placed in rather an embarrassing position, as our druggist tells me that the prescription cannot be filled without its precipitating. Very respectfully,

G. G. MORRIS, M.D.

708, 13th St., N. W., Washington, D. C.

[On investigating the prescription referred to—with the help of a competent pharmacist of this city—we find that Burggraeve's formula cannot be prepared without precipitation, owing to the action of the water of

ammonia upon the collodion. But an elegant and perfectly clear preparation results if spirits of ammonia be substituted for the water of ammonia, as follows:

R Tr. iodi,
Collodii,
Spiritus ammoniæ.....āā equal parts.
M. Sig.—Apply with camel's-hair brush.

A clear solution of the same strength results from the combination:

R Aquæ ammoniæ, FFF.....f 3j
Alcohol.....f 3ij

Mix and add

Tr. iodi,
Collodii.....āā f 3iij

This prescription when first prepared is of a dark wine color; after standing 24 hours, it becomes of a pale amber color, owing to decolorization of the tr. iodi.—
EDS. REPORTER.]

A Case of Stricture of the Cardiac Orifice of the Stomach.

EDS. MED. AND SURG. REPORTER:

Sirs:—Having been present at the post-mortem of the late Charles Miller, Dr. Traill Green requested me to write a statement of the case, and send it to you, in answer to your letter to him. I therefore enclose you the history of the case as given me by the widow of the deceased, and an account of the autopsy. The latter was limited to the stomach and vicinity. Mr. Miller was treated by a number of physicians, among whom were Drs. Agnew and Pancoast, of your city.

Case.—Charles Miller, German, aged 51 years, boss carpenter by occupation, had been a sufferer from dyspepsia for about twenty-five years. He was always a very fast eater, wanted his food very hot, and also ate between meals. About eleven years ago he went on a visit to his native country, and returned very much improved in health. From that time on, until the beginning of the spring of 1887, he was able to attend to his occupation. About the 1st of February, 1887, he noticed some difficulty in deglutition. At times the food would enter the stomach, then again it would fill up the œsophagus and be rejected. This condition gradually grew worse, until six weeks before his death (November 1, 1887), when he became unable to swallow any solid food, and could swallow only a small quantity of liquid. His craving for food became ravenous until ten days before he died, when all desire to eat ceased. Rectal alimentation had been resorted to; but to this the patient objected, and it was therefore discontinued.

For ten days before death no nourishment whatever was taken. Thirst became intense, and the patient constantly held ice in his mouth, and let the water run out. He always expressed himself as feeling well, except a choking and burning sensation at the epigastrium.

The autopsy revealed a thick and indurated constriction around the cardiac orifice of the stomach, connected with a large tumor on its left side. The tumor was one inch thick and two inches in diameter. Upon microscopical examination I found it to be an epithelioma. The stricture so completely occluded the orifice that it would not admit of the passage of several grape seeds, which were lodged above it for three weeks. The œsophagus, above the stricture, was very much dilated. The subject was extremely emaciated, and the subcutaneous fat had almost entirely disappeared. There were old pleuritic adhesions on the right side.

Yours truly, A. L. KOTZ, M.D.
Easton, Pa., Nov. 12, 1887.

NOTES AND COMMENTS.

Transient Benign Plaques of the Tongue.

But two cases of this rare disease, which is variously called lingual lichenoid, exfoliatio areatæ linguæ, etc., have been reported in this country. Dr. M. B. Hartzell, of this city, states that he has had the second case under observation at short intervals for two years, and gives a somewhat detailed description of it in the *Medical News*. From a reprint of this paper it is gathered that the patient was a railroad engineer of excellent general health, weighing 175 pounds, who presented, when first examined in June, 1885, an eruption on the tongue which resembled ordinary vesicles as they are seen on mucous membrane. In a day or two this whitish elevation, having increased to the size of a pea, began exfoliating, leaving a circular patch, deprived of epithelium, surrounded by a narrow, slightly elevated white border. After the patch had increased to the size of a dime, it ceased to grow larger, and in a few days the tongue gradually assumed its normal appearance. After an interval of ten to fourteen days, during which the mucous membrane of the tongue seemed perfectly healthy, a new lesion, similar to the first one, appeared, ran the same course, and again disappeared. The eruption required from ten days to two weeks to pass through its various stages. The author

says that the disease has continued to come and go in this manner until the time of the writing of the paper, September 8, 1887. Only one plaque was present at a time, and that occupied the right side of the tongue, never crossing to the smallest extent the median line of the tongue.

Dr. Hartzell believes that the disease is entirely independent of syphilis, and that there is a causal connection between dyspepsia and the occurrence of the plaques. Local treatment seems to be without benefit, but in the case just described, the internal administration of arsenious acid in doses of $\frac{1}{10}$ of a grain, prolonged the intervals between the attacks, while at the same time the individual lesions ran a shorter course.

Death from Supposed Hydrophobia.

A man named Charles Cavanan, died at Chambers-Street Hospital, New York, Nov. 15, from the effects of a dog bite received on Oct. 8. The brain and all the internal organs were congested. The spinal cord appeared normal to the naked eye, which was matter of surprise to the examining surgeons, who expected to find considerable congestion of the cord.

Cavanan saw two dogs fighting in front of his house on Oct. 8. In endeavoring to separate the dogs he was bitten in the hand. Two other persons were also bitten by the same dog, who was supposed to be mad. A policeman shot the animal a few minutes later. Cavanan and the others immediately repaired to Chambers-Street Hospital, where their wounds were cauterized. Those who appeared at the hospital with Cavanan were George H. Neidlinger, 27 years old, and James Cullen, a lad of 15 years. Neidlinger was bitten in the leg, but not severely, the dog's teeth having to contend with his trousers and the leg of an alligator hide boot. He is at present reported as being in perfect health. James Cullen, the boy of 15, was bitten in the hand.

On Monday, Nov. 14, in the afternoon, Cavanan appeared at Chambers-Street Hospital complaining of an inability to swallow, attended by convulsions of the muscles of the throat. He conversed lucidly, but at short intervals he was seized with spasms of the muscles of the throat, accompanied by copious expectoration. He was unable to take liquid of any kind, and remedies for his relief had to be administered hypodermically. Toward the close of the afternoon it was deemed expedient to remove the patient to a private room up stairs. At this

time he was perfectly cognizant of his condition and decidedly frightened. He asked for a priest, and said that he felt that this was a "terrible death to die." At his own request he was placed in a strait-jacket.

During the recurrence of the violent spasms, which seized upon him at intervals, it became necessary to hold him, but when these passed away he was perfectly sane and gentle, even exhibiting a certain grim humor at times. It required a constant effort on the part of the patient to rid himself of the mucus which gathered in his throat, and this effort seemed to occasion him great distress. During the night the patient was seized with violent spasms, so that it was all the attendants could do to hold him down. At 6 o'clock in the morning he fell into a comatose state, and died in half an hour.

The physicians ascribe his death to asphyxia and heart failure caused by convulsions and fixation of the muscles of respiration. Some difference of opinion exists in the hospital as to whether Cavanan was really a victim of the disease known as hydrophobia. It was hinted by an official that the dead man might have exhibited similar symptoms while suffering from an aggravated attack of throat or heart trouble. Others, however, are positive in their assertions that the case was one of hydrophobia.

The Seybert Commission on Spiritualism Criticised.

After a somewhat extended review of the report of the Seybert Commission of the University of Pennsylvania, Prof. Henry Kiddle, says:

"This criticism might be extended much farther, but it is unnecessary. We have already shown that—

"1. There has been no sufficient proper compliance on the part of the Trustees of the University of Pennsylvania with the terms imposed by the founder of the Seybert Chair, and the conditions prescribed by him and agreed to by the University on the acceptance of the fund of \$60,000 bequeathed by Mr. Seybert, on the condition that the 'incumbent of the Chair,' aided or not, as he desired, by a 'Committee of the Faculty,' should make the investigations.

"2. It was a gross violation of these conditions, after the original appointment of five members of the Faculty to act as a Commission, to appoint five additional persons who were not members of the Faculty; and especially to appoint four of

these persons, not connected with the University at all, several months after the investigation had commenced.

"3. The Commission were obligated to investigate the claims of Modern Spiritualism not merely as to its phenomenal basis, but as a system of 'morals, religion, and philosophy;' and this they have not even commenced to do; but have only, in a most unfair, superficial, inconsiderate, and we might almost say irrational, manner, examined the manifestations of a few mediums, whom they have, most unjustly, according to their own record, held up to public scorn and indignation. Under such circumstances, to rush into print with conclusions so lame, imperfect, and ill founded, should subject them to the censure of every impartial and intelligent mind, as we doubt not it eventually will.

"4. They have presented to the public a series of statements, called a report, crude, imperfect, sweepingly condemnatory, and wholly unscientific, neither correctly representing the facts of their own investigation, as a Commission, nor making those distinctions and discriminations as to incidents, principles, and methods which a proper knowledge of the subject would have dictated.

"5. Their report is contradicted in many essential particulars by the minutes of their proceedings, which they have chosen to keep in the background, and away from the general reader, by inserting them in an appendix.

"6. Instead of conducting the investigation by sub-committees, whose carefully constructed reports could have been attested by the signatures of those making them, they have been guilty of the gross impropriety of presenting a report signed by ten persons, which contains statements that only three or four could truthfully attest. In this way they have misled the public, and especially the newspaper press, and given a seeming importance to their investigation and the report which they do not really possess."

William F. Jenks' Prize.

The first award, under the William F. Jenks Prize Fund of The College of Physicians of Philadelphia, will be made by the Committee, for the best essay upon "The Diagnosis and Treatment of Extra-uterine Pregnancy," as soon after January 1st, 1889, as may be practicable. Papers for competition must be written in English, and be presented by the date named. The prize

essay is to become the property of the college.

Blaud's Pills.

The British Pharmaceutical Conference recommended the following unofficial formula for Blaud's Pills:

Sulphate of iron.....	60 grains.
Carbonate of potassium.....	36 "
Sugar, in powder.....	12 "
Tragacanth, in powder.....	4 "
Glycerin.....	2½ minims.
Distilled water.....	2½ "

Reduce the sulphate of iron to fine powder, add the sugar and tragacanth, and mix intimately. Finely powder the carbonate of potassium in another mortar, and thoroughly incorporate with it the glycerin and water. Transfer this to the mortar containing the sulphate of iron, beat thoroughly until the mass becomes green and assumes a soft, pillular consistence, and divide into twenty-four pills.

Each pill contains about 1 grain of ferrous carbonate.

Dose.—1 to 3 pills.

Curious Result of the Cure of Morphinomania.

A very serious paper on morphinomania by Dr. Seymour J. Starkey, in the *Nineteenth Century*, September, 1887, contains one passage which is humorous—or pathetic, we cannot say which. In this the writer says: "I have seen a man become attached and engaged to a girl while addicted to the use of morphia, and place himself under treatment for the purpose of giving up the vice and getting married; but his love vanished with his morphia."

Dangers Attending the Treatment of Obesity.

Professor Rosenfeld (*St. Petersburger med. Wochenschrift*) argues that Vertel's method of treating obesity is not without danger. The deprivation of liquids tends to augment the relative quantity of uric acid excreted, and thereby may provoke parenchymatous nephritis, with albuminuria. Strict supervision is, he thinks, always necessary. Prescriptions relative to mountain climbing and to abstinence from liquids ought to be followed with prudence by persons whose habits have previously been opposed to this regimen: they should cease the treatment immediately upon the appearance of dyspnœa, vertigo, and other symptoms indicative of cardiac incapacity. The attention of the physician ought to be directed to the heart, the stomach, and the urine.—*Druggist's Circular*, November, 1887.

Practical Points About the Urine.

Dr. William B. Canfield, in a paper in the *Maryland Medical Journal*, October 15, 1887, says:

Normal urine may vary in color from a pale yellow to a brownish black, according to its concentration. The color of the urine is a very important factor in the diagnosis at the bedside. A light clear urine (*urina spastica*) would show absence of acute fever and a possible presence of polyuria; while a dark colored urine would denote not only a fever, but might signify a variety of affections of the spleen or liver, a hearty meal, active exercise, etc. Reddish or reddish-brown urine would point to blood, black urine to the presence of the pigment of melanotic cancer (melanuria). Green or brownish-green urine would indicate bile.

Different drugs have a decided effect on the color of the urine; for example, rhubarb (chrysophanic acid), senna and santonin, make it intensely yellow, or a greenish or brownish yellow. Further, logwood, strong coffee, turpentine, carbolic acid, tar, creasote fol. uvæ ursi, kairin and fuchsin, all color the urine. It is not probable that the presence of albumin can be suspected by the color.

The smell of urine may best be described by saying that it is urinous. When concentrated it is strong, when ammoniacally decomposed it is still stronger, and even putrescent. It is affected by certain drugs. Turpentine gives it the odor of violets. The odor of cubebs, copaiba, sandal wood, castoreum, valerian, is imparted to urine after administration by the mouth. Also after eating certain vegetables, such as garlic, asparagus, cauliflower, etc., the urine has a peculiar smell. In diabetes mellitus it may have a sweet smell.

With reference to normal urine, it is always clear when first passed, and it shows on standing a slight cloudiness (nubecula), more noticeable in the urine of women. Microscopically a few epithelial and other cells are always present, and in the case of females, vaginal epithelium. Pathologically the presence of the earthy phosphates of lime and magnesium, of the urates, pus, mucus, blood, etc., causes cloudy urine. Normally urine is aqueous. Pathologically the presence of mucus or pus may cause it to be viscid, and chyle in the urine (chyluria), as observed in the tropics, gives it a turbid and thick appearance. The foam which normally so quickly disappears from urine may remain in the presence of sugar, albumin or blood.

Of Interest to Athletes.

Dr. Sargent, who is well known as the superintendent of physical education at Harvard College, has a very interesting paper in *Scribners' Magazine* on athletics, in which he says that relatively long limbs, with short body, full chest and small bones, will characterize the typical short-distance runner wherever he may be found. Short races (100, 200 and 440 yards) are often won by a few inches, and the value of an inch or two in a runner's stride is of the greatest importance, for, other qualifications being equal, this man is bound to be first at the goal.

The small girth of the legs of runners is often mystifying. From the girth of a muscle one gets a correct idea of its volume or transverse diameters, but learns little of its length and the extent of its contractile fibres; whereas it is the length of the muscle, and not the thickness, which is of significance to short-distance runners. Given the physiological fact that a muscle can contract about one-third of its length, it will readily be seen that the longer the muscle the greater will be the movement of the part to which it is attached. To the runner the desired movement is in the elevation of the thigh and the extension and flexion of the leg and foot. An instantaneous photograph of sprint-runners shows that the range in the movement of the limbs is very extensive—the stride of a fast walker being from 4 to 6 feet, and that of a fast runner from 6 to 8 feet. If the stature is short, it is necessary for the runner to get a greater elevation from the ground at each step in order to maintain a long stride. When this is done a relatively long lower leg is of the greatest advantage. This fact is admirably brought out in the case of Myers, the professional runner. With a height of 5 feet 7½ inches, which is a little below the mean, or 50 per cent. class, he has a length of lower leg which corresponds to a man over 5 feet 10 inches in height, a length of thigh usually found in men of 5 feet 9 inches, while the sitting height is the same as that which makes up the stature of men of 5 feet 4 inches.

—The flexibility of the English language is shown in the reply of an Irishman to a man who sought refuge in his shanty in a heavy shower, and finding it about as wet inside as out, said, "You have quite a pond on the floor."

"Yis; shure we have a great lake in the roof."—*Harper's Magazine*.

HUMOR.

—A circus show can pull more sick boys and girls out of bed than all the doctors in town.

—Scientists say that the savage has a more acute sense of smell than civilized people. When two savages get together, how they must suffer!

—One of the most successful bill collectors of Chicago makes many a difficult collection by pretending to be deaf, and making the delinquent yell his reason for not paying at the top of his voice, so that it is heard by every one in the vicinity.

—Bill Nye makes John L. Sullivan, the pugilist, say: "You will find pale and studious people that knows more about ettykett and the number of bones in the human body than I do, but if a man wants his bones pointed out, and his attention called to 'em, I can do it for him."

—Physician—"Patrick, don't you know better than to have your pig-pen so close to the house?" "An' pny should Oi not, sor?" "It's unhealthy." "Be away wid yer nonsense! Sure the pig has never been sick a day in his life."

—Small Huxleyan—"I say, mammy, dis yer friziology say if a chile hab a narm long 'nuff to reach to de sun w'en he's bawn, he done be dead'n berried sebenty-five year' fo' eber he gwine feel de sco'ch." Mammy (severely)—"An'nias S'phiry Jones, shet dat ar book, 'n' go split de kindlin' 'n' rest my po' brains. 'Pears like's if too much larnin'll make me mad."

—A few months ago the startling announcement was made in the press that a peculiar insect had invaded New Jersey by the million, causing great annoyance to the natives. A German drug journal, wholly unaware, we may assume, of the ironical designation of New Jersey as "Spain," warns the German pharmaceutical public against the probable exportation of Spanish flies by the United States!—*West. Druggist.*

—A Duluth newspaper, telling of the power of the magnetic iron-ore of that vicinity, says that the miners have to wear mocasins, because the ore draws all the tacks from their boots; that houses near the mines have to be built with wooden pins or bolts, because the iron draws the nails; that a wild duck that had inadvertently swallowed a few hairpins was stopped in its flight over the the mines, drawn earthward, and made a

prisoner; and that persons with too much iron in their blood are so magnetized that they sleep in a trance.

Items.

—The Society of Ex-Resident Physicians of the Philadelphia Hospital organized on November 16, 1887, and elected Prof. Alfred Stillé, President. The annual banquet will be held on the first Tuesday of December.

—There were three new cases of yellow-fever at Tampa on November 14, but no deaths. There were 13 cases in the hospital. No new cases of yellow-fever were reported in Tampa, but a case was reported two miles from that place.

—The Hudson river, at Albany, was very low about the middle of November, and typhoid fever was prevalent in that city. Mayor Thacher, at the instance of the Board of Health, issued a proclamation asking all citizens, before using the reservoir water, obtained from the river, to boil it, as it is supposed to contain the germs of the disease.

OBITUARY.

Dr. W. H. Peer, who had lived in Greenpoint, N. Y., for thirty-six years, died on November 13th, at the age of sixty. He had an extensive practice and amassed a fortune, which was profitably invested in real estate. He was ill for ten days with kidney disease.

Dr. Adam C. Hoffner, of Jersey City, on a trip for his health, died November 14th, in Portland, Maine, of paralysis of the heart.

Dr. G. W. Sloane, of Philadelphia, was found dead in McCoy's Hotel, Pittsburg, November 9th. He was accidentally suffocated by gas.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Nov. 13, 1887, to Nov. 19, 1887.

Colonel Glover Perin, Assistant Surgeon-General, retired from active service, Nov. 17, 1887, by operation of law. S. O. 268, A. G. O., Nov. 17, 1887.

Capt. C. B. Byrne, Assistant Surgeon, relieved from temporary duty at Fort McHenry, Md., and will return to his proper station, Washington Barracks, D. C. S. O. 242, Div. Atlantic, Nov. 11, 1887.

First Lieutenant F. V. Walker, Assistant Surgeon, relieved from duty at Post of San Antonio, and assigned to duty at Fort Ringgold, Tex. S. O. 130, Dept. Texas, Nov. 8, 1887.

List of Changes in the Medical Corps of the U. S. Navy, during the week ending Nov. 19, 1887.

Passed Assistant P. M. Rixey, ordered to the Naval Dispensary, Washington, D. C.

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ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

SURGICAL CLINIC.

BY A. G. GERSTER, M.D.,

PROFESSOR OF SURGERY IN THE NEW YORK POLYCLINIC.

Varicocele.

Gentlemen:—The first case to which I would call your attention is one of varicocele, to be operated upon at the German Hospital this afternoon. The patient is about twenty years of age. The varicocele is bilateral; but, as usual, it is more marked on the left side than on the right. There are good anatomical reasons for that, which I need not dwell upon now. I will limit my remarks to some of the methods employed in the treatment of this affection. Formerly, as you must know, varicocele was considered an *opprobrium chirurgicorum*. While some surgeons were devising new methods of cure, others were condemning all methods because they involved great risk. By great risk I mean the risk of pyogenic infection, or a suppurative inflammation. In varicocele there is a bunch of veins, in a distended condition, arranged about the cord in the scrotum, belonging to the pampiniform plexus. In these veins, as in all veins affected with suppurative inflammation, thrombi form; and these thrombi, being invaded by pyogenic organization, decompose. Portions may become detached, and may be carried into the general circulation, perhaps become lodged in the lungs and form pulmonary abscesses. The older surgeons warned against all operations for

varicocele, because pyæmia was so very frequently observed after such operations. Nevertheless, it must be said that some of the surgeons had very good results, even in those older times. They could not understand this difference in results: why it was that all the patients of one surgeon had suppuration and became dangerously ill, many even losing their lives, from an attempt to cure an affection which is not dangerous to life at all; and why the patients, or very many of them, operated upon by other surgeons recovered with little trouble. The reason for this difference in results can now be readily accounted for: it is that the successful surgeons were cleanly, the unsuccessful ones were filthy, in their manipulations. In those days they said, "This man is an unlucky surgeon; that one a lucky surgeon." For they both operated skillfully, and apparently on the same principles in the same manner. Yet the results were very different.

Now the operation for varicocele is known to be proper, to be justifiable. If the case is a mild one, a mild operation is appropriate; and a good procedure is that proposed by our fellow-townsmen, Dr. Keyes: namely, subcutaneous ligation of a portion of the veins returning from the testes. It is a very simple operation, which can readily be carried out in your office with local anæsthesia. This procedure may be adopted on the right side in this case; while on the left side, where the affection is a good deal more extensive, it would not be sufficient. There we will have to do more: we will have to lay open the plexus of veins, and dissect out those which are not essential to nutrition. This is done after first putting on a

double ligature, the veins between the ligatures being excised. Just enough are left to carry away the venous blood from the testicle and epididymis. If we did not leave at least one or two of those veins, the result would be that the artery supplying the testicle with blood would continue to carry blood to that organ, but there would be no chance for it to return. There would be engorgement, œdema, passive hyperæmia, and, as a result of that, we might look forward to two possibilities. The one being that through some small branch veins incomplete collateral circulation would be established. In that case the venous engorgement would not be so great. Most of the blood would remain; but a portion of it would be eliminated, returned to the general circulation by this rather insufficient collateral circulation.

As a result of this want of balance between the arterial supply and the venous reflux, we would see, as we always see under similar circumstances: first, hyperæmia; then hypertrophy,—consisting principally of an increase of the connective-tissue elements. Afterwards these elements would become atrophied, contracted, and would smother that which constitutes the essential characteristic of the testicle: the glandular structure. Therefore, as a consequence of a badly-performed operation, there would be gradual atrophy and shrinking away of the testicle, and you would have robbed the man of one-half of his generative power. If the veins leading from the testicle should all be excised, and the venous return be entirely destroyed, there would be rapid necrosis of the organ. That, of course, would be a great deal more serious than the result just spoken of as following almost complete interruption of the venous return; the patient would attribute the result directly to the operation. But when the testicle gradually atrophies and shrinks away, the patient notices it less; very frequently he does not know that that testicle is not able to perform its function, for he has another one which answers the purpose of the two. But when necrosis takes place, the patient looks upon it as a very serious matter. Still, atrophy of both testicles is a very serious matter. One, who had been operated upon by a renowned French surgeon with that result, felt so grieved by it that he waylaid the surgeon and killed him. Let that example serve you as a warning. Last year necrosis of the testicle followed one of my operations for varicocele. The patient was a baker, and bakers, I may here state,

are very prone to varicocele. It is perhaps due to their standing and unhygienic occupation. They sleep part of the day, and work all night in a heavy atmosphere. They may drink hard, and live as men should not live. As a consequence, we find them anæmic, ill-nourished, and when they acquire a disease, it remains with them longer than it would with a well nourished man who leads a hygienic life.

My patient had varicocele in a very marked degree, and I proposed treatment by excision. I found it very difficult in that case to decide what veins should be removed and what ones should remain. I thought I had left a sufficient number (three or four small trunks) to carry away the venous blood from the testicle. The antiseptic measures observed must have been defective; for, although we had no suppuration proper, yet there was a good deal of infiltration and inflammation of the parts, with slight elevation of temperature—conditions which we usually do not see after antiseptic operations. These lapses from perfect antisepsis are liable to occur to everybody; and I therefore warn you, young men, those who are commencing to work antiseptically, not to boast with your antiseptics. Be conscientious in carrying them out, but never be too sure that you have succeeded; never promise your patient that the wound will surely heal without trouble; especially, be not too harsh in your judgment of the work of other surgeons, for if you are, your next case, in which you think you have followed antiseptic rules in the most exact way, may be followed by suppuration and prove conclusively that your antisepsis had been imperfect. We should not carry our heads too high. Let us do our duty, but never think we are infallible. In the case of which I am speaking, thrombosis of some of the veins occurred, which interfered with the reflux of the blood from the testicle and epididymis, and the testicle necrosed. The first change of dressing was made, I believe, on the seventh day after the operation; we were led to suspect that something was wrong from an elevation of the temperature, and what we found was a yellowish, necrosed testicle. The man was afterward discharged cured, without that testicle.

I may mention as a historical fact that the operation for varicocele is one of the oldest. The Latin, Greek and Indian writers mention the treatment of the affection. The Eastern writers mention it, but they operated in a very radical way. They simply cut off the man's scrotum with the testicle, and that disposed of the whole business.

This afternoon, I shall demonstrate to you two methods. The first, Keyes' method, as I have said, is a very easy one, and can be done, allowing the patient to visit you at your office. The second method is graver, and is performed, in the manner which I have just described, by cutting down upon the enlarged veins where they return from the epididymis, tying them with a double ligature, and dissecting out all but a few branches, which are left to carry away the venous blood. The result of this operation is good. This method is supplemented by partial amputation of the scrotum when that structure has become very redundant and relaxed. As you know, the scrotum is very redundant in its normal state, and a large portion of it may be removed without danger to the patient from shrinkage of the tissues. Some authors think that removal of part of the scrotal integument is in itself sufficient to effect a cure of the varicocele, and that method has been recommended for the cure of these patients. But the results of the operation have not been favorable. When I was a student, I saw cases treated in this manner, but as soon as the initial density of the cicatrix, the tenacity of the newly-formed cicatricial tissue was gone, it became stretched, and the varicocele became worse than before the operation.

Commencing Hip-Joint Disease.

Here is a little girl brought to us by her father for a diagnosis. Before entering upon the history of the case you should always glance the patient over, and make an estimate of her general condition. You observe that she has rather a pale, anæmic integument, covering rather a good supply of flabby fat. The mucous membranes are pale; there is a slight amount of blepharitis; the nostrils are a little reddened. Examining the surface on the legs, we see a number of little eruptions, indicating the presence of eczéma; in short, we have to deal with a child which is anæmic, which has the so-called lymphatic habit. Her father tells me she has never had sore throat; nevertheless the cervical, sub-maxillary, and posterior cervical glands are intumescent. Her general condition is a characteristic one.

Her father tells us that five days ago she sustained a fall on the floor, since which time she limps. Watch the child walk. Her gate is limping, which circumstance may indicate incipient disease. Those doctors who handle horses a good deal, acquire a skill enabling them at once to tell whether or not a horse is lame. This skill may aid them to

tell on which leg a patient limps. The principle is the same. A lame person rests as short a time as possible upon a diseased limb when walking, and throws his weight more heavily upon the sound limb. By observing this child's walk carefully, you will see that it limps on the right limb. You may be able to determine this point only after seeing the patient walk three or four times, dressed and undressed. You should hesitate to say in a case, with apparently very slight symptoms, that the child has not hip-joint disease. That is a point which often baffles the diagnostic skill of young practitioners. They pronounce quickly that the disease is absent, when older practitioners would be more wary and reserved. It is human nature to tell people what they want to hear. A case is brought to him in which the diagnosis of hip-joint disease has been made; the parents are anxious, but they do not believe that the diagnosis is correct. It is only poor people, they think, who have hip-joint disease. Of course nothing will sound better to them than to hear from the young doctor, who has graduated with honors, and has travelled through Germany and other foreign countries, who knows how to handle the microscope, etc., "all nonsense; this child has not hip disease." But the truth is bound to come out. After a time the hip-joint disease makes itself only too manifest, and then the young physician rues his mistake.

We have seen that this child in walking has to limp. Now let us determine where the cause of that limping is located; whether in the tarsus, in the ankle, the knee, or the hip joint. The father of the patient tells us that she has been lame only five days, at which time she sustained a fall. But not infrequently we are able to bring out the fact that the patient had limped a longer time than that given by the parents, and that she had had a previous fall. Sayre says that hip-joint disease is always caused by traumatism. There is no doubt that traumatism has a good deal to do with the development of not only hip-joint disease, but of any joint disease belonging to the group of tuberculous complaints. But, gentlemen, very frequently the traumatism is a consequence of the tubercular joint disease. Not always. Very frequently when there is a tubercular condition in a joint disabling it to a certain extent, the child falls, this resulting in apparent injury to that joint. Let me call your attention to the fact that the bronchial glands are most commonly the primary seat of tuberculosis in children. Tuberculosis of the bronchial glands most frequently appears after an

attack of measles. Old practitioners will tell you that the foundation for a so-called lymphatic habit is ordinarily laid down after an attack of measles. The little patients languish, remain anæmic and puny, and are very prone to chronic joint trouble. Now, if such a child in such a condition falls and strikes upon the elbow, an extravasation will take place in the injured bone adjoining the elbow. That extravasation furnishes an excellent bed for the bacillus tuberculosis; it will settle there and propagate. Then there follows the development of a cheesy focus. Yet the child may be able to play about with its companions and manifest no symptoms further than some stiffness in the morning of the affected joint. It has no fever. The complexion is pale, it is true, but that is common in city children. It takes a skillful eye to detect slight intumescence of the joint. But another traumatism takes place when there is intervening between the cheesy focus and interior of the joint only a very thin lamella of bone and cartilage. The result of the fall is that the thin lamella or bone is broken through, cheesy matter enters the joint, swelling takes place, the child's temperature rises, the doctor is called in and finds acute joint trouble. He diagnoses traumatic synovitis, recommends the usual treatment for that affection, and predicts rapid improvement. We know that the joint of a healthy person, of a healthy child especially, although contused with great force, will recover in a fortnight under proper treatment. But in the class of cases under consideration it will not recover as rapidly. Although the doctor had predicted that the child would soon recover, it will not. The swelling due to serous effusion may in part disappear, but the joint remains thickened; it does not shrink back to its normal size and contour, as it would do in simple traumatic effusion. On examining such a joint carefully you will find there is present swelling, intumescence of the capsule, and frequently not only of the capsule, but also of the subcutaneous connective tissue; in fact all the soft parts surrounding the joint are imbued with a peculiar gelatinous material. This is frequently verified on the operating table.

In inspecting cases of joint disease, it is necessary to observe the external contour, the disposition of the soft parts. It will not do to expose the joint of one limb alone. It is very necessary to compare the affected with the sound limb.

Most of the signs of hip-joint disease have not yet developed, or, rather, are absent in this case. There is absence of flexion of the

high region of the pelvis; difference in the size of the nates is also absent in this case. When there is great intumescence and a large amount of gelatinous material in the joint, the whole gluteal region on the affected side is raised. On palpation, in such a case, you will notice distinct swelling and thickening, and by making deep pressure between the great trochanter and head of the femur the patient will give evidence of pain.

First examine the ankle joint. It is better to assume that we do not know the source of the lameness, and examine all the joints in succession, beginning with the ankle. Having noticed the contour of the joint, we then flex, extend, rotate inward, then rotate outward. Do the same with the knee. Both ankle and knee are normal. Having proceeded upward to the hip-joint, we there make a strong flexion upon the pelvis, and then rotation outward. Having gone through with the examination on one side, and found nothing abnormal, we proceed to examine the other.

Occasionally, I have found in hip-joint disease all movements of the joint free to a certain extent, excepting perhaps one. Rotation in one direction may be impeded, or all the movements be free excepting abduction. In this case there is little impediment to motion until we come to abduction during flexion; there the pelvis follows the limb most distinctly, a great deal more so than on the other side, where in fact it does not follow the limb at all. In rotation also the pelvis follows to some extent. Now we will try the most important test, that is, flexion, and at the same time abduction or rotation outward. The pelvis follows. We can move the entire body in attempting to flex and abduct the left thigh. The question of whether the thigh is permanently flexed is determined by placing the patient flat upon her back and attempting to press the limb down upon the table, in the position of extension. The thigh being flexed upon the pelvis, any attempt to bring it in line with the table will raise the pelvis, leaving a space between it and the table through which one is able to thrust his hand. That is the case in this instance. In fact this patient's symptoms do not justify the assumption of the presence of hip-joint disease. However, we cannot certainly exclude disease of the hip-joint; hence we must say to the parents, if you do not take good care of the child it possibly may develop hip-joint disease. In such cases we have to be most chary and circumspect in prognosis. We will advise the

father to keep the child at rest, and if possible we will practice fixation of the affected limb. After a week or ten days we will examine her again. No harm can be done to the patient by rest and fixation, even if no hip-disease be present. Should, on the other hand, this case be one of beginning hip-trouble, the symptoms of the affection will not fail to appear in time in spite of the treatment, and we shall have the pleasant consciousness of having guarded the interests of our patient.

Lacerated Wound of the Thumb.

We have here a case which would perhaps be looked upon by most of you as a trivial one, but it is not trivial. We have before us a young man of good looks and bright future. You smile, and probably deem my remarks irrelevant. But the consideration of what I said is a part of the true physician's business. I wish to illustrate a point which medical men so often disregard. Here is a young laborer, who depends upon his handiwork, so far as his future is concerned. He has sustained an injury of the thumb. You know that the thumb is the most important of all the fingers. I would rather lose these four fingers than my thumb. Now, if this little wound, which is superficial, which is not very serious, is attended to properly it will heal within a fortnight, and this young fellow will be able to pursue his vocation, to earn his bread, and if he is frugal and ambitious, to save something and rear a happy family. He will be a useful man in our growing country. But suppose that hand is not treated properly? Suppose he should fall into the hands of a druggist who practices medicine, or comes to a doctor, who, although he has a diploma, is also a quack (for there are such); there is considerable hemorrhage, the patient and his friends are scared, the doctor or druggist gets excited, and instead of placing a finger and making pressure upon the bleeding artery, that the hemorrhage may stop; or by ligating the vessel, if pressure be insufficient; instead of doing this, he reaches for the styptic bottle, puts a wad of cotton, soaked in the styptic, on the wound, then covers it with adhesive plaster and a bandage, sends the man home, tells him to come to-morrow and be sure to bring the fee. Now, what takes place? This laborer has injured his hand with a dirty tool. He may be a butcher, and was using a knife which had some filth upon it that was deposited in the wound. The quack has hermetically occluded the wound by applying his styptic. The next day

the patient feels sick; he feels chilly; he has lost his appetite; he has a headache; his bowels are constipated; at night he cannot sleep because his finger is throbbing with pain. Now, if you dress that wound, and succeed in pulling off the mixture of crust, styptic, cotton and adhesive plaster, you will observe that the region of the wound is inflamed and that pus is oozing from it. If the laceration has reached down to the synovial sheath, you will have a lively time with that patient, and the poor patient will have the liveliest time of all. You know that suppuration on the thumb and little finger is worse than if located on any of the other fingers. Celsus and the oldest medical writers, mention the fact, and the common people know that an injury to the thumb or little finger is more serious than an injury to either of the other three. This is accounted for by the anatomy of the parts. The synovial sheath of the three middle fingers consists of two compartments. The one commences at about the middle of the terminal phalanx and extends to the head of the corresponding metacarpal bone. There it ends in a blind sac. From there, the sinew passes through loose connective tissue, and has not a sheath proper for a distance of a quarter to half an inch. Then it enters the common bursa, situated under the palmar aponeurosis, through which all the flexors of the fingers run. Therefore, when suppuration takes place on the three middle fingers, very frequently it perforates spontaneously at a point corresponding to the metacarpo-phalangeal joints where these synovial sacs end. But in the case of the little finger and thumb, the inflammation generally behaves in a different manner. Often we see it jump, as it were, from the finger up to the forearm, and it is for that reason that inflammations of the thumb and little finger have a bad reputation. This is due to the fact that the synovial sheath of the thumb and little finger, although the latter furnishes exceptions, openly communicate with the palmar bursa, which again communicate with the sheaths of the tendons running up the forearm. Therefore, suppuration of the little finger and thumb should be dreaded, and trifling injuries of them be treated with the greatest care. Deep-seated suppuration here may lead not only to loss of the thumb or little finger, but to loss of the arm, and perhaps the life of the patient. Having spoken of the improper treatment of such a case, let us now consider its proper treatment.

You see this man's hand is dirty, as a workman's hand must be. The first thing to be done is to soak it in soap and water,

scrub it thoroughly, and render it clean. Having cleansed the hand, irrigated the wound, and turned out the clots, the question of closing the wound will arise. Is it better to close the wound and seek to secure primary union, or is it better to leave it open to heal in another way? This question is a very important one, and is not always easy to decide. There may be only a small puncture through the skin, but a big gap inside filled with blood clot and filth carried in by a blunt instrument,—such a condition as is frequently seen in compound fractures of bones; fractures accompanied by only a small perforation. A patient, for instance, has been found at the side of the road, lying in the dirt. A kind passer-by sees the distorted limb, and finds a small spiculum of bone projecting through the integument. The limb has been crushed, twisted out of place, is lying in the dirt, and this kind passer-by seeing that something is wrong with the limb, takes hold of it and straightens it, puts it into the straight position. But what has this good Samaritan done? He has replaced that soiled, muddy bone which was sticking out through the integument. Now, that was a poor service. If the bone had first been cleansed and disinfected, and then jerked back into place, it would have been all right. But it was jerked back too soon, that is, it was replaced with all the filth adhering to it. The same thing often happens with small wounds, and suppuration follows inevitably. To avoid suppuration they must be cleansed thoroughly before they are closed, or, if they are to be treated as open wounds, before the dressing is applied. The old time surgeons had, as a rule, better results from severe comminuted fractures, complicated with a large external wound, than from compound fractures with a small external wound. The reason now appears plain; in the first class of cases, to be sure, filth entered the wound, but drainage through the extensive aperture was ample, and the cases often did well. In the latter cases, the small external wound was inadequate for drainage, and if some filth had entered the wound, the destruction wrought by suppuration was appalling. In the former cases there generally is free and ample drainage; in the latter the infectious discharges are retained in the wound, as the small cutaneous wound proved insufficient for drainage. In either class of cases it is of the utmost importance to establish cleanliness, and then, if the larger wound is found too large, it may be partly closed by suture; and, if the small aperture of the integument is inadequate for drainage, that

opening should be enlarged, and supplemented by counter-incisions.

Believe me, it is a great mistake to imagine that a small wound will get well without all that “fuss and feathers,” as anti-sepsis or cleanliness is contemptuously called by some. Some of them, it is true, will get well without attention. But most of them will suppurate and may end seriously. The correct treatment of small wounds is the school wherein to learn to treat correctly larger wounds. If you make a mistake in the treatment of a small wound it may not cost your patient his life, but if the mistake leads to the loss of a limb, it may cost you your reputation.

We find, after thoroughly cleansing the wound on this man's thumb, that it extended just to the sheath of the tendon, but not through it. Now, if we can prevent suppuration, we will have done the man a great service. If we do not adopt measures to prevent suppuration we shall have done him a great harm. To prevent suppuration is the shibboleth of modern surgery.

When, as in this case, the external wound is ample, thorough cleansing and disinfection of the same is easily accomplished. When the wound in the integument is small, and leads to a cavity, it is necessary to enlarge the wound orifice in order to be able to remove dirt or other foreign substances, and to properly disinfect it by mopping out and irrigation. A dressing, consisting of iodoformized and corrosive sublimate gauze is bandaged on the injured part, and now a favorable course of healing may be confidently expected.

White Swelling of the Knee.

Here is a man, aged 32, given to drink, who has come to us on account of a swelling of the left knee. He has the indications of being ill-nourished. He tells us that he once had swelling of one elbow, which he thought was rheumatic, but it festered, and he finally lost the arm by amputation. Now, without any reason known to him, a similar condition is making its appearance at the knee.

What do we notice? First, there is disability to completely straighten and flex the limb. To the hand the left knee feels warmer than the right. The contour of the left knee differs from that of the right. You notice a depression of the patella between two lateral protuberances, which feel doughy, almost fluctuating. The whole joint is intumescent. On palpating it, and after puncture, we find absence of liquid. The phenomenon known

as "ballottement" on pressure over the patella is not noticeable in this case. When the patella is floating a click is produced when it is pressed upon, due to its striking against the underlying condyles of the femur. The general intumescence about the joint would mislead some into the supposition that it was filled with fluid. The essence of this intumescence is to be sought in the thickening of the entire capsule of the joint; a gelatinous imbibition is present, which gives the appearance of fluctuation from liquid. But if we introduce the aspirator we do not succeed in bringing forth any fluid.

You tell me the diagnosis is tubercular osteitis of the knee-joint. I would accept the diagnosis with one qualification. I do not know positively whether osteitis be present or not. My reason for not feeling absolutely certain on this point is the fact that in grown persons tubercular affections of the knee-joint rarely commence in the bone. The common beginning of this trouble is in the synovial capsule. From there, of course, it often extends to the bone, and on opening the joint we find the cartilage destroyed and the bone invaded.

In former times these cases were called the *crux chirurgicorum*—the cross of the surgeon. White swelling was known to be a most intractable complaint, which often led to extensive destruction of the affected joint, necessitating amputation. Local applications, fixation, counter irritants, were all more or less ineffective. Our knowledge of the pathology of this complaint has led to the development of a rational therapy. If the case were that of a child, you would at once see that proper hygienic regulations were carried out; you would see that the joint was put at rest, but in such a way that the patient could take at least a moderate amount of exercise. For this purpose you would apply Taylor's or Sayre's apparatus in the manner so admirably demonstrated at his clinic by Professor Gibney. But in the case of a grown man we cannot procure apparatus which will support his weight any great length of time; and the cases which come to dispensaries are unable to bear the expense of frequent repair and renewal. If made strong enough to sustain weight and wear well, the patient will object to its cumbrousness. Orthopædic treatment is out of the question for many other reasons, among which is the fact that the patient cannot be idle, nor can he gain admittance to a hospital for a term of a year or two years.

Formerly, if the patient would consent

to it, the surgeon put the limb up in plaster-of-Paris, or some other form of apparatus, and kept it confined. The limb had to be spared as much as possible. Perhaps in a year or two ankylosis did result, and the patient was cured at the loss of mobility in the joint. When he could not afford to keep the limb in plaster-of-Paris or some apparatus, but went about as well as he could, using the limb and trying to earn his bread, often cold abscesses formed and fistulous openings leading into the joint established themselves. In such cases the older surgeons took the knife and cut off the limb. That course of things we see has been illustrated in this patient's arm. But at present we do not amputate unless the suppuration, the formation of fistula and destruction of bone, but especially of the soft parts, has gone very far. In cases like the one before us, with tuberculosis of the knee, we do not amputate—we excise the joint. The results in grown subjects are very good. Exsection of the knee-joint before the formation of fistula gives the patient infinitely better chances than when the operation is postponed until after the formation of fistula. So, in cases of this kind, the patient belonging to the laboring class, I always propose, as soon as I learn that the disease is not amenable to application of cold, rest, etc., exsection of the joint. I do not hesitate to propose such an operation, because I feel that it involves comparatively little danger, and it offers a good chance of eliminating the tubercular focus completely. The patient will afterward have a stiff knee, but the limb will be useful. It will not require constant repair, as a cork limb does. All that is required is a thick sole on the shoe. All of the patients on whom I have performed the operation have afterward been grateful that it was done. We should hesitate much longer before advising exsection in children, for in them the limb has not completed its growth. As you will remember, the growth of the lower extremity takes place from the epiphyses near the knee, and exsection of the epiphyses here finally results in considerable shortening. My first exsection of the knee was performed, about ten years ago, on a child three years of age. I saw that child lately, and found that the limb operated upon is about four inches shorter than its fellow. The case was treated by apparatus, by making incisions and counter-incisions, and such other means as would, if possible, save the joint. But this proved unavailing, and exsection or amputation had to be thought of.

You ask me whether I would exsect the joint if there is pulmonary tubercular infiltration? I have performed exsection of the knee-joint about sixteen times, and I do not think there were more than two cases of the sixteen in which there was no infiltration of the apices of the lungs. And in all of these cases there has been a marked improvement of the general condition, because of the elimination of one focus of disease at least. There are several reasons for the improvement which follows removal of the diseased bone. First, we take away a source of danger to life by stopping a constant drain to vital force. Secondly, as long as the local disease exists the man can take no exercise. By putting him in a condition to take exercise his appetite improves, he begins to sleep well, his muscles grow stronger, he becomes a new man; his lung trouble may not be entirely cured, but he ceases to cough, and the progress of the pulmonary tuberculosis is checked.

The method of operating will have to be considered at a future clinic.

ORIGINAL COMMUNICATIONS.

A GROUP OF CASES ILLUSTRATING SEVERE INFLAMMATORY AFFECTIONS OF THE CORNEA, IRIS AND CONJUNCTIVA, AND THEIR TREATMENT.

BY G. E. DE SCHWEINITZ, M.D.,

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The group of cases recorded below present no new features; but they illustrate the value of certain lines of treatment, even when the outlook is most discouraging, and they warn against the dangers of inappropriate, though commonly employed methods of medication.

Granular Lids; Abscess of the Cornea.

Maggie C., aged 25, born in Italy, was admitted to the Eye-Wards of the Philadelphia Hospital on account of granular lids, most marked in the right eye, in which there was pannus, and just below the centre of the pupil a small, gray ulcer. Slight muco-purulent discharge and marked photophobia completed the symptoms. The topical remedies ordered were atropine drops and a solution of bichloride of mercury (1-8000), and internally, quinine and iron after the patient had been properly prepared by the administration of a mercurial purge and the daily use of

sulphate of magnesia. The left eye rapidly improved; the right did not, but the gray ulcer increased until the lower part of the cornea was occupied by a large abscess. The photophobia was most aggravated; the pain intense. A broad needle was passed through the abscess and into the anterior chamber, evacuating the contents of both. Hot water compresses, the water of a temperature of 120° F., and the applications made for ten minutes at a time every two hours, were ordered, and the internal treatment above described was continued. The results were most happy; the pain was instantly relieved, the photophobia diminished, and the slough in the cornea separated. A large ulcer, shallow except at one spot, where Descemet's membrane bulged forward, remained. The hot water was discontinued and a pressure bandage applied, under which the cure was completed, leaving an irregular scar which was fortunately below the pupil. The granular lids had improved also during this time, and, when the active and dangerous inflammation of the cornea had subsided, were treated with the usual remedies.

Ulcerative Keratitis; Hypopyon.

Jas. B., aged about 45, was admitted to the wards, with his eyes in the following condition: The right cornea was occupied by a dense, adherent leucoma, the result of former inflammation and ulceration, and was practically sightless. In the lower third of the left cornea there was a deep, irregular ulcer, and the bottom of the anterior chamber contained a good-sized collection of pus, whose upper level was a horizontal line. The patient was anæmic, and had upon his body the evidences of syphilitic infection—a specific leg-ulcer and numerous copper-colored cicatrices at the seat of former ulcerations. He gave a perfectly clear history of the initial infection, which had been followed by secondary lesions years before. This eye-lesion came on after exposure following a debauch. The bowels, which were constipated, were thoroughly moved with blue mass and sulphate of magnesia, and the man put upon twenty drops of the tincture of the chloride of iron and $\frac{1}{4}$ of a grain of bichloride of mercury, thrice daily. The hot water compresses, in the manner before described, were ordered; together with atropine drops and antiseptic washes. In twenty-four hours the hypopyon had so much cleared up, and the ulcer become so much less angry, that paracentesis of the anterior chamber was not deemed necessary. The recovery was uninterrupted, and the resulting scar was suf

ficiently below the pupillary space so as not to seriously interfere with useful vision.

Kerato-Iritis; Hypopyon. Two Cases.

Case I.—P. S., aged about 45, an Irish carter, came into the wards on account of kerato-iritis of the right eye. He had extensive ectropion of both lower lids and an adherent leucoma of the left cornea. The present attack began about ten days before he sought admission. The lower half of the anterior chamber was filled with pus, the entire cornea was hazy, and the iris discolored and attached to the capsule of the lens (posterior synechiæ). Severe brow and temple pain, and slight febrile reaction were present. The man denied syphilis and gave exposure as a cause of the inflammation. He was purged, put upon alterative tonics, and locally, atropine drops, bichloride of mercury collyrium, and hot-water compresses—the latter after the anterior chamber had been opened and the pus as far as possible removed. After a few days when, by the aid of the tonics and milk punch, the nutrition had improved, the former were stopped and iodide of potash in ascending doses ordered. The result was entirely satisfactory, and a useful cure resulted.

Case II.—John L., aged about 40, came to the wards suffering with a kerato-iritis of the right eye, complicated with hypopyon; in all particulars similar to the last case. The man was a hard drinker, had had syphilis and the inflammation had appeared during a prolonged debauch. The same treatment as in the last case was ordered, and, as there was marked insomnia, large doses of bromide of potash at night. Relief followed these measures, but the restlessness and brow and temple pains continued. Three ounces of blood were then drawn from the temple, and the pain diminished; but during the night the full symptoms of delirium tremens manifested themselves. Bromide of potash was then given freely during the day, and chloral and morphia at night. The attack subsided readily, and at no time during its continuance did the eye-symptoms grow more aggravated, the topical treatment having been industriously applied. The eye gradually cleared up, and the appearances returned to well-nigh normal, with the exception of several synechiæ, which did not tear loose under the atropine.

Serpiginous Ulcer of the Cornea Occurring in a Very Old Man.

A. J., aged 85, an inmate of the hospital on account of chronic nephritis, came to the

Eye-Ward for the following reasons: A few days previous to his admission, he was attacked with a slight conjunctivitis of the left eye, and this was treated with some simple astringents. During this time, it was thought, a foreign body entered the conjunctival cul-de-sac and abraded the cornea. Very quickly the eye took on an active and dangerous inflammation and, when he applied for treatment, presented this appearance: swollen and rigid lids, tarsal conjunctiva opaque, bulbar conjunctiva slightly thickened, and surrounding the cornea a dark red zone of congestion. The cornea was hazy throughout and lustreless like "that of a dead fish," while below there was an irregularly crescentic serpiginous ulcer, to the outer side of which there was a yellow line, indicating a collection of pus between the lamellæ of the cornea. Severe pain accompanied the local condition; the tongue was dry and furred; the bowels constipated. The treatment consisted in the administration of saline laxatives, Bashams' mixture, and milk punch occasionally. The eye was kept clean with a saturated solution of boracic acid, atropine drops were instilled, and hot water compresses applied. At first, the latter were used for ten minutes at a time four times daily, and later, for the same length of time, every two hours. This case, considering the circumstances and the age of the patient, has done well, and the dangerous local manifestations have in great part declined. The old man is still under treatment, but there is every reason to believe the result will be a useful eye.

Purulent Ophthalmia; Ulceration and Perforation of the Cornea. Two Cases.

Case I.—Margaret S., aged 30, the mother of five children, was admitted to the wards during the latter part of August. She had only tolerable health. There was no vaginal discharge and no history of infection from a specific source. About three weeks before admission, after a long night's sewing in an ill-favored and badly-lighted room, she was attacked with muco-purulent conjunctivitis of the left eye. Upon this, she tied the eye up with poultices of tea leaves, and, as it continually grew worse, she substituted for these one made of linseed meal. Under this treatment, the inflammation rapidly took on the purulent form, and one week after the left eye was affected, its fellow was similarly attacked, but, fortunately, less actively submitted to domestic medication. When examined at the hospital, there was great cedema of the lids, swollen and thickened conjunctiva, which freely secreted pus, and

on the left side a large perforation of the cornea into which the iris had prolapsed, and from the upper part of which a button of turbid vitreous was protruding. The eye-ball was soft, intensely tender, and partly collapsed. In the upper part of the right cornea there was a broad, semilunar ulcer of the serpiginous type, extending almost through the entire thickness of the cornea. The woman was suffering with intense pain in the eyes, especially the left, and violent throbbing pain in the left side of the head. The temperature was above normal. In spite of the existing panophthalmitis, the shrunken left ball was removed, the pain was directly relieved, and the temperature returned to normal. Frequent cleansings, with antiseptic solutions, atropine and hot fermentations, constituted the treatment of the right eye. This rapidly improved in its appearance, and all but the inner end of the semilunar ulcer healed up. At this point, however, during one night, perforation took place, with prolapse of the iris. A pressure bandage and eserine drops failed to decrease the size of the hernia. The sac was hence opened, the prolapsed iris seized, drawn slightly outward, and cut off. The bandage and eserine were continued. Thus far, the eye has done well, and through the resulting egg shaped pupil there is useful vision. That the eye was saved at all was a matter of congratulation. The internal treatment was quinine, iron and milk punch, with due attention to avoid constipation.

Case II.—Maggie B., aged 28, unmarried and a servant in a large sea-side hotel. Her work was washing and she was constantly exposed to wet and damp. She was a somewhat flabby, large-framed woman, of fairly good general health, and suffering from slight leucorrhœa. Seven weeks prior to her admission both eyes were attacked with ordinary conjunctivitis. She continued her work, and during the day bathed her eyes with iced tea, and at night tied them up with warm poultices of bread and milk. *Pari passu* with this treatment the eyes steadily grew worse, she soon was unable to attend to her duties, and when she came to the hospital she presented the following pitiable condition: The conjunctivas were fleshy, thick and covered with pus. The corneas were deeply ulcerated, perforated, and the apertures of the perforations occupied by prolapse of the irides and granulations. On the left side, the vitreous was freely escaping. The eyes, of course, were spoiled and sightless. Fortunately the woman suffered little or no pain. Antiseptic cleansings, atropine

and warm fomentations reduced the inflammation; but it was too late to save or restore sight to this unlucky woman.

REMARKS.—It is perfectly evident that the saving means of treatment in the cases of abscess of the cornea and hypopyon were the hot water compresses and incision of the cornea, with removal of the pus as far as that was practicable. Hot water as a method of combatting inflammatory diseases of the eye is by no means a new treatment, and only quite recently it has been deemed a worthy subject of papers presented to societies specially engaged in the consideration of eye surgery. The water should really be hot (120° F.) and the compress changed frequently enough to maintain this temperature. Otherwise applied the treatment may do harm. No matter how accurate the local treatment of an eye inflammation may be, the surgeon must not neglect the patient's general state. In syphilitic patients the temptation is at once to resort to the recognized anti-syphilitic remedies—mercury and iodide of potash. It should be remembered, however, that in those individuals who are the subjects of advanced syphilis, and in whom anæmia and cachexia are dominant symptoms, these remedial agents are sometimes productive of positive harm, always excepting the cases in which the lesion endangers life. In these cachectic patients the combination of tincture of the chloride of iron and bichloride of mercury is often a happy prescription. The case of keratoiritis with hypopyon, in which delirium tremens occurred as a complication, without interfering with the progress to recovery, is worthy of notice. It is interesting to observe that, while the prodromes of this attack of *mania-à-potu* were present at the time of the man's admission, the full development only appeared immediately after the cupping of the temple. The abstraction of blood acted as an exciting agent. The two instances of purulent ophthalmia are quoted because they are sad illustrations of the pernicious practice of tying up eyes, which are the seats of catarrhal inflammation, with warm poultices. Mr. Nettleship, in his admirable book on "Diseases of the Eye," has italicized this sentence: *The eyes should not be bandaged in any form of ophthalmia, and poultices are very seldom necessary.* It is a pity that this advice could not long ago have been italicized upon the minds of many people. Had it been possible fewer blind eyes would exist in the world to-day. The result in the case of the old man, the subject of serpiginous

ulceration of the cornea, was certainly gratifying, because of the dangerous character of the ulceration and the age of the patient. While atropine in this instance acted happily, it should be remembered that often in these cases, when the sclera is stiff or the tension above normal, sulphate of eserine is the more useful drug. It should be used in the strength of one grain to the ounce. It acts probably by decreasing the intraocular tension. The people in whom these eye lesions occurred were without exception the owners of depraved constitutions, an ownership that had either come by inheritance or else through a wilful or unavoidable disregard of the laws of health. They were all unfavorable subjects to work upon, and the fact that in most of the instances the result was fairly good, indicates the value of the methods employed. A distinguished medical teacher, when lecturing upon the management of opium poisoning, was accustomed to say: "Never stop treating your patient until he has been dead for some hours." Thus did he endeavor to impress upon his hearers that intelligent efforts often succeeded in resuscitating the poisoned individual even when all hope had departed. In like manner, it seems to me, thoughtful and careful treatment of an eye should not grow weary, even though that eye be upon the very threshold of blindness. The result will often be good when least expected.

1330 Spruce Street.

INFANTS' FEEDING BOTTLES.

BY W. M. POWELL, M.D.,

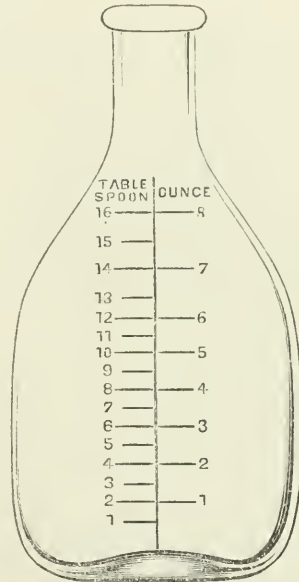
One of the Attending Physicians to the Children's Dispensary of the University Hospital, Philadelphia.

Prof. Louis Starr, in his lecture on Artificial Feeding, at the University Hospital, laid special stress on the proper kind of nursing-bottle to be employed. He exhibited three styles before the class, as follows:

First, the English nursing-bottle, which consists of a twelve ounce bottle with a perforated cap, which screws to the neck, through which passes a glass tube about six inches long; to this tube is attached a soft rubber tube about sixteen inches long, with a rubber tip at its extremity. The objections to this bottle are numerous. It is impossible to keep the glass as well as the rubber tube clean, the spiral turn around the neck of the bottle to which the cap is screwed is a resting place for dirt,

the bottle has too many angles and corners, which are difficult to keep clean. This bottle should never be used under any circumstances.

The second bottle shown was the ordinary eight ounce nursing-bottle without the rubber tubing, and simply supplied with a soft rubber tip. This bottle also has its objections, the sides and bottom meeting at an angle in which milk is apt to accumulate.



The third bottle shown (see cut) was made according to the suggestions of Prof. Starr. It is called the *Graduated Nursing Bottle*, and is made of transparent flint glass, thus showing plainly the slightest foulness at a glance. The interior surface is made entirely free from angles, and an accurately graduated scale of fluid ounces and half-ounces or tablespoonfuls is blown in the glass. This bottle will be found very convenient, accurate in measurement and easily cleaned, thus combining the conditions so essential to the successful hand-feeding of infants.

2205 Pine St., Phila., Nov. 18th, 1887.

—Scarlet fever has been remarkably prevalent in Boston during the last few weeks. There are probably about sixty cases at present in the city. Dr. Durgin, of the Board of Health, is reported as saying that he has no doubt but that the digging up of the streets had considerable to do with the increase in sickness.

CHLOROFORM IN SPASMODIC CROUP.

BY H. V. SWERINGEN, A.M., M.D.,

FORT WAYNE, IND.

On the night of Oct. 10, 1887, I was called in great haste to see a four year old boy, Klepper by name, whom I had upon several occasions treated successfully with emetics for spasmodic croup. The present attack, however, was more severe than any of his previous ones; and the usual dose of the solution of sulphate of copper, which had been already administered and followed by copious vomiting, proved of no benefit. Upon my arrival I found him apparently in a dying condition, completely cyanosed and almost comatose. The parents, although accustomed to seeing him and others of their children in similar attacks, were unusually alarmed at his frantic efforts to breathe, which were horrible to witness, and had called in the neighbors for what assistance they might render. A cloth wrung out of cold water had been wrapped around the child's neck, after vomiting, but without any benefit. I expressed the opinion that he would get better in a little while from the vomiting, which, in all prior attacks, had sufficed to relieve him, and generated fumes of tar and turpentine by placing some of these drugs upon the surface of water kept constantly boiling on a small coal-oil stove. But no relief came; on the contrary, he seemed to be growing worse, if that were possible.

I had a bottle of chloroform in my pocket, and, although it hardly seemed appropriate for a cyanosed condition, I concluded to see what it would accomplish. I always use chloroform for the relief of asthma, and why not use it for the relief of croup, which is similar in my opinion in its effects and calls for the same treatment? In the present instance the result was most gratifying, for the boy was speedily relieved, and has since made a good recovery.

SMALL DOSES.

BY JOHN AULDE, M.D.,

PHILADELPHIA.

That there is a tendency on the part of physicians to discontinue polypharmacy, and depend more and more on single remedies (specific medication), and prescribe smaller doses, no one will contradict. The innovation is commendable, and is one of the most promising features of the times. As a com-

plement, then, to the paper on "Large Doses," which appeared in the REPORTER, Nov. 5, 1887, I beg leave to submit the following remarks:

In certain heart affections, such as cardiac dilatation, one or two drops of the tincture of digitalis may be given three times daily with great benefit. Cardiac hypertrophy, on the other hand, may be materially overcome by the exhibition of one drop doses of aconite tincture three times daily. Acute inflammatory conditions, like tonsillitis, bronchial catarrh, and threatened pulmonary congestion, as well as headache due to arterial tension, are immediately and favorably affected by drop, or half-drop, doses of tincture of aconite every hour, or half-hour, for a few hours. Frequently, headache of the congestive variety, with a band-like feeling around the forehead, may be quickly relieved by drop doses of nitroglycerine, at intervals of five or ten minutes, until five or six drops are taken. The form known as "sick headache," dependent on a bad condition of the stomach, will often disappear in half an hour under the influence of two grains of potassium iodide dissolved in water, and taken in divided doses at intervals of from three to five minutes. Like aconite and nitroglycerine, gelsemium occupies an important position in cases of this class; but its uses are not so well recognized as that of the other drugs named.

Belladonna, or its active principle, atropine, in doses of one two-hundredth of a grain, is a valuable remedy in the incontinence of urine of children, a single tablet of that amount dissolved in water and taken at bedtime being often all that is required. Quinine, in doses of one-tenth of a grain, may be given to those who are unable, on account of idiosyncrasy, to take larger doses, and it will often be found that these small doses are sufficient. The tincture of hyoscyamus, in doses of from three to five drops, or one drop of the fluid extract, in combination with triticum repens, made up in the form of a hot tea, is an admirable remedy in cases of irritability of the bladder, with fugitive neuralgic pains about the abdomen and in the lumbar region.

In the treatment of certain classes of dysentery, a modification of Hope's camphor mixture will be found of signal service. The dose may be limited to two or three drops of the deodorized tincture of opium, with an equal amount of dilute nitric acid, or aromatic sulphuric acid, with sufficient camphor water to make a teaspoonful, and taken hourly or half-hourly, as the circumstances seem to

demand. In similar cases, where it is desired to produce an effect on the alimentary canal with a view to getting rid of objectionable matter, a single grain each of opium and ipecac may be combined with four grains of blue mass, and divided into eight parts, one part to be taken every hour, or half hour, with the happiest effect.

The malate of iron in minute doses is an excellent remedy as a tonic, and Blaud's pill, one three times daily, is often sufficient in cases of anemia, although it is usually stated that the dose should be from four to six pills. Small doses of nux vomica, one drop of the tincture, or one-twentieth grain of the extract, are frequently as serviceable as a tonic as the larger doses; while strychnine in doses of one-sixtieth to one one-hundredth of a grain, will accomplish all that is desired, when the stomach is in a suitable condition, and is much better, as it is much safer, than larger doses. In some cases of diarrhoea, five grains of bismuth, with an equal quantity of saccharated pepsin every two hours, acts like magic.

Dysmenorrhoea, the congestive kind, with belly-ache and excruciating headache and pain in the back, which is often seen in young girls, and women with displacements, can often be relieved by a single dose of ten drops of chloroform on a lump of sugar. Certain cases of this nature seem to do better with cannabis indica, and I have seen cases, which had resisted ordinary treatment for days, wholly relieved in an hour by the use of half-drop doses, at intervals of five minutes. Cannabis indica is a favorite remedy in trifacial neuralgia, and given in the manner indicated above, the pain will shortly disappear. Profuse diaphoresis may be produced by the frequent administration of half minim doses of extract of pilocarpus. Phosphorus, in doses of one one-hundred-and-fiftieth of a grain, given three times daily, will produce such an effect that it may be tasted by a susceptible patient for several days afterwards. Morphine in tablets containing one-fiftieth of a grain can be given in many instances with marked benefit. One drop of a one per cent. solution of the fluid extract of rhus toxicodendron is often an efficient remedy in stubborn attacks of sciatica and other affections of a like character. One-tenth of a grain of calomel, given every hour, it is well known, will produce an effect on the bowels equal to ten grains given at one time. Corrosive sublimate, one-fiftieth of a grain three times daily, is an excellent remedy in disease of the stomach with fermentation and eructations of gas. It is doubtful if we

have any better remedy for the treatment of boils and carbuncles than small doses of calcium sulphide, one-tenth of a grain every two hours. Last, but not least, is strophanthus, the heart tonic *par excellence*; two to five drops of the tincture should be given three times daily, in all cardiac affections where there is aortic or mitral insufficiency.

4719 Frankford Ave.

SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE.

SECTION IN OPHTHALMOLOGY AND OTOTOLOGY.

Meeting of November 21, 1887.

Sarcoma of the Iris.

DR. HERMAN KNAPP presented the specimen and said: "Sarcoma of the iris is so rare a disease that the publication of even a single case need not be introduced with apology. The case was a well-marked, I may say a typical, example of this disease. It occurred in the left eye of a lady 53 years of age. Three and a half years ago she had a fibrous tumor removed from the lobule of the left ear. This tumor recurred, and was removed one year since. There has been no relapse noticeable so far. Four months ago she was first aware that the sight of her left eye began to be impaired; that a small colored tumor developed in the iris and encroached on the pupil. The growth had increased rather rapidly, and the eye was at times painful and congested. When she presented herself, September 8, 1887, the eye was free from irritation, of normal size and tension; but its vision was reduced to perception of light with perfect localization of the candle. At the outer, upper part, the iris was replaced by a reddish tumor, the size of a cherry-stone, extending over the adjacent third of the pupil. The iris was otherwise normal. There was adhesion of the pupil all around. The lens was cataractous. There was no increase of tension. There was at that time no other inflammatory disease perceptible. The eye moved freely, and was not painful. The other eye was healthy. The patient appeared to be free from any other complaint.

The diagnosis, sarcoma of the iris, being evident, the question arose, Can and shall we remove the growth and spare the eyeball, or shall we remove the whole eye? Having operated successfully in three cases and assisted Dr. Kipp in another, I thought of

saving the globe; but, on further reflection, I determined to remove the eyeball, chiefly for the reason that the pseudoplasm had damaged the adjacent structure so much as to make preservation of useful vision almost impossible.

The patient consented to enucleation, which was done without accident, and was recovered from in a few days. She has not had any discomfort since. The tumor proved somewhat larger than the displaced crystalline lens. It was elliptical: eight millimeters long, five millimeters broad. The tumor was completely circumscribed, and occupied the iris or the ciliary pupillary margin. Its front surface was covered by a thin layer of iris. Its starting point seemed to have been situated in the root of the iris, quite near the ciliary process. Its surface was smooth. It could be separated from its surroundings everywhere except at the attachment of the ciliary margin to the inner wall of Schlemm's canal. Its cut surface was white; it was coherent and moderately hard. Besides displacement of the lens obliquely into the vitreous, nothing remarkable was observed in the other part of the eye.

On microscopical examination, the growth proved to be a typical specimen of vascular round-celled sarcoma. A rich network of blood vessels with delicate walls pervaded the whole tumor. The diagnosis was primary, tubular, round-celled sarcoma of the iris.

Remarking further upon the case, Dr. Knapp said that these tumors are malignant. He had in three cases removed a sarcoma of the eye, only one of which had remained under observation. The tumor was removed in 1876. It had grown slowly, caused iritis several times before the operation; twice since; but since then the eye had remained free from irritation. Since an operation on the eye for cataract, the sight had remained good. The growth was a melanotic spindle-celled sarcoma; less suspicious than the round-celled, vascular growth in the case just related.

Dr. Knapp had been able to find but twenty one cases of sarcoma of the iris reported in medical literature, excluding the one just related. The diagnosis was principally based upon melanotic nævi. These latter might pass over into sarcoma. Speaking of the operation for removal of the growth, sparing the eyeball, Dr. Knapp said he would not hesitate, after its removal, to go in and cauterize the ciliary body; the action of the galvano-cautery would be entirely local.

DR. WEBSTER and DR. ANDREWS recalled a case of sarcoma of the iris operated upon by Dr. Agnew about six years ago. The pain following removal of the growth necessitated enucleation a few days later.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, November 9, 1887.

The President, J. SOLIS COHEN, M.D., in the chair.

DR. DEFOREST WILLARD read a paper on
**Foreign Bodies in the Urethra and Bladder.
 Removal by Litholapaxy Evacuator
 with Large, Straight, Open-
 ended Canula.**

My object in bringing before you the subject of urethral and vesical foreign bodies is simply to emphasize the value of the evacuator (ordinarily used in rapid lithotripsy to extract the calculous fragments) for removing other more or less solid substances that have found their way into the urinary tract, either by accident or design.

Foreign bodies enter by various routes. Projectiles may reach the viscus and remain in its cavity; bones may be driven in by crushing forces; foetal remains may ulcerate through from extrauterine cavities; intestinal contents may occasionally make their way into the bladder, but all these are either rare, or are accompanied by such traumatism that death frequently ensues.

The bodies that we will especially consider are those introduced through the meatus urinarius, urinary calculi being only incidentally considered.

The strong tendency for manipulation of this part of the body that exists from early childhood to decrepit old age, leads to many instances of misadventure. Think of a lad actually sliding a watch-chain down his urethra. Examples of inserted beads, pebbles, sticks, etc., are numerous in childhood. After puberty the tendency becomes more marked as the sexual desire increases. A few years later we find the morbid recluse, especially among the shepherds and monks of former centuries, resorting to intra-urethral stimulation with sticks or other hard substances to arouse the over-exhausted functions, waning from excessive masturbation or venery. Yielding himself to his vile erotic feelings, the instrument often slipped from his fingers and was lost in the canal. Sexually insane must have been the shepherd who

had used for this purpose his pocket knife, after manual friction and urethral stimulation had proved unsatisfactory, until little by little, through hundreds of these indecent acts he had laid open the entire penis along its dorsal aspect until the pubes were reached, and the penis hung in two halves, united only by the lower wall of the urethra. Then with a short stick he was able to tickle the very orifices of the ejaculatory ducts. This stick, slipping into his bladder, became encrusted, and it was not until the pain became torturing, that he confessed the cause. Pipe-stems, pencils, thermometer tubes, glass rods, straws, needles, wires, twigs, hairpins, fruit stones, and even forks and lockets, have all been found in the urethra, after introduction for stimulative purposes, or to relieve dysuria from stricture or other causes. In one instance¹ a man introduced a sewing needle of the girl whom "he desired to fall in love with him."

At the present time we have fewer of these lecherous accidents, save from drunken debauchees, but the majority of instances occur from the use of old or improper catheters or bougies. Of course, these accidents are more frequently found in men than women, as the former are more subject to urethral disease, and are also more erotic, but there are instances in both sexes.

In children, small round bodies, as beads, etc., are found in the anterior part of the canal, while the longer instruments at all ages slip back to the membranous portion of the tube, or into the bladder.

Usually a long foreign body will find its way into the bladder in a few hours; rarely, two or more days may be required. In exceptionally rare cases, rounded bodies remain a long time in the urethra, the urine following a tortuous course around them, and, becoming encrusted, a pocket ultimately forms, or suppuration ensues.

It is not strange that catheters and similar instruments are broken off in the canal when we learn of the recklessness of a man who used one gum catheter for twenty years, or of another who attached two portions of a silver tube simply with sealing wax.

A too short instrument has often eluded the grasp of the surgeon and slipped bladderward.

As to this recedence of instruments, which is strong and actual, there have been many theories. It does not seem strange to me that the compressor muscular fibres of the urethra, when stimulated to action by a

body applied in front, should reverse their usual action as easily as do the muscles of the pharynx, cesophagus, intestines, etc. This act of swallowing a hard substance is aided by the erection of the penis, which in its subsidence (should the anterior end of the object become engaged), drives it further and further back with each successive engorgement. Tending to the same unfortunate end are all the manipulations of the part, in the patient's endeavor to extract the offending body.

Unfortunately for the safe extraction of these bodies, the surgeon has to meet with a large amount of deception upon the part of the patient, when the object has been self-introduced, and it is often impossible to obtain any reliable information either as to the presence of the foreign mass or as to its conformation. In broken bougies the surgeon should, if possible, have the other remaining fragment in his hand for measurement, or else secure one of similar size. Any object of peculiar shape should be accurately described, or duplicated. It must be remembered, that while a patient may confess to the introduction of but one body, there may be several. The position in the canal must be thoroughly fixed. In the ante-scrotal region this is easily accomplished, and with the aid of a sound and a finger introduced into the rectum even the posterior urethra can be well examined, provided inflammation be not too severe. When possible, no manipulations should be attempted for extraction without the body being firmly secured from further recedence.

Ether is of the greatest value, but cocaine injections may answer for urethral work.

Treatment.—About one-tenth of inserted foreign bodies will be spontaneously expelled, but when the *vis à tergo* of the urine fails to wash out either a calculus or an object inserted through the meatus, the safest and surest plan is to attach to an ordinary litholapaxy evacuator (Bigelow's or other improved pattern) a large, straight tube, which is open at both ends. It contains a movable stylet for ease of introduction. The size should be the largest that the urethra will possibly admit (after nicking the meatus, if necessary), say French No. 29 or 30; American, No. 19; English, No. 16, for adults; children in proportion. The possibility of the passage of the body through the tube should be determined, if possible, by actual trial, provided a similar piece can be obtained. Rarely will any bougie larger than the above-named sizes be found in the bladder or urethra.

¹ Poulet: Foreign Bodies in Surgery.

The method has been so satisfactory in my hands, as is proven by the collection of objects before you, that I always resort to it with confidence, to the exclusion of all other primary devices.

If the lodgement has occurred in the urethra, the canal must be firmly closed by finger pressure behind the object, while the metallic tube is slid down and carefully caused to engage the catheter or other mass within its calibre, when the bulb of the instrument is slowly compressed until the water has distended the urethra to its fullest limit, thus liberating the body, when suction is suddenly applied while the penis is stretched forward. Unless the mass be firmly caught and embedded in a pocket, this manœuvre rarely fails after a few trials. The quantity of water that can be contained in the urethra is so small that the body may require two or three efforts to withdraw it the whole length of the instrument. The water should be ejected very slowly, but the suction current must be made forcibly. Inspection of the rubber tube can be made through the upper opening without detachment of the catheter.

Avoid employing forceps until unsuccessful with the above method, but when necessary to be used, the superiority of the canula again asserts itself. The forceps can be manipulated through its calibre, and if the object be compressible enough to pass the bore, withdrawal can be accomplished without the slightest injury to the mucous membrane. Objects of larger size than this tube can seldom be withdrawn with safety by any method save cutting. Hairpins can be compressed through the walls of the urethra, and their points passed into the calibre, when they can be completely pushed within the bore and easily withdrawn.

Beads, peas, pebbles, etc., will easily enter the canula by suction. Catheters, wires, etc., will usually require the assistance of forceps. Barbed heads of grain can also be sheathed and withdrawn by this device.

If the object has passed into the bladder, the evacuator becomes an even more essential aid. A straight instrument is not always easy of introduction, but the security gained against subsequent urethral injury abundantly repays for the trouble. If a flexible or spirally cut obturator is used, the introduction is rendered much easier. The tube is used first as a sound to discover the offending body, when the bulb of the evacuator is first slowly compressed, so as not to disturb the fragment. Suction should always be made quickly, so as to draw the body with force. Failing, the water is next ejected with more energy, so

as to move the fragment into better line with the calibre, suction being again rapidly applied. The hard substances will not be driven against the sides of the bladder with any more power than are calculus fragments, and unless consisting of broken glass will not be as angular. If the body is rounded, and of a size that can pass the bore, it will in a few moments be found in the bulb. If very long, like a catheter, or pencil, or wire, the chances are not so good that it can be brought into line with the calibre of the tube. As a bougie ordinarily breaks at or near the eye, however, its passage is more than probable. Failing, after ten minutes of gentle trial, a lithotrite should be introduced if the body is a bougie or pencil, and is capable of being cut or pinched in two, and the division made. A cutting lithotrite, like Caudemont's, is manufactured, but I presume is seldom found among the paraphernalia of surgeons, and the fenestrated instrument of Thompson is far safer. If the bougie is old and brittle, as is presumptively the case, such division with a lithotrite is easily accomplished. The segments can then be sucked out, and their total length carefully compared with the remaining portion or lost body. Every particle must be secured, lest it form the nucleus of a future calculus. Even the broken jaw of a lithotrite might be drawn into the bore.

If the surgeon has not the straight tube with open end, which I advise, he may use the ordinary straight evacuating tube. Rounded bodies, and pieces of bougie small enough and flexible enough to enter the side opening can often be secured with ease, but long or rigid pieces can only be drawn through the open-ended tube. This tube has the disadvantage that the point must be kept just inside the neck of the bladder. If pushed too far, the posterior bladder wall flaps against it; if withdrawn too much, it is concealed in the prostatic portion, and makes no suction upon the vesical contents. Its safety from impaction of fragments in the eye, however, more than counterbalances this slight trouble; since, in the ordinary evacuating tube, a large fragment often cannot be dislodged from the eye, and lacerates the urethra during withdrawal.

Should these manipulations fail (and, if they have been carefully conducted, no injury need have been done to the bladder), I show you how two forms of forceps which I have had made of just sufficient length to be slightly protruded from the end of the tube. In the one the jaws open by a spring, as in the old Halles forceps; and in the

other the jaws are worked by handles, as in the Mathieu and Gross and "alligator" patterns.

Careful attempts can now be made to seize the body and extract it through the catheter. If small enough to be brought through, it is a great satisfaction to know that no possible injury can be done to either the neck of the bladder or the urethra, as is so likely to occur when a body is extracted in the jaws of a lithotrite. Necessarily, only a small proportion of introduced objects can be removed per urethram; and I should lay it down as a rule that any foreign body too large to pass the calibre of this No. 29 tube, unless it be very soft and pliable, should be removed by lithotomy, either perineal or suprapubic. Lithotomy has its dangers, but laceration is worse.

The suprapubic is at present the fashionable operation, and it certainly presents many inducements in its favor. The median perineal operation, however, is a safe one, and gives excellent results. No important structures are severed, and there is seldom troublesome hemorrhage if the raphe is closely followed. By either of the routes, great care must be exercised in the search if the object be sharp-pointed, lest a perforation be made. The inflation of the rectum in order to lift the bladder must be dispensed with if the object is sharp-pointed. The upper route gives more room, and, while there is a slight risk of wounding the peritoneum, yet we must remember also, in the extraction of large objects as well as calculi by the perineal route, that the rectovesical fold of the peritoneum is in close proximity to the neck of the bladder, and may not escape involvement in the subsequent inflammatory action.

If the walls of the bladder were only of sufficient strength to warrant their immediate sewing with catgut or silk, and permit primary union under strictly antiseptic dressings while the urine were drained off below, the suprapubic route would certainly be decidedly the better one; but, as this is not the case, there is still room for honest differences of opinion in the selection of an operation. For the present, we must be content to drain the suprapubic wound.

In the absence of an evacuator, the expulsive force of the urine is often sufficient to dislodge a urethral impaction, especially if the meatus is closed for a moment so as to obtain the full dilating power of the water. Failing in this effort, if the foreign body can be located and the urethra closed, a argé injection of sweet oil may be thrown

in, after a hot bath, and the largest possible bougie carried down to the body to stretch the membrane, while pressure from behind is made, either by the surgeon's finger or by the expulsive efforts of the patient's bladder.

Should lodgement be made in the fossa navicularis, the spoon of the ordinary pocket-case can often be hooked behind the object and assist in coaxing it forward. A hairpin, or wire doubled upon itself and slightly bent, or a blunt curette, makes also a valuable extractor. An excellent instrument also is the articulated scoop of Leroy d'Etiolles, which, being introduced past the foreign body, has a mechanism by which its tip is then bent at right angles to the shaft, and is capable of making strong but dangerous traction. The abruptly short-beaked sound which I always use for sounding the bas fond of the bladder can sometimes also be "wormed" past the obstruction and effect its dislodgement. I show you here seven prostatic stones that I have thus extracted, aided by the force of the urine. Long urethral forceps are of great service, as they serve partially to protect the canal during extraction; but they do so far less effectually than does the straight tube before described, which should be placed in every evacuating set. Hunter's or Civiale's three-bladed forceps are occasionally used; but I always look with abhorrence upon dragging any object forcibly through the canal. A dangerous instrument is the urethral lithotrite of Reliquet, as *incision* is infinitely safer for all rough and large bodies.

When the substance lies posterior to the triangular ligament, gentle attempts should be made to push it into the bladder, only after the evacuator has failed to dislodge it. If necessary to operate, the raphe should be closely followed, while a large staff is held in position to indicate the location of the obstruction and of the tube.

An incision in front of the scrotum is easily made, and should be closed after the removal of the body by catgut or quilled sutures. Treated antiseptically, and with either a retained catheter, or with frequent catheterizations, immediate union may be confidently expected. The quilled suture gives more perfect rest by its splint action.

If a stricture exists, and the foreign body is lodged behind it, dilatation or free external incision of the stricture should be practiced.

In former days, the instruments for search and removal of these objects, greatly exceeded those of the present day, when operative procedures are more common. The

"duplicators" of Mercier, and of Charrière, were intended to fold up any soft substance, as a very flexible bougie. Long stiff bodies were seized by "redressors" or "basculeurs," forceps with bevelled blades, constructed so as to rotate the body so that its long axis would correspond with that of the instrument. Occasionally a small lithotrite will answer for either of these purposes, but the great danger of laceration, during withdrawal through an unprotected canal, must never be lost sight of.

The curved forceps of Cusco or Voillemier are, perhaps, as useful in the bladder as in the membranous urethra; but I am afraid to use them for the reasons already named, especially since I have found suction so much safer and also more effectual.

For the removal of pins, bonnet pins, or needles, from the urethra, the point can sometimes be imbedded in a wax or gum bougie, but it is easier washed out with the evacuator. If immovable, the point can be pushed through the walls of the urethra, and by sharply bending the penis, the head after reversal drawn through the tube by suction or by forceps. It is seldom necessary to cut the pin when this method is used.

If a piece of nitrate of silver is lost from a porte-caustique, the evacuator, charged with salt water, should be at once used if the force of urination does not expel the mass.

Many ingenious devices have been practiced in the absence of instruments, to rid the urethra of impacted bodies, but the knife is far safer than rough instrumentation. In the absence of the straight evacuating tube,

an extra sized catheter, with open end, and a large syringe, might prove useful.

Blood-clots in the bladder are practically foreign bodies, and are best removed by gentle suction through the curved evacuator, or through the blood catheter, which I here show, the large eye of which is closed down during introduction by a spirally cut obturator.

Catheter accidents are so frequent that instruments should be often examined. Only recently I found that the distal extremity of my much-used pocket case instrument could be slipped from its screw-thread by a very small amount of traction. Old gum bougies should be thrown away as soon as they begin to lose their elasticity.

To summarize:

1. The litholapaxy evacuating tube, large, straight, and with open end, is the surest and safest instrument for the removal of foreign bodies from either urethra or bladder.

2. The fenestrated lithotrite should be employed to break up all bodies capable of division.

3. Incision of urethra or bladder is safer than a tear of the neck of the viscus or of the canal.

4. The suprapubic and median perineal are the safest routes of entrance to the bladder when suction fails.

5. Forceps should be used with the greatest care, and always through a straight tube, which insures protection both to the urethra and neck of the bladder during both exploration and extraction.

EDITORIAL DEPARTMENT.

PERISCOPE.

Therapeutics of Chronic Articular Rheumatism.

At the Sixtieth Congress of German Naturalists and Physicians at Wiesbaden, in September, 1887, Ziemssen read a paper on this subject, in which he made the following points: 1. Chronic articular rheumatism is a general disease: though at times it may be quite localized, yet there exists no surety that the disease may not again become general. 2. Therefore treatment must at the outset be general. 3. The disease is often so inveterate at special points that a combined local and general treatment is necessary. 4. In the affected joints are almost always found

separate spots with a distinct border, which can be accurately marked out by touch and by the sensation of pain on the part of the patient. 5. The pain is often complicated in such a way that either the diagnosis is doubtful, as in arthritidis, syphilis, gonorrhœa and after injury; or that the pains belong to another kind of rheumatism, for example, muscular rheumatism, rheumatic neuralgia, sciatica and heart-disease. 6. Such complications are to be dealt with at the same time with the general disease. 7. Treatment is not to cease before complete cure is obtained, otherwise a relapse would not be surprising. The rheumatic diathesis itself is the uncured disease.

Treatment is general and local. General treatment consists in the regulation of nutri-

tion, in an out-door life, in promoting increased activity of the skin, in the use of warm and hot baths, in wearing woolen clothing, and a regulation of the whole style of living; and finally in large doses of salicylate of soda. This remedy is, when rightly used, very well borne, has no contra-indications, and acts so specifically that when failure results from its use an error in diagnosis is to be inferred. The local treatment, which is to be employed simultaneously with the general treatment, consists in the use of massage, combined with warm douches while the patient is in a warm bath. By means of tubing and a bellows, a stream of water, under a pressure of three to seven atmospheres, is projected against the affected part, which at the same time is manipulated by a skilled attendant. This treatment excels all other local measures. In other rheumatic affections, such as muscular rheumatism and sciatica, this method of treatment by douche is very efficient.—*Deutsche Medizinal-Zeitung*, November 3, 1887.

A Case of Suppurative Peritonitis.

George J. Robertson, surgeon to the Oldham Infirmary, reports a case of suppurative peritonitis to the *Medical Chronicle*, November, 1887, the history of which is briefly as follows: Fred. O., three years of age, on December 31, 1885, fell, striking his belly against a small boulder, which was fixed in the corner of a street. He returned home evidently in great pain. Following the injury he became dull and languid, gradually failed in health, and became fretful and disinclined to play. He complained of pain in the belly, the right side of which was tender on pressure. He also for some time walked as if slightly lame, and with the body inclined to the right. Nevertheless he was able to walk a mile to the doctor's house on April 29. An examination made at this visit developed pain in the cæcal region, with a feeling of ill defined resistance, but no dullness on percussion. Symptoms of suppurative peritonitis—abdominal pain and distension, nausea, fever and rapid wasting, semi-recumbent posture, with legs drawn up—became so pronounced that an abdominal section was deemed justifiable, and was performed on May 14. The abdominal cavity below the umbilicus was found to be converted into an abscess sac, the upper limit of which was formed by coils of intestine glued together by recently effused lymph. No perforation seems to have been discovered in the region of the cæcum.

The cavity of the abdomen was thoroughly washed out with several quarts of warm water, every care being taken not to disturb the cohesion between the coils of the bowel. Drainage was provided for by rubber tubes.

Within a few hours after the operation, the general condition of the patient had improved, and convalescence continued so satisfactorily that, by June 3, the last piece of drainage tube was removed, and, by July 17, the abdominal wound had entirely healed.

The Connection between Syphilis and Tabes Dorsalis.

H. Nägeli, in a dissertation published at Zürich, in 1887, discusses forty-six cases of tabes dorsalis lately observed in the polyclinic and in the private practice of Professor Bernhardt, at Berlin, and expresses the opinion that of the forty-six cases twenty-eight, that is to say sixty per cent., had syphilis. He then gives a summary of all the existing literature bearing upon the relation between tabes and syphilis. Of the 1403 cases collected, syphilis had certainly preceded in 46 per cent., while 14.5 per cent. were suspected of syphilis. On the whole, therefore, the number who certainly had syphilis, plus the number suspected, comprised 60 per cent. of all the cases. On the other hand, an examination of 1450 persons who were non-tabetic showed the presence of syphilis in only 22 per cent. of the patients.—*Centralblatt f. d. med. Wissensch.*, Sept. 10, 1887.

Cocaine in Diseases of the Stomach.

At the meeting of the French Society for the Advancement of Science, at Toulouse, in September, 1887, M. Salet stated that he had arrived at the following conclusions:

1. Cocainé acts upon the mucous membrane of the stomach and intestine just as strongly as it does upon external mucous membranes.

2. In order that the action may be complete, remove the gastric and intestinal secretions, and combine cocaine with alkalis.

3. To this mixture may be added some morphia, in order to make the duration of the action as long as possible.—*Deutsche Medizinal-Zeitung*.

—The news from Europe indicates that there can be no doubt that the Crown Prince of Germany has an epithelioma of the larynx, and that it is progressing rapidly.

A Case of Profuse Galactorrhœa.

Dr. S. Gottschalk, of Berlin, reports the following case in the *Deutsche Medizinische Zeitung*, October 10, 1887:

Marie Mitschriek, a girl twenty-two years old, who never had been seriously sick, began menstruating at the age of sixteen. Menstruation was regular, but scanty. On January 23, 1887, she was delivered of a child at seven months, which died eight days after birth. Following confinement, menstruation was not resumed; but a galactorrhœa set in, which was so profuse as to make it impossible for her to keep the neighborhood of the mammæ dry, although she changed the linen three or four times a day. If the breasts were not compressed by bandages, the milk escaped in jets. As a result of the constant wetting of the skin, a severe eczema developed over the whole anterior surface of the thorax. As the health of the patient steadily declined, while the eczema rapidly increased, treatment was sought for the skin affection; but the cause of the trouble being recognized, she was referred to Dr. Gottschalk. The latter found, on July 22, that the woman was very cachectic, and that both mammæ and the surrounding surfaces, as far down as the liver and stomach, were covered with a very pronounced eczema. The mammary glands themselves were flabby, and from the nipples there was constantly discharged a fluid resembling milk and water. On the whole, the patient presented a phthisical aspect (her father was phthisical), but no objective signs of lung disease were demonstrable.

An examination of the uterus disclosed atrophy of the organ with a mucous discharge from the external os. The vagina at its entrance was eroded, while both vagina and uterus were very flabby. Thinking that this condition of affairs explained both the amenorrhœa and galactorrhœa, the author simply anointed the breasts with vaseline, and applied cotton over it to keep the tissues dry; and then directed treatment to the uterus. The latter was repeatedly scarified, superficially, twice a week. For the erosion, the patient used at home vaginal irrigations of lukewarm water, with the addition of pyroligneous acid. Internally, the patient was given the solution of the albuminate of iron.

The secretion from the mammary gland steadily diminished from the beginning of the scarifications, and ceased after the treatment had been continued three and a half weeks. The eczema vanished with the galactorrhœa, simply under the use of vaseline;

the cavity of the uterus showed the normal dimensions on being tested with the sound; the tissues around the uterus have a much firmer consistency; and, though menstruation has not yet been freely established, the general condition of the patient is quite favorable, and her weight has increased.

Avulsion of Ingrowing Nail Under Hypnotism.

Dr. S. L. Trivus, of St. Petersburg, relates (*Vratch*, No. 31, 1887, p. 607) a case in which he removed an ingrowing nail from the great toe of a cook after a hypnotic state had been induced in the patient. The operation lasted about twenty minutes. At first the woman occasionally moved her foot about, but when the author had suggested to her that no more pain was to be inflicted, and that the foot must be kept at rest, she sat quiet till the matrix of the toe was incised. At that point of the operation she shrieked out, and, when questioned about the cause, stated that "a dog had just bitten her." After applying the dressing, Dr. Trivus woke her up, and asked whether she would consent to the operation. She hesitated a little, and then said, "Yes, go on." On his pointing to her bandaged foot, however, she at once guessed that all was over already, and burst into laughter followed by hysterical sobs. No pain was felt till the next day, when she became somewhat lame. Dr. Trivus also relates an instructive case in which a young man of 25, after having been hypnotized for the sake of experiment, and subsequently awakened, could not return to his normal state for several hours; when left alone, he was seized with a kind of hypnosis, and on his way home fell into a deep swoon in the street.—*Brit. Med. Journ.*, Oct. 15, 1887.

Treatment of Erysipelas.

In a recent work on the antiseptic treatment of wounds, von Nussbaum strongly recommends the treatment of erysipelas by smearing the inflamed area with the following ointment:

B. Ammonii sulphoichthiolici.....1 part.
Lanolin.....2 parts.
M.

—*Centralblatt für Chirurgie*, Oct. 22, 1887.

—There have been eight cases of yellow fever and four deaths in Tampa, Florida, for the week ending November 23; making altogether 380 cases and 71 deaths.

THE
Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER is published in each number. The edition for this week is 6500 copies.

THE PHYSICAL DEVELOPMENT OF AMERICANS.

For a long time it was generally believed that the physical development of Americans was inferior to that of Europeans, and certain prophets of evil maintained that the average standard was becoming lower. The first of these beliefs may have been correct some decades since; but we think it is not correct now. A comparison of people in similar circumstances of life shows, we think, that the inhabitants of the United States are physically the equals of those of any country in Europe. One who has studied crowds, or bodies of soldiers, on both sides of the Atlantic, must feel that America produces men and women who are in no sense inferior to men and women anywhere. As to the idea that the physical development of our countrymen is deteriorating, it is interesting to note the result of personal observation and systematic study of this matter. We think that any one, who has had the question of the physical development of Americans in mind

for some time, will testify that personal observation leads to the conviction that the average duration of life, degree of health, and size of the bodily frame is increasing in America. The children are better developed, healthier and handsomer than they were twenty or thirty years ago; men are young men in spirit and in capability at forty and even fifty years of age now-a-days; old men and women retain their faculties longer than they used to do. In Philadelphia, the statistics of the *Public Ledger* leave no room for doubt on this subject.

As to the matter of bodily size, an interesting article from *Science*, Nov. , 1887, which we publish elsewhere, indicates that Americans are advancing, not deteriorating, in physical development. The investigations referred to show that in height and in girth the inhabitants of the United States are outstripping their predecessors, while in both they reach a standard which is very reassuring to those who may have been alarmed by the laments and solicitude of the ill-informed or timorous.

THE TREATMENT OF TYPHOID FEVER.

One of our subscribers has written to ask for an editorial upon the treatment of typhoid fever. This is a subject which might occupy much more space than falls within the limits of our editorial columns; but it may be possible within this space to offer a few suggestions which may be useful.

In the first place, we feel that most cases of typhoid fever require at the outset free cleansing out of the bowels. For this purpose a full dose of calomel or of blue mass, followed by some simple saline aperient, may be used. Afterwards, rest to the intestines may be secured by the use of a diet of milk, or broths, or of cocoa prepared with milk, in moderate quantities. The kidneys and skin may be kept active by the frequent administration of small quantities of sweet spirits of nitre in water. High temperature may be reduced very satisfactorily by the application of cold to the abdomen. A good plan is to lay a folded towel, which has been wrung

out of cool water, upon the abdomen, and to "iron" it with a piece of ice, when it gets warm. This method is often not only very efficient in reducing hyperpyrexia, but very agreeable to the patient, and we have some reason to believe that it acts beneficially upon the local inflammation of the intestines. If any drug be chosen for reduction of temperature, we think it should be antifebrine, giving fifteen grains at the start, and five grains every hour afterwards, until thirty grains in all have been taken, or the temperature has fallen two or three degrees Fahrenheit.

The systematic medication of typhoid fever patients should be confined within the narrowest limits possible. Often a dilute acid, like hydrochloric acid, will be all that is called for, and may be given in five or ten minim doses every four hours, in a dessert-spoonful of elixir of calisaya, or a teaspoonful of tincture of lavender or cardamon.

For hemorrhage from the bowels, we know of no better remedy than gallic acid, in ten grain doses, given every hour until about a drachm has been taken. For syncope from hemorrhage, teaspoonful doses of whiskey in hot water are useful. For delirium, we know no good medicament, believing that it can only be benefitted by relieving the general condition which gives rise to it.

Our own experience has included a case in which there was hemorrhage from the bowels, from the kidneys, and from the lungs in the same patient. Although this patient, as might be supposed, came very near to death, and seemed for a few anxious hours to be beyond recovery, she ultimately got well. This case is mentioned to show that even a desperate case may recover with comparatively simple medication. It is true that cases treated simply may die; but experience and observation have led us to the conviction that in no disease is "incendiary medication" more dangerous than in typhoid fever; and, at the risk of unfavorable comment, we will add that we regard quinine, administered in large doses, as the most dangerous kind of medication in typhoid fever. Turpentine, which was so long considered almost specific

in typhoid fever, has lost its prestige; and cold baths we have never needed since adopting the plan of applying cold mentioned above.

In conclusion, we would commend to our readers the idea of simple medication, careful feeding, attention to the emunctories, and patience and courage. The latter qualities are often called for in the treatment of typhoid fever, and especially when grave conditions tempt one to institute methods of procedure or to administer drugs which, we fear, are sometimes the cause of the very issue they are intended to avert.

THE INFLUENCE OF TYPHOID FEVER UPON INSANITY.

"It is an ill wind that blows no one good." The appearance of typhoid fever among the patients at the State Hospital for the Insane, at Norristown, Pa., has given rise to a great deal of anxiety; but it has had a most fortunate and curious result in curing some of the patients, who contracted the fever, of their insanity. One woman, about fifty years old, who had suffered with chronic melancholia for several years, has been discharged perfectly well. Another patient, about twenty years of age, who had been in the hospital eight months with a second attack of acute mania, though subsiding somewhat at the time of the invasion, has gone home perfectly well. Another patient, a girl about eighteen years old, was beginning to recover from acute mania, when she sickened with typhoid fever. After the fever left her she seemed quite bright, although she is now inclined to be very dull and stupid. At any rate, a decided change has been produced in the mental condition of this patient.

It is well known that the bodily conditions are frequently altered after typhoid fever; the lean may grow corpulent, and those who were previously fat may grow lean. But it is not so generally known that disturbances of the cerebral functions are favorably affected, or that even the moral principles of an individual may undergo a

CORRESPONDENCE.

The Conjugal Question.

EDS. MED. AND SURG. REPORTER :

decided change. After this fever some persons have been known to develop a propensity for stealing. Dr. Crothers reports the case of a student of theology who, on recovering from typhoid, "betook himself to such a life as compelled him to pass most of his time in jail."

Dr. W. F. Waugh reported similar cases to the Pennsylvania State Medical Society in 1886. One young man, after being ill with typhoid fever for thirteen weeks, exhibited the delusion of grandeur and developed most unnatural tastes, acting consistently the part of the wealthy youth who is sowing his wild oats. A more gratifying phase of this mental revolution was the development of a talent for the work of a solicitor, which he never exhibited before his illness.

These curious results indicate the profound influence which such a disease as typhoid fever may exert upon the human economy, and discover it in an unexpected rôle of beneficence. In such cases as we have referred to it has proved a blessing, although a blessing very well disguised.

A HOSPITAL QUARREL.

Recent numbers of the *British Medical Journal* report a very unfortunate state of affairs in the Mercer's Hospital, Dublin. It appears that grave charges have been brought against Mr. O'Grady, senior surgeon to the hospital, by Dr. Knight, one of the physicians, including neglect of duty, abusive language to the governor, and uncivil treatment of the matron and of a fellow-surgeon. These charges were met by a general denial from Mr. O'Grady, and by counter-charges of animosity on the part of his accusers, and of offences which justified such proper reproofs as he had made in certain cases.

It is hard to judge of the merits of a controversy at a distance, and the evidence published in the *British Medical Journal* does not suffice to decide the merits of this one. But it clearly appears that the Mercer's Hospital is in a very unfortunate predicament, and that either the dissensions of its officers, or its bad management, or both, have dimin-

Sirs :—Having noticed some little discussion upon "The Conjugal Question" in the columns of the REPORTER of late, I venture to make a few comments upon the subject in its relation to health and disease. In several instances I have clearly traced the cause of a broken constitution and poor health to excessive sexual indulgence. Such a cause is generally denied by both parties when questioned directly upon the matter; and when cornered they will reply that they did not know that such indulgence was excessive. I have known of parties who indulged in the sexual act every night, excepting when menstruation was in progress, and to keep it up for long periods of time. The wife was not the only one to suffer, but in many instances the husband also, while in some cases the wife apparently was undisturbed, while the husband would be the one to complain. These are not fancies, but facts. Only a year or two ago, in a town not far distant from here, there were several reported cures among women who had been afflicted with poor health, the party treating them being a traveling quack, who in each instance said that the husband must sleep in a separate bed during treatment. I do not pretend to say that either party was brutal or more to blame than the other, but that such a state of affairs is more prevalent and responsible for more injury than the profession generally apprehends, calling for a consideration of it as a factor in the treatment of certain classes of disease. I have also seen weakly persons of both sexes benefitted by marriage, and it is only when certain physiological laws are perverted that it ceases to be a virtue.

M. F. STULTS, M.D.

Wiota, Iowa, Nov. 18, 1887.

Painful Tumor Near the Cæcum.

EDS. MED. AND SURG. REPORTER :

Sirs :—There is a disease near the cæcum which I have never seen mentioned in any of our books, and the only account of it, of which I have any knowledge, is by Dr. James Jackson, of Boston, some forty years ago. During the last thirty years, I have met with this condition thirteen times.

It may be known by a sense of uneasiness in the iliac region, which gradually increases to pain; and if neglected, it will resemble the symptoms of partial enteritis. The bowels

are always constipated. The part is tender and upon pressure, a tumor, somewhat larger but flatter, than an almond, may be detected and it is somewhat moveable. It can be found on a line drawn from the ant. sup spinous process of one ilium to that of the other, at the outer edge of the rectus muscle; and in order to find it the fingers must be pressed down to some little depth. The tumor never subsides suddenly to justify the suspicion of pus or fæces. The tumor feels something like an enlarged lymphatic gland. These cases are very liable to relapse unless the habits, food and drink are controlled with a good deal of strictness.

The treatment is pretty much the same as for enteritis, with some exceptions, however. In severe cases, leeches; in others, opiates with calomel. After the pain has considerably subsided, the use of purgatives seems to improve the disease greatly. In the course of a few days, a two-inch blister, which may be repeated. In old or severe cases, the tumor may remain for a time, with some tenderness, after recovery, in all other respects, has taken place; in this state the external use of iodine, kept up for a long time, may be useful.

BACKWOODS.

London, Ont., Nov. 15, 1887.

NOTES AND COMMENTS.

Herpes Zoster Ophthalmicus.

Dr. Kent K. Wheelock, Professor of Diseases of the Eye and Ear in the Fort Wayne College of Medicine, in a paper read before the Allen County Medical Society, reports the following interesting case:

A. F. K., a German, aged 55 years, and a farmer by occupation, applied for treatment on March 19 of the present year. He is a strongly built man, and seems possessed of great physical strength. When the patient was first seen, he gave evidence of great physical suffering; the cheek and nose on the right side were swollen and glazed; the right side of the nose very red and studded with an eruption, which was circular in shape and covered with crusts having the appearance of being composed of lymph, serum and red blood corpuscles. The supra-orbital region on the right side was red, swollen and glazed, and the region over the course of the supra-orbital nerve very tender to the touch; the region of the supra-trochlear nerve was tender upon pressure; the redness, swelling and pain were confined to the right side of the median line of the head

DIET, IN RELATION TO AGE AND ACTIVITY. By SIR HENRY THOMPSON, F.R.C.S., Surgeon Extraordinary to his Majesty, the King of the Belgians, etc. From the tenth English edition. Small 8vo, pp. vi, 94. Boston: Cupples & Hurd, 1888. Price, 50 cents.

On turning the title page of this interesting and valuable little book, we meet the gratifying statement that it is "published by arrangement with the author." This is the best thing which a high-minded publisher can do under the existing conditions of international law in regard to copyright, and we congratulate author and publishers upon it.

The contents of Sir Henry Thompson's book are such that it is no wonder it has already passed through ten editions in England. It is full of wise suggestions, couched in very pleasing style. Sir Henry is no vegetarian, and speaks with ill-concealed scorn of those who assume this title: principally because it is not an accurate one. He finds fault with so-called vegetarians for eating eggs and cheese, and drinking milk. In this, we think he is a little captious. As he admits, it is hard to find a name which conveniently and accurately describes those who are vegetarians only in the sense that they do not eat ~~meat~~ ^{meat}. The eye were further reduced by reason of the complication of plastic iritis. The patient had suffered excruciating pain, at first almost constantly, but latterly it was paroxysmal. The treatment was local and constitutional. To control the pain, hot applications were made and kept up uninterruptedly for some hours. A cantharides plaster about the size of a silver dollar was put over the distribution of the supra-orbital nerve. To cleanse the eye, a solution of bichloride of mercury warmed (1-4000) was employed every hour; quinine was pushed till its physiological effects were observed, and bromide of zinc and nux vomica were given for their sedative and stimulant action. No new eruption appeared afterwards, but at intervals paroxysms of pain, lasting several hours, came on. To control these, morphia was employed. In about one week the painful attacks became fewer and fewer, finally disappearing. The patient then complained that his eye-ball felt cold, like ice, and that he felt very much depressed and could not keep warm; that hot water did not restore warmth to the eye-ball. The Faradic current was then used to the extent of easy toleration. Immediately the cold sensation passed away, and returned again once or twice, and then only for a short time. After a few applications of electricity sensation returned to the eye-ball, being observed at that part corresponding to the area of pus in the anterior chamber. Returning sensation and thinning and narrowing of the ulcer were about simultaneous. One peculiar effect of the electricity was observed at a certain visit. A small ulcer, the size of two pin-heads, occupied the centre of the cornea, shading off into a general haziness.

After using the current about twenty minutes, one pole applied to the eye-ball through the upper lid, the other to the base of the skull, another examination showed complete absence of ulcerated area, the depression having become filled up, and the cornea appeared bright and clear. The area of sensation at this visit was small before applying the current, but after use of the electricity there were several sensitive points. At this time the author was using electricity twice weekly, keeping up the strychnia.

At his last visit there was still some circumcorneal redness and areas of corneal insensibility. The pupil was then almost entirely occluded with plastic lymph, notwithstanding the free use of atropia.—*Fort Wayne Journal of Med. Science.*

Supplementary Mammary Glands.

Dr. D. C. Holton, of Brooklyn, sends to the *N. Y. Med. Journal*, Nov. 12, 1887, a short account of a case in which, on the third day after parturition, the patient complained of her breasts, for which he gave certain directions as to treatment. At his next visit he was told that the breasts were better, but that "the lumps under the arms" were still hard and painful, and that the patient had to lie with her arms over her head to prevent pressure on them. On examination, he found what at first appeared to be axillary lymphatic glands very much enlarged, but proved, on closer examination, to be supplementary mammary glands. They were situated one at the anterior border of each axilla, each being about as large as a duck's egg and having a small but distinct nipple with a faint areola surrounding it, and milk could be pressed from the nipples. It was the patient's third confinement, and she stated that the "lumps" had appeared with every child.

In the *Edinburgh Med. Journal*, November, 1887, Dr. Hartley Dixon reports the case of a woman having four breasts. About the fourth day after the completion of labor he had occasion to examine the breasts, and noticed a slight swelling below the right breast which was very soft on pressure. A fuller examination revealed the fact that the right and left mammae were fully developed; the nipple of both was very prominent; the areola dark and wide. About two inches below the lower border of the base of the right mamma, commenced the base of another distinct mamma, measuring at its base $2\frac{3}{4}$ inches; the nipple of this one also was distinct, and the areola dark. This became

filled with milk at the same time as the right mamma, and on slight pressure gave the uneven surface which is caused by the lobes and lobules of the normal mammae. On the left side, about the lower border of the tenth rib, was a distinct prominence, with a decided areola, but no nipple. This did not seem to have any connection with the left mamma. The mother stated to Dr. Dixon that her other three daughters had no marks of any kind upon them.

The American Physique.

Mr. Edward Atkinson has a letter in *Science*, November 11, 1887, in which he says: Last spring I received a letter from an English gentleman who is interested in anthropology and biology, asking me if there were any facts to sustain the impression abroad that the white man is deteriorating in size, weight, and condition in the United States. I had no positive information of my own to give, and I could only refer my correspondent to the data of the measurement of soldiers, and to some other investigations of less importance.

It occurred to me, however, that, since by far the greater part of the men of this country are clad in ready-made clothing, the experience of the clothiers might be valuable, and that, from their figures of the average sizes of the garments prepared by them for men's use, very clear deductions could be made as to the average size of the American man.

I therefore sent a letter to two clothiers in Boston who have been long in the business, one in Chicago, one in New York, one in Baltimore, one in Detroit, one in Texas, and one in Montreal. The information received in return is to this effect:

In any given thousand of garments the average of all the returns is as follows: chest-measure, 38 inches; waist, $33\frac{1}{2}$ inches; length of leg inside, $32\frac{1}{2}$ inches; average height ranging from 5 feet $8\frac{1}{2}$ inches to 5 feet 9 in New England, up to 5 feet 10 for the average at the South and West. A few deductions of weight are given from which one can infer that the average man weighs between 155 and 160 pounds.

My correspondent in Chicago states "that, so far as relates to the assertion that the race in this country deteriorates, our experience teaches us the contrary is the case. We are now, and have for several years past, been obliged to adopt a larger scale of sizes, and many more extra sizes in width as well as in

length, than were required ten years ago. Different sections vary very much in those requirements. For instance, an experienced stock-clerk will pick out for South and South-western trade, coats and vests, breast-measure 35 to 40, pants always one or two sizes smaller around the belly than the length of leg inside; for Western and Northern trade, coats and vests, breast-measure, 37 to 42, pants 33 to 40 around the belly, 30 to 34 length of leg inside."

My correspondent in Texas gives the average 38 inches chest, 33 to 34 inches waist, $32\frac{1}{2}$ leg-measure, 5 feet 10 inches height, adding, "We find that the waist measure has increased from an average of 32 to 33 inches during the past five years, and we think our people are becoming stouter built."

My correspondent in Baltimore had previously made the same statement: to wit, "Since the late war we have noticed that the average-sized suits for our Southern trade has increased fully one inch around the chest and waist, while there has been no apparent change in the length of pants."

I asked this firm if the change could be due to the fact that the colored people had become buyers of ready-made clothing, but have for reply that the fact that the negroes are buying more ready-made clothing now than previous to the war, accounts in only a small degree for the increase of the size, but is due almost entirely to the increased physical activity on the part of the whites. The experience of this firm covers thirty-five years.

My correspondent in New York states that "for the last thirty years our clothing, numbering at least 750,000 garments yearly, has been exclusively sold in the Southern States. We find the average man to measure 37 inches around the chest, 32 to 33 around the waist, 33 to 34 inches length of leg inside, average height 5 feet 10 inches. The Southerner measures more in the leg than around the waist,—a peculiarity in direct contrast to the Western man, who measures more around the waist than in the leg."

Possibly the average size for a woman could be deduced from the data of manufacturers of knit goods. From what I know of the business of the clothiers to whom I made application, I should infer that the figures which I have submitted above would cover more than one hundred million garments; and I know of no better method of coming at a rough-and-ready conclusion regarding the size of men, than the one which I have adopted.

Contusion of the Abdomen, with Rupture of the Intestine.

In an experimental and clinical paper on this subject in the *American Journal of the Medical Sciences*, October, 1887, Dr. Curtis sums up the practical results of his inquiry in three propositions:

"1. The treatment of contusion of the abdomen should be purely expectant in the early stage, until symptoms of internal injury have appeared, or until the full extent of time in which they may be expected has passed. Explorative laparotomy at this time is inadmissible.

2. When symptoms of uncontrollable internal hemorrhage or serious visceral injury appear, laparotomy is indicated; but, when the diagnosis is uncertain, the operation should always be begun as an exploration.

3. Great collapse is an absolute contra-indication to all operative interference.

4. When rupture of the intestine is found, the best method of treatment is to secure the injured gut in the abdominal wound and form an artificial anus. This can be easily relieved by a later operation when the patient has recovered his strength."

Regurgitation of Milk Through the Ear.

Dr. H. F. Hendrix, of St. Louis, reports the following interesting case in the *St. Louis Medical and Surgical Journal*, November, 1887.

Eddie J., two weeks old, applied for treatment, because he could not nurse well. On inspecting the fauces, the soft palate was found to be absent, which accounted for the trouble in nursing. The child could not exhaust the air in the mouth sufficiently to cause the milk to flow readily; he therefore had to be fed by hand, and did not nourish well at any time. When he was three weeks old, his right ear began to discharge a thin, watery matter containing a slight amount of pus. This continued for a time, when it was noticed that in feeding, while lying on the right side, milk would flow from the corresponding ear, and some of it coagulated or curdled in the aural canal. Finally, at the age of eight months, he contracted whooping cough. The other ear now began to discharge as the right one had done, and soon the milk began to run from it when the child nursed while lying on the left side. At this time also measles supervened, and subsequently diarrhœa, which was too severe for his feeble constitution, and he died.

Measles followed by Gastric Ulcer and Fatal Hemorrhage.

In the *N. Y. Medical Journal*, October 29, 1887, Dr. Robert Abbe reports a case of measles occurring in a young woman twenty-two years of age, who had previously been in excellent health. At first the attack seemed to be of ordinary severity; but, at the end of a week, it was accompanied by much prostration, a disposition to syncope, rapid wasting, sallow skin, and a striking loss of tone in the skin, which, when pinched up, sluggishly returned to its place. Subsequently the eruption became hemorrhagic. Convalescence was slow, and a "purulent bronchitis" seemed for a time about to degenerate into phthisis. After an absence of two months in the South, she returned apparently in excellent health, but soon developed symptoms of gastric ulcer. One morning, after breakfast, she was seized with pain in the side and nausea, and rushed to the bath-room and vomited about three pints of blood, one pint of which was pure blood. Collapse followed the hemorrhage, from which she but slowly reacted. Twenty-four hours later, when about to receive a nutritive enema, she again vomited; this time altogether about a teacupful and a half. After this second hemorrhage she had three large, fluid, tarry stools. Six days afterwards she developed a parotid abscess, which was opened; the fever, nevertheless, kept up, and the patient died on the thirteenth day after the last hemorrhage.

The autopsy showed, in addition to marked anæmia of all the organs, a stomach which was normal in size and location: the cardiac and pyloric orifices were normal in size and perfectly free. The mucous membrane was smooth and very pale in color. In the posterior wall, six centimetres from the œsophageal orifice, and just to the right of a line drawn parallel to the œsophagus, was an apparent loss of the mucous surface, circular in shape and six millimetres in diameter. In its centre was a hard nipple-shaped elevation, and beside this elevation, extending transversely across the implicated area, was a vessel with thin walls partially filled with blood. There was no elevation of the edges of the area, and by the unaided eye it could not be identified as an ulcer. Microscopic examination of the area showed a total loss of the mucous membrane to the extent of the measurements given above. At the base of this ulcer were seen an artery and vein of considerable size. The walls of the vein were everywhere intact. The hard, nipple-like elevation already described was the rup-

tured wall of an artery. Sections carried along through the entire ulcer showed a rupture of the artery involving one-half of its wall. The other half showed no evidence of disease. A mass of fibrin and blood clung to the ruptured wall, and, for a short distance on either side of the rupture, the wall was split up and contained fibrin and blood. There was a zone of small round cells surrounding the ulcer, and at the bottom the capillaries were filled with blood, and the round cells of inflammation infiltrated the connective tissue. Sections made in other parts of the stomach revealed no lesions of its coats or vessels.

Most cases of "black measles," of which this was an example, are the result of a low grade of catarrhal pneumonia which occurs as a sequel to the attack of measles. It is possible that, in this case, what is described by the author as purulent bronchitis was, or was accompanied by, catarrhal pneumonia.

Champagne vs. Cholera.

In *Littell's Living Age*, Nov. 12, 1887, there is an interesting article, from the *Edinburgh Review*, on Dr. Guillemard's book, "The Cruise of the Marchesa," in which the statement is made that, at Macassar, champagne is supposed to be a good prophylactic against the cholera. At a ball, the foreign guest was urged by his Dutch hosts to drink freely in order to escape the dreadful scourge. "Float the liver, my dear sir; keep your liver floating constantly in champagne, and you will never catch the cholera," was the advice given.

Vicarious Menstruation.

A woman in the clinic of Dr. Buman, of Freiburg (Switzerland), was suffering from a carbuncle which had made its appearance in the lower abdomen. The necrosed tissue was removed about the time the patient should have menstruated. The menstruation did not appear in the usual manner, however, but in the shape of an abundant hemorrhage from the solution of continuity caused by the carbuncle. The hemorrhage lasted three days, and subsided without further phenomena.—*Med. Press* (N. Y.), Nov., 1887.

Lime-Juice Cordial.

The *Chemist and Druggist* gives the following formula for this cordial:

Glucose.....	f5ij
Syrup.....	f3j
Lime-juice.....	f3j
Water.....	f3xiv

Tincture of lemon peel, triple orange-flower water, of each enough to flavor.

NEWS ITEMS.

—Dr. Charles B. Nancrede has been elected Surgeon to the Jefferson Medical College Hospital, to succeed Dr. Richard J. Levis, who recently resigned.

—Dr. V. P. Gibney has been appointed surgeon in chief of the Hospital for the Ruptured and Crippled in New York, in place of the late Dr. Knight.

—The Boston Board of Health has voted to designate all houses in which there are cases of scarlet fever, by the display of a signal, after the manner already pursued in some country districts.

—The *Brit. Med. Journal* says that on November 9th there were 2692 patients in the London Hospitals, including 2539 with scarlet fever, 125 with typhoid fever, and 28 with other diseases.

—The typhoid fever, which caused forty deaths in Cincinnati recently, seems to be abating. The deaths last week numbered only twenty-six, and the number of new cases is diminishing.

—At Exeter, England, a clergyman, who was reading the burial service over the body of a young girl, was so affected by the circumstances surrounding her death as to lay himself open to a false charge of drunkenness.

—The *N. Y. World* says: Many of the leading figures in Continental politics are suffering physical ills. The Czar of Russia is slowly recovering from the measles, Prince Bismarck has the rheumatism, Emperor William, of Germany, has just had a severe attack of old age, the Crown Prince has had an alarming return of his throat trouble, the King of Holland and the King of Bavaria may die at any moment, and the Sultan of Turkey is said to be laboring under severe nervous depression. It is a busy time for Court physicians in Europe.

—The *Lancet* thinks that not the least important part of Sir James Paget's address at Manchester, England, was that in which he spoke of the value of private practice as a sphere for observation of facts, histories and cases extending over long periods of time, and in which successive members and generations of a family of practitioners may take part.

—Governor Hill, on November 19, appointed Mrs. Charlotte S. Williams, of Buffalo, and Mrs. Caroline B. Stoddard, of Rochester, as two of the managers of the State Insane Asylum, at Buffalo, to fill vacan-

cies. There are a large number of female inmates in the institution, and this fact induced the Governor to appoint a majority of woman as managers. The appointments were urged by numerous organizations of ladies.

—The business committee for the coming meeting of the Medical Society of the State of New York, consists of Dr. F. A. Castle, of New York (Chairman), Dr. A. Walter Suiter, of Herkimer County, and Dr. J. W. Whitbeck, of Monroe County. The members and delegates who intend to read papers at the meeting are asked to notify some member of the committee or the president, Dr. Alfred L. Loomis, of New York, before the 20th of December.

—The *Chicago Tribune* states that the farming community near Potomac, Ill., is alarmed over the prevalence of milk sickness, which has assumed an epidemic form. Three persons died last week from the disease, and others are not expected to live. The disease first made its appearance in the family of a man named Doane, the members of which contracted the disease from drinking the milk of a cow afflicted with it. The afflicted locality joins Salt Fork Creek, which has gone dry, and the malady is believed to have been caused by the drouth.

—In his annual report to the Secretary of the Navy, Surgeon-General F. M. Gunnell states that the condition of the medical corps of the navy urgently calls for legislative action. There are, he says, now twelve vacancies in the rank of Assistant-Surgeon. The loss of members in the active list of the corps during the year amounted to nine officers, while only six Assistant Surgeons were appointed. The report shows that the daily average number of sick in the navy was 204.69, the admissions per thousand of mean strength 901.59, and the deaths per thousand 54.4.

—The late Lady Brassey, who became generally known through her book, called "The Voyage of the Sunbeam," was long in such frail health, that most women in her condition would have given up to complete invalidism. She nevertheless took a most prominent part in all social, charitable and literary matters; and in her short life of about fifty years accomplished more real work than most people could do if they lived to be a hundred years old. This was the result of indomitable energy and perseverance, which, as in her case, are not infrequently associated with great brain power and weak lungs.

—A New York wine merchant is given credit to having said: "They make wine nowadays without a particle of grape juice in it. We have just received from Portugal a proposition to supply us with a secret coloring matter. The proposition has it all figured out for us to show that with any amount of their stuff, costing \$13 in our money, we can turn 1650 gallons of white wine into claret. They send a sample with the offer. Just so much of it as could be taken upon the point of a knife-blade turned a glass of water in an instant into the loveliest claret-colored liquid you ever saw."—*National Druggist.*

—The annual meeting of the American Academy of Dental Science was held in Boston recently. The annual address was delivered by T. C. Stellwagon, M.D., D.D.S., of Philadelphia, on "The Inheritance of Mental and Physical Characteristics." These officers were elected: President, Dr. Cecil Wilson; Vice-President, Dr. F. N. Seabury; Recording Secretary, Dr. V. C. Pond; Corresponding Secretary, Dr. E. B. Hitchcock; Treasurer, Dr. E. H. Smith. Executive Committee—Dr. F. O. Loveland, Dr. W. B. Parker and Dr. C. H. Taft.

—The Paris correspondent of the *Medical Press and Circular* reports to that journal the case of a respectable servant, who was ravished by two foot-pads after they had filled her mouth with sand, so that she could make no outcry. At the trial the lawyer selected to defend the villains did so by using his utmost endeavors to prove that the woman was a common prostitute, and hence a very willing victim. Her ravishers were convicted, but the poor woman was so profoundly shocked by the accusations made by the lawyer, that she had to be taken to a hospital delirious, and it is feared may permanently lose her reason.

—While Parisians were enjoying the prospect of a supply of pure water at an expense representing barely the cost of a railway several hundred miles long, Dr. Fontaine-Atgier, of Fontainebleau, now comes forward to remind us that the water of the Lake Lemane is so infested with eggs of the bothrycephalus that the natives get their water-supply at some expense from mountain springs, and carefully avoid drinking the lake water. The helminth, it seems, is harbored by a fish called "Ferra," and readily finds a home in human intestines. Good water, then, must be sought for elsewhere. Those medical men spoil everything!—*Chem. and Druggist*, Oct. 29.

HUMOR.

—A London druggist has hit the popular taste for good bargains. In his window he displays a card that reads: "Come in and get twelve emetics for one shilling.—*Texas Siftings.*"

—*Even Doctors do it Sometimes.*—A Maine physician says that one day he saw a big crane standing on a log that floated near the shore on the Kennebec river. The crane had captured a large bug, which he dropped into the stream, so that it floated down past him, and then grabbed it and again repeated the performance. He kept this up for nearly half an hour, and then a pickerel darted up from below after the bug. This was just what the bird had been waiting for, and the next moment the fish was down his throat, and he was winging his way slowly up stream.

—This conversation occurred at Nottingham:

Lady (with a slight lisp)—"If you please, I want a pennyworth of *doo*."

Chemist—"I beg pardon?"

Lady—"If you please, I want a pennyworth of *doo*."

Chemist (rather perplexed)—"May I ask for what purpose it is required?"

Lady—"I understand it is a good thing to give babies when constipated."

Chemist—"Perhaps you have mistaken the name, and require manna?"

Lady—"Oh, yes. I knew it was something that fell from heaven, and thought it must be *doo*."—*Chemist and Druggist.*

—The New York *Sun* tells a story of a woman who was carrying three leeches home in a street-car from an apothecary's for her sick husband, when one escaped from the box and fastened upon her wrist. Piercing shrieks from the lady called the attention of the passengers to the mishap. One man, unusually bold, went to the rescue and removed the creature, but on replacing it in the box it was found that the other two had also escaped. A general panic ensued, with screams and mounting of seats by the female passengers, each of whom imagined she was wearing one or both of the other two leeches. A semblance of peace was restored only when the missing creatures were found in the matting of the car. Their spirit was broken and their functional usefulness past restoration, but the sick man for whose swollen leg they were intended, on hearing the story, laughed till the swelling went down.—*Med. Herald.*

—*A Clergyman Foiled.*—A clerical-looking gentleman, in the hope of obtaining a contribution, entered the office of a Texas newspaper, and, finding the editor at his desk, said: "I am soliciting aid for a high-toned gentleman of refinement and intelligence who is in need of a little ready money, but is too proud to make known his sufferings." "Why!" exclaimed the editor, "I'm the only man in town that answers that description. What's the gentleman's name?" "I am not at liberty to disclose his name." "It must be me, parson. God bless you and prosper you in your good work," said the editor, wiping away a tear. The editor says that the look the parson gave him as he went out will haunt him to his grave.

—In the village of O—, in central New York, lives a sharp-tongued old bachelor whom I have known for twenty-five years as "Uncle John." Uncle John is something of a character about town, and not destitute of Yankee wit and shrewdness. He used to make and vend in an amateurish way a certain cough mixture, the merits of which he preached to his friends with great enthusiasm, warranting the remedy to cure any cold in twenty-four hours "or no pay." One of his old friends, whom we will call Ike, being afflicted with a severe coughing cold, Uncle John used his best efforts in argument, persuasion, and finally vehement and profane scolding, to get him to try the remedy. But Ike could not be induced to "chance it." Not long after this Uncle John caught a hard cold himself, which was accompanied by a most distressing cough that shook his poor old frame unmercifully. It did not, however, prevent his coming down-town and "settin'," as he called, in Ike's market. The cold hung on for a week or more, and the cough had grown no better. Finally, one day Ike resolved to brave Uncle John's sharp tongue, and tease him a little about his failure to rid himself of the cold, and the following dialogue ensued. You are to understand that Uncle John's replies were interrupted with violent coughing.

"John?"

"What yer want?"

"Got a bad cold, 'ain't ye?"

"Yes; got the wust ever had'n my life."

"Hangs on pretty bad, don't it?"

"Yes; beats all."

Hesitatingly, "Why don't you try some o' y'r cough med'cine you wanted to sell me?"

"I thought mebbe y' was fool 'nough ter ask that question: d'yer s'pose I want ter live forever?"—*Harper's Magazine.*

OBITUARY.

JAMES BENNETT, F.R.C.S.E.

James Bennett, tutor in clinical surgery to Edinburgh University, died on October 19, of consumption of the lungs, at the age of thirty-one years.

W. F. TEEVAN, F.R.C.S.

Mr. W. F. Teevan died on October 22, at Hawkhurst, England, of aortic insufficiency complicated with blindness and insanity. He was educated at University College, London, from which he was graduated in 1858. He subsequently devoted himself to surgery, and particularly to genito-urinary surgery.

DR. H. L. VOGELBACH.

Dr. H. L. Vogelbach, recently resident of Melrose, Florida, died at Green Cove Springs, November 17. He was a native of Philadelphia and a prominent physician. In 1861 he enlisted in the 27th Pennsylvania Volunteers, but, after being promoted to captain, resigned on account of ill-health. In 1878 he came to Florida and located at Melrose. He took an active interest in all public affairs, especially school matters.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Nov. 20, 1887, to Nov. 26, 1887:

Lieutenant-Colonel A. K. Smith, Surgeon, assigned to duty as Attending Surgeon in New York City.

Lieutenant-Colonel J. R. Smith, Surgeon, ordered for duty as Medical Director, Dep't of Dakota.

Major S. M. Horton, Surgeon, granted six months' leave of absence on surgeon's certificate of disability.

Capt. W. H. Arthur, Assistant Surgeon, granted two months' leave of absence, with permission to apply for two months' extension, to take effect on the arrival at Fort Niagara, N. Y., of Assistant Surgeon Paul R. Brown.

First Lieutenant J. R. Kean, Assistant Surgeon, granted two months' leave of absence, to take effect about Dec. 1. S. O. 269, A. G. O., Nov. 18, 1887.

Capt. Paul R. Brown, Assistant Surgeon, ordered to Fort Niagara, N. Y.

Capt. John O. Skinner, Assistant Surgeon, ordered to Fort Ontario, N. Y.

Capt. Charles Richard, Assistant Surgeon, ordered to post near Denver, Col.

Capt. E. C. Carter, Assistant Surgeon, ordered to Willet's Point, N. Y. S. O. 270, A. G. O., Nov. 19, 1887.

List of Changes in the Medical Corps of the U. S. Navy, during the week ending Nov. 26, 1887:

Passed Assistant Surgeon F. S. Nash, detached from duty at the Smithsonian Institute, and ordered to the Washington Navy Yard.

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ORIGINAL DEPARTMENT.

ORIGINAL COMMUNICATIONS.

BINIODIDE OF MERCURY AS AN ANTI-SEPTIC IN PUERPERAL SEPTICÆMIA.

BY JOHN J. THOMAS, M.D.,
YOUNGSTOWN, O.

In the month of June, 1885, Dr. Eugene P. Bernardy read before the Obstetrical Society of Philadelphia a paper on the "Value of Biniodide of Mercury as an Antiseptic in Obstetrics," detailing his, at that period, somewhat limited experience with this agent. The reading of the paper brought about an interesting discussion, and one which was participated in by a number of the leaders in obstetrics and gynecology. This was followed by a second paper by the same author upon the same subject, presented to the Society at a meeting held on April 1, 1886, and published in the REPORTER of May 1, 1886. Dr. Bernardy's communications included the report of a number of cases illustrative of the germicidal properties of the biniodide of mercury. The evidence adduced certainly appeared to substantiate every claim made in its favor. Dr. Bernardy regards the biniodide as a better and safer antiseptic than the bichloride, and since there have been reports of disastrous results occasionally following the intra-uterine, or even vaginal, injections of solutions of corrosive sublimate, a consideration of the claims of a rival agent, and one appearing to be free from objectionable features, is one that may well occupy our closest attention. This matter

has not received more than a very small fraction of the attention to which it is entitled. None can dispute the anæsthetic properties of sulphuric ether; and none will deny the germicidal potency of the bicloride of mercury. Yet we are in need of a more convenient anæsthetic than ether, and a safer and less irritating antiseptic than the corrosive chloride. The latter, I think, we have already found, but it is unaccountably slow in obtaining recognition.

Since reading Dr. Bernardy's papers, I have availed myself of a number of opportunities of testing the correctness of his views upon the subject, with the effect of leading to a hearty endorsement of the same. I shall point to but one case in detail, alluding in the briefest manner to the case of a multipara, who did well until the eighth day after delivery, when the lochia ceased and the temperature suddenly shot up to 105° , and whose condition in no wise improved after injections of a one in 2000 solution of corrosive sublimate, but who was speedily placed on the way to recovery after the biniodide was resorted to. I shall simply mention the case of a primipara of the age of thirty-nine years and six months, whom I delivered without forceps, and whose perineum, quite contrary to my expectations, suffered no laceration, but who, upon the fourth day, experienced a chill, with high temperature, cessation of lochia and abdominal pain and tenderness, and in whom injections of a solution of biniodide brought about—and that right quickly—an opposite state of affairs, which led to her ultimate recovery. Space will not permit of a full report of these and other cases, which illustrate the

point I desire to make, but I shall ask attention to the details of a peculiarly obstinate case of puerperal septicæmia, the subject of which is not yet out of the bed, but who, I believe, has every prospect of recovery at an early date, a consummation which I shall be disposed to place, when it comes about, to the credit of the biniodide of mercury.

On October 24th of the present year I attended Mrs. T., aged 24, in her third confinement, having attended her myself upon the two previous occasions. The placenta and membranes came away intact, and as the patient was a woman of good constitution, I looked for none other than a good recovery. The after-pains were severe, and for their partial relief moderate doses of opium were used. Upon the second day I noted a rather frequent and somewhat irritable pulse, and soon a rise in temperature was detected. The lochia ceased, and abdominal pain and distension was added to the symptoms. Poulitices and turpentine stupes were applied, quinine and morphia were freely administered, and the uterus washed out with biniodide solution. The temperature fell to nearly normal, and the other symptoms abated to such a degree that, as far as I can recollect, but one more injection was called for (and that to combat a sudden rise in temperature) until Sunday morning, October 30th, when I found a pulse of 140, and temperature of 105°, the patient complaining of having had a "weak spell." Immediately upon entering the room I was struck by the markedly icterode hue of the countenance. I feared embolism, and gave spirits of ammoniæ arom., with digitalis. Fearful of trusting to the biniodide, and knowing of the popularity of the bichloride, I washed out the uterus with a 1 to 2000 solution of the latter. This was at 11 o'clock A.M. On returning at 5.30 P.M., I found the pulse 120, the temperature still 105°. The uterus was then thoroughly irrigated with a solution of biniodide. Next morning (Oct. 31) pulse, 90; temperature, 109°. Evening, pulse, 110; temperature, 102°. Injection, biniodide.

Nov. 1. Morning, pulse, 92; temperature, 99°. Evening, pulse, 120; temperature, 103.5°. Injection, biniodide.

Nov. 2. Morning, pulse, 112; temperature, 103°. Used same injection. And upon returning in the evening found a pulse of 104; temperature, 101.5°.

Nov. 3. Morning, pulse, 76; temperature, 99°. Evening, pulse, 80; temperature, 99°.

Nov. 4. Morning, pulse, 84; temperature, 99°. Evening, pulse, 116; temperature, 104°. Another injection.

Nov. 5. Morning, pulse, 96; temperature, 100.2°. Evening, pulse, 84; temperature, 99°.

Nov. 6. Morning, pulse, 76; temperature, 99°. Made no evening visit.

Nov. 7. Morning, pulse, 88; temperature, 100°. Evening, pulse, 96; temperature, 101°.

Nov. 8. Morning, pulse, 108; temperature, 101.5°. Gave an injection. Evening, pulse, 104; temperature, 102.2°.

Nov. 9. Morning, pulse, 96; temp., 100.5°. 6 o'clock, P. M., pulse, 84; temp., 101.1°. Was recalled at 9.30, P. M., and found a pulse of 120; temp., 105.8°. Washed out the uterus thoroughly with solution of biniodide, using a quart and a half of the fluid.

Nov. 10. Morning, pulse, 100; temp., 102°. Gave another injection. Evening, pulse, 98; temp., 101°.

Nov. 11. Morning, pulse, 88; temp., 100.6°. At this point, my supply of tablets of biniodide having become exhausted, I washed out the uterus with a 1 in 3000 solution of bichloride, the operation causing pain and a feeling of faintness. Evening, pulse, 88; temp., 100.2°.

Nov. 12. Morning, pulse, 80; temp., 100.2°. Used another injection of bichloride. Made no evening visit.

Nov. 13. Morning, pulse, 90; temp., 99.8°.

Nov. 14. Morning, pulse, 90; temp., 100°.

Nov. 15. Morning, pulse, 80; temp., 99.2°.

This brings the case up to the date of writing, where I feel safe in dismissing all apprehensions with regard to the final issue.

It will be seen that the injections were, in nearly every instance, followed by a most decided lowering of the temperature, the most signal instance of failure being that ensuing upon the use of bichloride on Sunday, Oct. 30. Moreover, I found the latter to cause pain and faintness. The biniodide never gave rise to any such symptoms. The tablets used were those prepared by Parke Davis & Co. They contain one grain of mercuric iodide. For intra-uterine injections, the proper strength is one tablet to one and a half pints of water. A solution of this strength does not convey the metallic feeling and impression which is imparted to the hand when immersed in a 1-2000 solution of bichloride. The difference in the toxic effects of the bichloride and biniodide of mercury may be attributed to the probable greater affinity of the former for the living tissues, some of the chlorine compounds forming the natural constituents of the animal organism. The iodides, being foreign to the system, are not so readily absorbed, and their effects are more apt to be spent locally.

The case I report was unquestionably one of septicæmia. It began with a distinct chill. The lochia were very offensive in odor. The skin of the patient was jaundiced in hue. There was vomiting and a tympanitic condition of the bowels. The temperature record is wholly inconsistent with any other condition than one proceeding from successive absorptions of putrid matter. It is unique as regards its duration, and illustrates the safety of repeated washing out of the uterus with a proper mercurial solution. After the first week, this operation becomes increasingly difficult, and perhaps dangerous, of performance. The last injection was given on the nineteenth day after delivery. The manner of its employment was as follows: For the first seven or eight days, the os uteri being sufficiently patulous, I had no difficulty in inserting a plain piece of rubber tubing. Involution proceeding, the os became more firmly closed, necessitating the use of a more unyielding instrument. Over one of the smaller nozzles of an Alpha E continuous flow syringe I slipped a French soft rubber catheter. The latter I pierced with a piece of stiff wire, which was run past the eye-hole to the extremity. Some little resistance was encountered, more particularly at the os internum; but the tube was passed until felt free within the uterine cavity. The wire was then withdrawn and the injection administered by slow and steady pressure upon the bulb. The fluid was felt to return promptly, forcing its way between the tube and the margin of the os. This method I believe to be as convenient and effective as any that can be devised. Simple vaginal injections are at best but a partial attempt at carrying out the idea of striking at the root of the trouble. If it shall prove that the biniodide of mercury is so much safer than the bichloride, no one need fear to undertake thorough irrigation of the uterus in all cases which present symptoms of septic absorption.

There is at present no subject in midwifery which rivals in importance that of antiseptics. Nay, in all the domain of medicine and surgery, there is no theme which can so deservedly engross our attention as this one: shall we, or shall we not, treat the recently emptied womb and its approaches upon the general principles recognized in the modern treatment of traumatism in general? If so, we are in need of a reliable antiseptic and germicide, one that can be used in solution of such strength as shall be effective, and yet harmless to the patient. The bichloride of mercury is poisonous to micro-organisms, but

its use is not entirely free from danger. The biniodide appears to be a reliable germicide. It is claimed to be as effective as the other in solutions of less than one-third the strength. Accumulating experience is leading me to place much reliance upon it. As before stated, in addition to the case reported above, I have had, upon a number of occasions, experience similar to that narrated in Dr. Bernardy's second paper; but I regarded the evidence, while admittedly striking, as inconclusive. The experience of the past three weeks has greatly strengthened my confidence in the antiseptic under discussion; and I feel moved to urge upon my professional brethren a thorough trial of that which I fully believe to be one of the most reliable antiseptics yet discovered.

ELECTRICITY AS A MEANS OF INFLECTING THE DEATH PENALTY THROUGH PROCESS OF LAW.

BY WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

The Book of books tells us that "whoso sheddeth man's blood, by man shall his blood be shed." In pursuance of this edict murder has in all ages been punished by death in almost every portion of the habitable globe, and usually by means of unnecessarily painful and repulsive judicial procedure. Of the many methods employed, hanging by the neck, or strangulation, is at once the most brutal, the most cruel, and the most degrading in its influence upon the spectators of an execution, and there is no real proof that it is in any way a merciful means of destroying life so far as the unfortunate criminal is directly concerned. The object aimed at by most hangmen is to fracture or dislocate one of the vertebræ, at or near the axis or atlas—the highest point of the spinal column; and it is popularly believed that when this effect is attained by a suddenly arrested fall of the body—the arrest being made through the rapid take-up of the slack purposely left in the pendent rope, and ending in a sharp jar—then sensation is instantly destroyed, and death ensues either because of shock, or, as usually happens, from slow choking.

It was my painful duty, during our civil war, to act as medical inspector in fourteen executions by hanging, and at other times I have had more experience in the same capacity, these cases occurring under the ordinary judicial procedure of the courts. Every

care was taken in all instances thus coming under my notice to cause cervical displacement, and in the majority of them the desired effect was secured. I watched carefully in each the progress of life-extinction, and noted critically the pulse rate, the number and force of respirations, and the ordinary evidences of presumed suffering as indicated thus, and by struggling while life remained, and the injury sustained of non-fatal character, shown by post-mortem examination.

In not one of thirty cases was life instantly terminated, and in not one of them was I satisfied that death was painless or nearly so. Rather was it evident that suffering did exist, and in not a few the indications of such were patent to all onlookers, lay and professional alike. My opinion as to the existence or absence of agony is of course as above noted, a meagre quantity in the question; but that my observations are not imaginary is sustained by a number of reports and opinions given to me by high sheriffs, public executioners and physicians, who have had experience in such numbers as to render their testimony of considerable weight, popular belief to the contrary notwithstanding.

Moreover, I have interviewed, to the extent of half a dozen, persons who were accidentally or by attempted suicide nearly strangled, but who recovered, and all of such people testify that hanging is not an easy method of despatching one's self.

In my early professional days the unexpected assault from behind on myself of a maniac, who grasped me by the throat and nearly succeeded in strangling me before assistance arrived, gives me a vivid experience, and from it I would not choose "*sus. per coll.*," if I had to choose any method other than that which is the unknown medium of our transfer to the great hereafter.

I have thus far referred only to hanging as a cruel form of terminating human existence, and a very few words will cover the question as to whether or not a better method is now accessible, and one that is free from the horrible paraphernalia of the gibbet. In civilized lands two plans of hanging are employed—the one permitting the condemned to fall through a trap until the rope checks the descent, and the other jerks the culprit up by the neck from the ground consequent upon the fall of a heavy weight attached through pulleys to the further end of the cord forming the noose. The first method usually results in choking the person—the second in dislocating the neck, or, as occasionally has re-

sulted, in tearing the head from the body. Of course either termination is fatal—the end of justice is attained; but nevertheless the general consensus of opinion amongst Christian people is that in all its surroundings hanging by the neck is cruel, degrading, and barbarous.

The bowstring is merely a differently managed noose, only mentioned to be condemned. The guillotine, although rapid and merciful, would not now be accepted in America, at least, as a substitute for the present method, and none of the other plans advocated or practised by foreign powers would admit of discussion profitably.

If, then, a new means of complying with the law's penalty is desirable, and a decided belief obtains in the land that such is the case, what procedure will at once be available, sure, and humane in accomplishing the desired result? I claim that in electricity we have a solution of the problem. Nothing new about this, of course—the agent has been advocated before for the purpose; but the details of the employment have been cumbered with unnecessary machinery, sensational trappings, and the method of utilizing the current has not, so far as my observation extends, been as efficacious as it can be made.

Since electric lighting has come into common use numerous accidents have been reported in the daily papers, but very many more have occurred of which the public knows nothing. The fatal accidents are those which attract attention, and these are incurred principally by linemen who in altering or repairing circuits feeding arc-lamps receive a part or the whole of the current carried by the wire which they are manipulating. In these instances the charge is usually thrown across the chest and arms, and a part more or less forcible is transferred by the clothing, the quantity depending on the dampness of the attire, which ordinarily consists largely of heavy woollen underwear readily retaining perspiration or wetting from exposure. A number of instances are known to me in which a forty light current of sixteen hundred volts and eight amperes was apparently driven directly through the thorax, yet the man escaped with severe burns only, and in some cases the shock was not profound. Investigation proved the major part of the charge to have gone across by wet clothing, hence the escape from loss of life.

During the last twenty-five years I have been a close student of electricity in its application to therapeutics, and in its employment for the many purposes to which it is

now put in daily business. Many experiments have been made with varied ends in view, and amongst these I have tried to learn in what way electric force might best be utilized in terminating life, when such an end was desirable or justifiable. These experiments were made on living animals of many kinds, some of them smaller in size and weight than mankind, and others greatly larger and heavier than ourselves. The known varying tenacity of life, also, was noted as a factor in the series of investigations. Currents from galvanic, Faradic, and static electric apparatus were employed; and the Faradic mechanism comprised the ordinary coils actuated by galvanic cells, and those energized by permanent or electro-magnets. The arc-light dynamo was frequently used. In order to disarm any critics who may discover an inconsistency in my present position as an anti-vivisectionist, with the confession that I made these investigations, I state: first, In all instances the animal was killed instantly by the charge; second, In those cases where doubt existed as to whether or not the force would be powerful enough to destroy vitality, full anæsthesia was practised before electricity was used. No dissection, and no surgical procedure of any kind or degree was employed throughout the entire series; in short, no *vivisection* was perpetrated on a solitary animal. In nearly all instances autopsies were made; but all mutilation, surgically, was done post-mortem, not ante-mortem.

The results of this work, coupled with experience gained in medical practice, together with the lessons learned from accidental deaths by lightning-stroke and fatal contact with modern dynamo-electric currents, coming under my notice, has shown that to my mind the human body can receive with apparent impunity about three hundred volts, so far as possible escape from fatal results are concerned. Of course a current of this potential is dangerous to life, and undoubtedly severe injury will usually result from unguarded contact with it. Everything depends in case of accident upon what part of the body sustains the injury, and it is certain that a charge which, though fatal to life when sent through the cerebro-spinal axis, might be borne without death ensuing if confined to the inferior limbs; and possibly, also, in some persons, when sent across the spinal cord around the thorax and through the superior limbs. That this is so is proved by cases known to me of injury from arc-lighting machinery terminating in recovery in some, but with others in death, the charge

encountered being practically the same in the different individuals. My experiments proved to my satisfaction, also, that lower charges were needed to kill, provided they passed through the abdomen, than those affecting the thorax, owing to the destructive effect upon the sympathetic system of nerves. Upon this finding I base the method, which will later be proposed, of utilizing electricity as a means for destroying life.

Cadaveric section has shown, that in death from lightning, the blood is rendered unusually fluid; the muscles and nerves lying in the path of the current are more or less torn at points; important viscera are also generally ruptured.

When a current of high potential is diverted through the human body, the effect is that of breaking the circuit in the conductor for an instant of time. When breaking or reversal of an electric current occurs, the phenomena known as "the extra current" is developed at the switch, controlling the operation. A human body suddenly intervening itself, or participating itself largely in the continuity of a metallic electric conductor, even though it does not divert or convey the whole charge thereon carried, acts the part of a switch for the time being, and it is the extra current then developed at the contact point and received by the person that does the most harm, although the main current may of itself be sufficient to kill.

A current of six hundred volts or more, passed through the cerebro-spinal and sympathetic system in the manner now to be described, will, beyond doubt, destroy life instantly, and, so far as human knowledge goes, will do so without pain.

A collar, adjustable to the neck of the person, has upon its inner posterior aspect a metallic disk, which, when applied, presses upon the cervical spine. On each side laterally are similar disks, which, when in position, cover the pneumogastric and the descendens noni nerves, with the great blood-vessels of the neck close below the plexus gangliformis. A belt encircling the abdomen just below the sternum holds a disk similar to those of the collar, but of double their size. This plate is placed over the solar plexus (just below the lower end of the breast bone or upon the pit of the stomach), and now the spinal and sympathetic systems intervene between the poles, one of which (the positive) is attached to the collar, and the other (the negative) to the abdominal band.

A simple modification of the ordinary reversing switch common to electric mechanism, permits the current to be sent through

the circuit described, a continuation of the lateral movement of the device reverses the direction of the flow, the duration being governed by the time taken in moving the switch from point to point.¹ A current of the intensity named (six hundred volts or more) thus manipulated immediately tetanizes the entire muscular system to such a pitch that disintegration occurs, not alone in the direct path of the moving charge, but at far distant points, because of the diffusion of the current which always obtains under high power. The nerve trunks, also, to their minute ramifications, are disrupted; and the brain, though somewhat beyond the points of entrance and exit of the current, is broken up into a pulpy mass. The blood is rendered unduly fluid.

To place the matter beyond doubt in reference to the physical action upon the human body, I have submitted the dead subject to experimental trials with the results above noted. That which takes place in the recently dead human body is precisely similar to that obtained in the living subjects of the lower animals, hence we are justified in stating that like results must be had when man is substituted for the brute. Under electric death decomposition ensues rapidly.

The great progress made in electric lighting recently has made the arc-lamp a necessity in almost every town throughout the land. Sure it is, that the time is near at hand when this illuminant will be a part of the fittings of all public buildings, and the jails will be peculiarly appropriate places for its employment. Even were the light not used, a loop is readily run in from the street circuits to a chosen cell or location within the prison, and the simple apparatus would always be ready for use, even by unskilled hands.

Much mental suffering might be saved the condemned by administering in the evening meal, previous to the day of execution, a strong narcotic, and the little preparation needed of the person could be made whilst in a state of torpor or unconsciousness, more or less profound, as required or desired.

The method proposed would not preclude the attendance of a jury or in any way conflict with such necessary ceremonies as now prevail; it would fulfill the intent of the

law, and it would abrogate a present procedure at once horrible to contemplate, and often uncertain, because of bungling officials; substituting therefor in the future an action free from spectacular display, and humane, so far as may be in the light of the growing humanity of the nineteenth century.

ALCOHOL AND ITS USES.

BY H. A. HARE, M.D. (UNIV. OF PA.)

Demonstrator of Experimental Therapeutics, and
Instructor in Physical Diagnosis in the
University of Pennsylvania.

The writings *pro* and *con*, in regard to the use of this remedy and its real value, would, if brought together, produce such an encyclopædia of alcoholic literature, that even a prohibitionist might tremble before beginning its analysis.

In this paper no attempt will be made to sum up the conclusions drawn by either party of extremists, but an endeavor will be made to show that alcohol is to be employed in moderation in many diseased conditions in which no other drug is of any corresponding value. Those who are especially interested in this matter will find in the *Boston Medical and Surgical Journal*, July 10 and 17, 1887, a masterly consideration of the whole subject, which points out some of the fallacies found in many of the arguments of those who inveigh against the use of alcohol in medicine. A review of the latest literature concerning the matter, brings irresistably to the unbiased mind the conclusion that alcohol must be considered a useful and constant storehouse of energy when the vital powers flag. Experimental research has, as every one knows, proved that alcohol decreases bodily temperature, and that animals and persons exposed to intense cold, when alcohol is given, succumb much more rapidly than those who do not take the drug.

That a loss of bodily heat is not due to the failure of its production, as much as to the increase in its dissipation, has also been proven. Increased heat dissipation takes place from the fact that, normally, exposure to cold contracts the tissues on the periphery of the body, and drives the warm blood to those organs whose vitality depends on a certain temperature, and to the central core of the trunk where the skin, muscles and connective tissues act as non-conductors; whereas, under the influence of alcohol the blood is driven by the cardiac stimulation to the finger tips, and brings a glow to the surface with a corresponding loss of heat from the interior

¹ The action involved on moving the switch is first to close the circuit or turn on the current—break it—reverse its direction; and on again moving the switch back to its original position, the current is broken—reversed—broken, and turned off. Drawings of the apparatus have been prepared, but its simplicity obviates the necessity for introducing them.

parts. The man must manufacture, therefore, more heat, more oxidation of tissue must take place, and his vital force is consequently impaired. To say from this, that alcohol is a remedy of a dangerous character for all depressing diseases, is lacking in a true knowledge of its effects; for, unless the surrounding atmosphere is very cold, the slight increase in heat dissipation is more than counter-balanced by the force added to the system. Alcohol has been proved by many observers to support the system and to aid the patient over some ditch of death into which he might fall, save for the outstretched hand of the drug. No less a chemist than the famous Liebig classed it as one of the foods, not as one which added nutrition to the patient, but which added force.

A very large part of the profession believes that the mere presence of an abnormally high temperature counter-indicates the use of alcohol. Mere high temperature does not do so, however, and it seems probable that many deaths have resulted from putting into practice such belief.

High temperature of a sthenic type, with a full, tense, bounding pulse, and all the signs of a disease attacking one in the full vigor of life, of course precludes its use; but in the high temperature of advanced typhoid, with the marked asthenia often present in that stage, alcohol should be given constantly in large amount. Under these circumstances the tissues which the man can afford to lose are gone, and much of the vital portion of his system is greatly encroached upon; the alcohol yields force to the body, is then burnt up to a great degree, and keeps the flagging heart pumping the tides of blood through the lungs and systemic circulation, when otherwise the very cardiac depression would produce hypostatic congestions, if not more widespread consolidation.

A no less useful and valuable result obtained by the use of alcohol in the early stages of exhaustive fevers is the part that it plays in aiding digestion. I have already, in another paper, defined the difference between the influence of alcohol in the artificial digestion of the test-tube and that occurring in the stomach. No one doubts that alcohol, added to a small amount of gastric juice in the test-tube, retards or prevents its action; but evidence is abundant to prove that the ingestion of this drug into the stomach produces a very decided increase in the quantity of gastric juice excreted over and above that normally present, by its stimulating and irritant action. Aside from experimental evidence, everyday experience has taught the

gourmand that alcohol, in some form of a fairly concentrated degree, enables him to digest an amount of food which under ordinary circumstances would remain unchanged in his stomach.

Alcohol should, therefore, be used all through the ordinary exhausting fevers, for the purpose, in the first stage, of aiding digestion, and, in the later stages, of supporting the system.

The importance of aiding the flagging powers of the stomach is not generally recognized; but if one remembers the fact that, at one time during the course of a severe attack of typhoid, an occasion must come when a struggle between the few remaining grains of strength and the disease results on one hand in death, or in recovery, its importance becomes evident. By the ingestion and *digestion* of more food early in the attack, a larger amount of vital force remains for use at the crisis, and the chances of a recovery, to say the least, are increased.

In those cases with a temporary loss of heart power, due to hemorrhage or some sudden, severe depression, alcohol is, above all others, the remedy to be employed, hot and concentrated. The same conditions make it, with ammonia, a most useful remedy in snake-bite; where the fugacious action of the ammonia is followed by the more permanent stimulation of the alcohol.

That alcohol may be misused, and cause great harm, is of course known to every practitioner of medicine. So long as it reduces the temperature and lowers the rate of the pulse, causes a moistened skin and tongue, and quiets nervous twitchings, it does good; and only up to this point is it to be employed. If its administration is pushed after this, the tendency to adynamia becomes, under the over use of the drug, one of dynamia; the pulse, no longer soft, but full and strong, rushes along the vessels with angry, bounding beats; the nervous symptoms change from low, weak, muttering delirium, with subsultus tendinum, to wild, incoherent callings and strong tossings to and fro; and by and by, when the influence of the alcohol begins to cease, and even before this time, the system has put forth the strength of days in a few hours, and the man is dead.

To deny the use of alcohol, as has been done in the columns of this journal within the last few months, and to assert that it does more harm than good, only shows that persons holding such opinions have gained them from fallacious or illogical reasoning, or, not understanding the proper use of th

drug, they have obtained untoward effects, such as those mentioned.

The moral standpoint of the subject is, so far as therapeutics are concerned, a side issue. Called to a patient in typhoid, our duty is to treat his present condition, not his future one; and we are called to save his life, not to question as to effects of our treatment on his eventual moral tone.

Of course, if one can find a remedy of corresponding action, without the danger of inducing a "habit," well and good; but where does such a one exist?

SULPHURIC ACID POISONING.

BY DR. GEORGE DOCK,

Assistant Physician to the Medical Dispensary of the University Hospital, Philadelphia.

In the very interesting study of suicide, no chapter is more curious than that of fashion in the selection of the means of death. Thus, in Berlin, drowning and hanging are not looked on with favor, especially by those who form the largest number of aspirants for death—servant girls. The stringent laws regulating the sale of poisons, in the ordinary sense of the term, render the use of less unpleasant poisons very restricted, so that common sulphuric acid, the "oleum" of the Berlin housewife, which is used by her for cleaning windows, is often the most accessible, not seldom the only, lethal agent which the would-be suicide can find. The writer has seen several cases of "oleum" poisoning in Leyden's clinic, and there learned its mode of use. As said above, most of the suicides are servant girls, driven to desperation by the absence of menstruation. They can be divided into two classes, according to the time at which the draught is taken, and this again determines the result of the attempt. As put by Prof. Litten, "the girls vex themselves over their condition," and some, with less endurance or more decision, seek the "oleum" bottle at once on rising. Almost always perforation of œsophagus and stomach with speedy death is the result in such cases. Others worry along until after breakfast, but soon after taking that follow it up with the acid. In these cases, even when notable quantities have been taken, recovery can and often does ensue, the acid not coming undiluted in contact with the empty stomach walls.

In the *Charité Annalen*, xii, p. 183, 1887, Dr. Mendelssohn reports the cases of poisoning observed in Leyden's clinic during

the past year, and, as usual, there were a number of cases of sulphuric acid poisoning. Two of Mendelssohn's cases deserve special mention. The first was that of a servant girl, aged 23, who took a moderate quantity of oil of vitriol. After the first severe symptoms had passed by a condition similar to that in simple ulcers of the stomach came on, and at the same time the patient became affected with typhoid fever, to all appearances acquired in hospital. In the fifth week marked improvement of all the symptoms was noted. Vomiting ceased, strength increased, but in the sixth week vomiting began again, and positive symptoms showed that the pyloric passage must be narrowed to the utmost. Resection was performed, but was followed by death in twelve hours in collapse. The pyloric stricture was so severe that only the finest sound could be passed through it. Almost the whole mucous membrane was destroyed.

The second patient had similar symptoms in the beginning, but recovered, and was alive one year afterwards. During the first months no traces of hydrochloric acid could be demonstrated in the gastric juice, though this gradually was found present in its normal amount.

SOCIETY REPORTS.

BRITISH GYNÆCOLOGICAL SOCIETY.

First Meeting, October 12, 1887.

DR. G. GRANVILLE BANTOCK, President, in the chair.

DR. MANSELT MOULLIN showed a specimen of hæmato-salpinx which he had removed from a young married woman aged 25. She had had one child two years previously. In the recent state the tumor was about the size of an egg, constricted in the middle and filled with blood-clot. The chief symptom had been a constant aching pain in the lower part of the back and around the pelvis, from which the patient had been unable to obtain relief in any position, sitting or lying. The pain was also much increased on defecation. The attached ovary was apparently healthy, and the appendages on the opposite side seemingly so, and were allowed to remain. Numerous adhesions were broken down, but no drainage tube had been required. The patient had made a good convalescence, and was now free from pain.

DR. BEDFORD FENWICK said that menorrhagia was usually a symptom in all inflam-

matory diseases of the Fallopian tubes. It was of great importance to remove the cyst without rupturing it, a matter of some difficulty in the present instance, and he thought the operator was to be congratulated on the successful result of a very unpromising case.

MR. LAWSON TAIT was amazed at a recent paper by Mr. Barton, of Liverpool, in which he asserted that such cases as that belonging to the preparation exhibited by Dr. Manselt Moullin, ought under no circumstances, to be touched. Why should a woman with the symptoms just described be obliged go on living the life of an invalid, with a perfectly useless organ inside her, an organ which could never by any possibility resume its original functions, any more than a woman with a cataract in her eye being prevented from having her sight restored by the removal of a useless lens?

DR. ROBERT BARNES presented a dermoid cyst of the ovary. He had removed it a month previously from a woman about 50 years of age. She had suffered intense pain in the pelvis for several years, disabling her from active life, and exhausting her strength. There was a tumor in Douglas's pouch the size of a small orange, movable and firm. The uterus was of normal size. Its position and differentiation from the tumor was determined by the sound. Before submitting to operation, the patient under other advice went through a course of massage, which of course did no good. She made a good recovery from the operation. Dr. Barnes had known at least one case in which a fatal issue had occurred from injudicious massage in abdominal disease.

MR. LAWSON TAIT said that small dermoid tumors of the ovary generally gave rise to the most intense pain, a fact for which some reasonable explanation was required. It was extremely difficult to diagnose between them and disease of the tube. Perfect accuracy of diagnosis in pelvic disease was not possible in the most skilled and experienced hands.

DR. HEYWOOD SMITH considered the pain to be due to pressure upon the contiguous nerves. A tumor that rose into the abdomen usually caused but little pain. The amount of pain had to be considered when giving an opinion as to the advisability of operating.

DR. J. ST. CLAIR BOYD described a case of pseudo-hydramnios, in which the superabundance of fluid did not as in ordinary cases of hydramnios take origin in the membranes, but had its source from an aperture in a hydrocephalic head. The patient, aged 42, had had six children, and thought herself pregnant again, but her enormous size

seemed inconsistent with that view. She was suffering from enormous abdominal distension, dyspnea, and dropsical effusion of the lower extremities. On making a vaginal examination the os uteri was found dilated to the size of a silver dollar, and the bag of membranes protruding from it. On rupturing this thirty pints of fluid escaped. The child was subsequently delivered with the short forceps. The placenta was adherent and had to be removed. The uterus was then injected with a hot solution of hydrarg. perchlor., 1-2000. No hemorrhage occurred. On the third day all trace of dropsical effusion had disappeared from the patient's lower extremities. The child, which was born at the seventh month, had an immense hydrocephalic head. The fluid apparently exuded below the occipital eminence, at which part the skin had become wrinkled owing to the escape of the fluid.

DR. BEDFORD FENWICK said the interest of the case centered in the fact that a distinct fistulous opening existed, otherwise the child's head might have been punctured with and through the uterine membranes. Then the case would have been much simpler and exactly on a par with his own experience.

DR. AVELING had seen cicatrices on the surface of a hydrocephalocele which proved that these cysts ruptured in utero and discharged their contents.

DR. CORDES, of Geneva, gave notes of a case of monstrosity, under his care at La Misericorde Maternity. The cranial vaults were represented by a fibrous membrane. On the left side, through an opening as large as a crown piece, the cerebral substance protruded covered only by the arachnoid and the pia mater. Feet and hands were malformed, and many of the fingers and toes rudimentary. The monstrosity, which was attributed to maternal impressions, lived 6 days.

The following gentlemen were elected fellows of the British Gynecological Society at the meeting of October 12, 1887:

Dr. Harry Frederick Marley, Pedstow, Cornwall; Dr. Thos. J. Hitchens, Crawley, Lassat; Dr. J. St. Clair Boyd, Co. Down; Dr. G. H. Balleray, Paterson, N. J., U. S. A. The following were proposed for election: Dr. James Oliver, London; Dr. Wm. A. Bowen, Rangoon, Burmah; Dr. C. N. Dixon Jones, Brooklyn, N. Y.; Dr. Joseph Price, Philadelphia; Dr. Daniel Mowat, London; Dr. Thos. Kilner Clarke, Haddersfield; Dr. E. A. Spilsbury, Toronto; Dr. Thos. Owens, Ontario; Dr. Geo. Albert Hethrington, St. John, Canada; Dr. Geo. A. Rae, Devonport; Dr. T. Beadman, Duffield, Yorkshire.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, November 3, 1887.

The President, T. M. DRYSDALE, M.D., in the chair.

DR. ROBT. H. HAMILL reported a case of

Puerperal Malarial Fever, Simulating Sepsis.

In the *Amer. Journ. Obst.*, April, 1880, Dr. Fordyce Barker called attention to a peculiar febrile derangement, known as puerperal malarial fever. It is of paramount importance to the obstetrician to know whether or not he has to deal with a disease which is the result of carelessness, or one of miasmatic origin. The following case seemed to be caused by a miasmatic influence. Only the most prominent points in the case will be given, which were as follows: The patient was delivered by version of a premature still-born child, labor being complicated by placenta prævia. Twelve hours after labor had ended the temperature rose to $101\frac{1}{2}^{\circ}$ F., but the patient was otherwise in good condition. The following day her temperature had fallen one degree. In the evening of the third day she had a severe chill, lasting fully twenty minutes, which was followed by fever and profuse sweating. From the nature of the labor, Dr. Hamill feared he had a case of sepsis to deal with; but after learning that during her pregnancy she had suffered considerably, at times, from an ill-defined feeling of lassitude, and "an aching of her whole body;" and further, that in the street on which she lived there were stagnant pools of water, he felt much relieved. In addition to this history, and much to his delight, the woman had another severe chill, followed by the fever and sweating stages. These chills continued to occur daily until the 9th day, decreasing in severity each day. At times there was slight delirium. There was no pelvic pain or tenderness, and little if any tympany; nor no odor to the lochia, which were normal in quantity. The vagina and appendages were perfectly healthy. The blood was not examined, because quinine had been given from the first. Very little change took place in her condition until the 17th day, when there was an abatement in all her symptoms, and convalescence was very rapid. The treatment consisted chiefly in the administration of large doses of quinine and stimulants. In one dose she received thirty grains, followed in two hours by thirty grains more. Quinine seemed to have no effect until used in the form of Warburg's tincture, notwithstanding it had been given

in one large, and in smaller, oft-repeated doses. After the patient began to convalesce, she did not have an unfavorable symptom, and is now fully recovered.

DR. J. L. LUDLOW said he had succeeded in having an exact preparation of Warburg's tincture made by a druggist of this city, and it had yielded him results far better than he could obtain with quinine or any other combination of it. He had used it at Eddy-stone with great success.

DR. DRYSDALE had had wonderful effects from Warburg's tincture.

DR. B. C. HIRST, in speaking of

Catheterization of the Ureters,

reported a case of a patient in the Maternity Hospital, who was a young primagravida, and had pus and albumin in her urine, which condition had persisted after delivery. The case was treated as one of cystitis by vesical injections, but without much benefit. Some three weeks after the delivery the quantity of urine excreted in twenty-four hours became decidedly lessened, while the amount of pus became both actually and relatively much decreased. At the same time the temperature rose to 104° , and there was considerable pain over the region of the right kidney. An answer to the following questions was desirable: First. Was the *right kidney* chiefly affected, or was the pain on the right side referable to a morbid condition of the left kidney, a possibility to which attention has been called especially by Knowsley Thornton. Second. Were both kidneys diseased or was one healthy? Third. Did the pus really come from the kidneys or was it confined to the bladder? Dr. Hirst was able to solve these problems by the use of the ureteral catheters, which Dr. Kelly was kind enough to lend him. The ureters were made out without difficulty by abdominal palpation, and the catheters, first the metal and then the flexible, were introduced with ease. The specimens of urine collected in separate test-tubes from each kidney showed on inspection a much greater turbidity in that from the right than in that from the left kidney. A microscopic examination revealed pus in both specimens, but in that from the right side in much larger amounts than in the specimen from the left kidney. In the urine from the left side a well-defined granular cast was found. Therefore,

First. The pus came from the kidney.

Second. Both kidneys are diseased; but the right is most markedly affected.

Third. That there is not only pyelitis, but pyelo-nephritis, in the left kidney.

Arriving thus at a precision in diagnosis that would be impossible without the aid of the utereral catheters.

DR. HAMILL had, since the last meeting, palpated the ureters without difficulty, and had passed the catheter into them. The ureters were about the size of the little finger.

DR. KELLY has, since the last meeting, operated successfully for the relief of a ureteritis in an unmarried young woman. The pelvic organs were healthy. The inflammation was confined to the orifices of the ureters. He experienced no difficulty in passing the catheters.

DR. PHILIP M. SCHIEDT read a paper on the

Delivery of the After-Coming Head.

"Time is the great factor in these cases. It is generally conceded that, if the head is not delivered in from five to eight minutes after the delivery of the body, the child will be stillborn." Dr. Schiedt took up the history of the literature of the subject from the time of Celsus and the method of "expression" by suprapubic pressure down through the various manual methods. He deprecated the neglect of this subject by American and English authors, and entered very fully into a criticism of the methods advocated by German and French writers. His own deduction, from an analysis and comparison of these authorities, who widely differ in their teachings, and from his own experience, is that the forceps constitute "the best, quickest and safest treatment." The paper will be published entire in the *American Journal of Obstetrics*.

DR. WM. GOODELL had been struck by what seemed to him a great although common mistake: trying to secure flexion of the head in breech deliveries. In a flattened pelvis, it is better for the head to descend in a transverse position, so as to enable its shortest diameter, the bi-temporal, to correspond to the short diameter of the pelvis, the antero-posterior. In a justo-minor pelvis, the operator would be justified in trying to secure flexion. The fingers in the foetal mouth are useless for good; but there is danger of breaking the jaw. The forceps are the only proper aid in the expulsion of the after-coming head. One objection often made to their use is the loss of time involved in their application; but this does not hold. The accoucheur should be acquainted with the form of the patient's pelvis. The body of the child should be held away, so that the forceps can be applied to the sides of the head, the handles being on the anterior

aspect of the child's body. Another point to bear in mind in a flattened pelvis is the problem of bringing the head safely around the promontory of the sacrum. The hand should grasp the neck of the child, the thumb being on one side and the fingers on the other, and traction should be made so as to ease the head around the promontory before securing rotation of the face into the hollow of the sacrum. After this, it would be easy to make the chin engage or to apply the forceps.

DR. CLEEMAN has never met with any difficulty in delivering the face in head-last labors.

DR. M. PRICE makes it a rule to have his forceps ready in breech deliveries. He has the body held out of the way, and has had no trouble in putting on the forceps. He has had but one death in a breech presentation. On that occasion he had not his forceps with him.

DR. W. S. STEWART prefers breech to head presentations. He has not had trouble in applying the forceps.

DR. LONGAKER laid great stress upon the necessity of avoiding mismanagement in the early stages of a breech delivery; there should be no immediate haste. If the legs are seized and drawn upon, the body is quickly delivered without securing dilatation of the os uteri, and the arms become extended beside the head in the grasp of the lower segment of the uterus. Forcible extraction at this stage is a frequent cause of extensive laceration, and has caused death of the mother. He agrees with Dr. Goodell as to the treatment of these cases in flattened pelves.

The late Dr. A. W. Smith laid great stress on the propriety of using the forceps to assist in the delivery of the after-coming head. In applying the forceps, flex the body of the child toward the dorsum, and the handles of the forceps should be in its anterior aspect. Pressure over the head of the child, while the body is swept toward the belly of the mother, is not a good or safe method; the amount of traction required to extract the head is too great for the neck to bear. The forceps should be in readiness to apply as soon as the body has escaped from the vulva.

DR. ELWOOD WILSON thought it a common mistake to hurry the delivery of the body of the child. When dilatation of the os is complete the child will descend with the arms folded on the body. He is as strong an advocate of the application of the forceps to the after-coming head as any man can possibly be.

DR. J. C. MORRIS could understand the

defense for making traction on the lower jaw by putting one finger in the child's mouth. When the buttocks are emerging, very slight traction will cause extension of the head, but if a hand is passed along the anterior aspect of the child's body and one finger introduced into its mouth, the extension of the head might be prevented. He did not think this defense a good one, as traction on the lower jaw could not be effective. He would quite as soon have a breech as a vertex presentation. The forceps should always be at hand, and there is no difficulty in putting them on. There is need of quick action. Traction on the neck of the child may be productive of great injury. He has known it to result in death, and in loss of power in the lower extremities.

DR. LONGAKER exhibited the ether-inhaler and can combined devised by Dr. Young, of Bridgeport, Conn. He had found it very useful in using chloroform in labor.

DR. BALDY took exception to Dr. Longaker's statements, that fresh air passed through the instrument at every inhalation, and that the patient received a saturated ether vapor, as he considered them conflicting. He preferred the folded, cone-shaped towel.

Exploratory Incision.

DR. MONTGOMERY reported the following case, seen with Dr. E. R. Stone:

Mary G., aged 28 years, married, but not living with her husband. She had noticed for some two months a swelling of the abdomen; this became so marked that Dr. Stone had twice during this time emptied the abdomen by means of a trocar. The fluid was plainly ascitic. When Dr. Montgomery was called the abdomen was again quite well distended; the resonance was that of ascites. Vaginal examination disclosed a mass, quite resistant, situated upon either side of the uterus. The rapidly recurring ascites, with the solid mass in the pelvis, aroused the suspicion of a malignant condition. An exploratory incision was advised, and was made at the Medico-Chirurgical Hospital, October 1st, 1887, Drs. Drysdale, Warder and Stewart assisting. Upon opening the abdomen, two gallons of ascitic fluid were removed and the tumor presented itself. It was covered with papillary growths, which extended also over the posterior surface of the uterus, into Douglas's pouch and over the whole of the left side, so that removal was out of the question. The abdomen was thoroughly sponged out, and the wound closed and bandaged. The following day, frequently repeated doses of salines were

given to produce watery evacuation and drain the peritoneum. She was allowed but little liquid. There was slight elevation of temperature, reaching 100° on the second day. The wound had healed completely at the end of the week. She left the hospital in two weeks, much improved in appearance, and without any appearance of return of the ascites. Since her return home there has been a reaccumulation. Microscopical examination showed the growth to be an ovarian papilloma.

DR. MONTGOMERY exhibited an

Intra-Uterine Fibroid

as large as an orange. It had been removed from a single lady, aged 45 years. She had been suffering from hemorrhage for over three years, but had never been subjected to an examination. A fibroid tumor was found projecting into the uterine cavity from the posterior wall. She was admitted to his private hospital on June 22, and after dilating the canal by a large laminaria tent, on the following day the uterus was secured by a ligature through the anterior lip. The tumor was enucleated as far as the finger would reach, and, finding that the mass was quite large, the cervix was split to the lateral fornix of the vagina on each side, and the enucleation completed by the serrated curette. A drainage tube was inserted, and the cervix closed by three sutures upon each side. The tube was removed on the third day. There was no rise of temperature until the seventh day, when it rose to 103° F., and some cellulitis was found upon the left side. This soon subsided under treatment, but the patient regained her health very slowly. She is now well.

DR. MONTGOMERY also presented a specimen of

Hemato-Salpinx,

removed from a woman twenty-six years old, who had been married twice, and had two children by her first husband. The wound was healed when the dressing was changed at the end of one week. The sac, when opened, contained a firm clot of blood, and from its appearance and history he believed that an extra-uterine or tubal pregnancy had ruptured, causing the hematocele.

—Dr. Unna says that he has seen good results in five cases of leprosy from the external use of the following ointment:

R	Chrysarobin,		
	Ichthyol.....	ãã parts	5
	Salicylic acid.....	"	2
	Vaseline.....	"	100

THE CLINICAL SOCIETY OF MARYLAND.

Stated Meeting, held October 21, 1887.

The 197th meeting of the Clinical Society was called to order by the President, DR. N. G. KEIRLE, in the chair.

DR. J. W. CHAMBERS then showed a specimen of

Cystic Sarcoma of the Inferior Maxilla,

and the patient from whom it was taken. The patient was colored, a male, forty-two years old, a laborer, and of good family history. He entered the City Hospital on September 12, with an enlargement on the right lower jaw, which extended from the last incisor tooth to the right condyle, and involved nearly all that side of the face. It extended inwards and displaced the tongue so as to decidedly interfere with mastication. The growth was cystic in character. It began sixteen years ago after the removal of a tooth, and at first grew slowly; two years ago, it began to grow more rapidly. There was no involvement of the skin, nor of the neighboring glands. On September 16, an incision was made, and the tumor dissected out for the most part with Paquelin's cautery. There was not much hemorrhage. The inferior maxilla was then sawed off and disarticulated. The wound was dressed with bichloride and iodoform. On the sixth day the stitches were removed. There was no shock, and the temperature never rose above 99°. His speech is now much better. Since the operation the patient has developed some mental derangement, but the results show what can sometimes be accomplished even when the conditions presented are apparently hopeless.

In the discussion which followed, DR. O. J. COSKERY thought that Dr. Chambers should be congratulated on the good results obtained in this case. He then showed a specimen and related the history of a case of keloid of unusual size. The patient was a colored man, twenty-five years old. The tumor extended from the lobe of the ear to the clavicle. In 1884, while being shaved, a bump was cut and a sore resulted from it. He applied nitric acid to it which cooled it, he said, but afterwards the pimple grew rapidly. On October 18, 1887, Dr. Coskery removed the growth. An incision about six inches long was made from the lobe of the ear to the clavicle. When the tumor was removed, it left a gap two inches wide. The edges were then brought together. There still remains a gap about five inches long and one-half inch

wide. The patient never had a temperature above 99°. Bichloride dressing was used. He exhibited the tumor on account of its size, as it was the largest keloid he had ever seen.

DR. WM. RICKERT related a case of

Osteoma of the Inferior Maxilla,

and exhibited both the patient and specimen. The patient was colored, male, and about twenty-one years of age. He had been troubled with his jaw for about four years, and had been under treatment for one year. He came under Dr. Rickert's care about three months ago, and finally became so much affected that he could hardly get the tip end of a lead pencil between his teeth. He was then operated on, and a partial excision of the inferior maxilla on the right side performed.

DR. L. McLANE TIFFANY showed several photographs of

Keloid Growths.

He spoke of the largest one, and said that it weighed forty-two ounces. He thinks all of them are larger than the one shown by Dr. Coskery. He did not recognize the difference between true and false keloid as referred to by Dr. Atkinson. They are more common in the colored race, and especially in the young colored race. He had seen them softer in the older colored people. When seen in the young person, non-interference until later in life, then an operation, will meet with good results. After a patient passes beyond thirty years of age they are not apt to recur. There may be a hypertrophic scar, but no lump. Two of the cases he spoke of gave no history of injury.

DR. HIRAM WOODS has seen several cases of keloid at the Presbyterian Eye and Ear Hospital, only one of which occurred in the white, the rest in negroes. The oldest patient was forty-two years of age, and had dumb-bell lumps on her ears, which had become somewhat soft. Ear authorities say that when we operate we must try and get the wound to heal by first intention. He once operated and did not bring the edges close together, and the growth recurred. The more closely we can get a wound to heal by first intention, the better will be the results.

DR. R. WINSLOW said that as these tumors sometimes develop from a puncture with a point of a pin, he did not see why they would not sometimes recur even if the edges are brought close together.

DR. RICKERT thinks that the softening is more common in the white race, and that,

when they are removed they will not return so commonly as in the negro.

DR. I. E. ATKINSON said that his experience was based entirely upon observations in the colored race. He said that Dr. A. B. Arnold once reported a case where a keloid disappeared under the use of collodion. The keloid he had removed in the white patient did recur.

DR. HIRAM WOODS said that he knew that the keloids did develop from the puncture of a pin point, and he simply wanted to say that if, after operating, we can reduce granulation to the minimum, there will be a better chance to get over the disease.

DR. McLANE TIFFANY said that keloid was one of the rarest of jaw tumors. There are only a few reported. Evidently they are cysts lined with epithelium, very much like an ovarian cyst, but it is not settled yet as to what they are.

DR. J. T. BRANHAM said that he had seen a keloid in an old colored man. It was flat, situated on the breast and ulcerated, which he says is rather common. There is no scar tissue when wounds heal by first intention. The case of Dr. Rickert had changed somewhat since he was under Dr. Winslow's charge. The tumor is most probably the result of an inflammatory process and probably not malignant. The removal of this, he thought, was the best thing to do in order to allow the patient to eat and talk comfortably.

DR. RICKERT said that his only object was to give this comfort, and he believed the operation has done vast good to the patient.

DR. CHAMBERS said that he had spoken very little about the finer probabilities in his case. He classed it as a cystic sarcoma. There was no enlargement of the glands, and the growth was slow. The tumor, when removed, weighed about four or five pounds.

DR. KEIRLE said that these growths are very similar to an ovarian cyst. The larger cyst contained chocolate-colored fluid, and the smaller one another colored fluid. They are lined with epithelium like an ovarian tumor.

—RECOVERY AFTER DISLOCATION OF THE SPINE.—The *Chicago Tribune*, Nov. 22, 1887, says: It is reported from Duluth, Minn., that Dr. Slaughter, a well-known physician of that city, has treated successfully a man 55 years old who fell from a scaffold and dislocated his neck. The spinal cord was not compressed by the dislocation. Dr. Slaughter at first prescribed absolute rest. Thursday he applied an apparatus and reduced the dislocation. There is now every prospect that he man will get well.

HOSPITAL NOTES

BELLEVUE HOSPITAL, NEW YORK.

(Service of Prof. F. S. Dennis.)

For the following reports we are indebted to Dr. Thomas McCann, House-Surgeon.

Gunshot Wound of Cranium.

J. C., 18 years old, a driver, was admitted to the hospital at 11.30 P.M., August 29, 1887. While standing in the street, an hour before, he saw a window raised on the opposite side of the street, an arm thrown up and a blaze; after which he fell to the ground. He says that he was not unconscious at any time, and came to the hospital because he felt "the blood running down." The patient was sent to ward 7 as a dressing case and from there was transferred to ward 13, as a case of fracture of the skull. On admission he was examined as to symptoms, and the following noted: Patient conscious; pupils normal; pulse good. As his condition was excellent, it was not deemed necessary to remove the bandages, as it was supposed to be a case of simple scalp wound. On August 30, 9 A.M., the bandages being cut, the following condition of things was noticed: The scalp, for an area of $2\frac{1}{2}$ inches in diameter, showed a small wound at about $1\frac{1}{2}$ inch posterior to the upper margin of the right ear, and another small opening, the size of a 22-calibre bullet, about $3\frac{1}{2}$ inches further up, and at an angle of about 50° . Passing a probe-pointed bistoury into the upper opening a clear track to the lower one was found, which upon being slit open exposed a depressed fracture of about $\frac{5}{8}$ inch square; the patient was also beginning to complain of a sensation of dizziness. Immediate trephining was advised. The patient having been anesthetized, an incision transverse to the line of the bullet was made, and a Galt's trephine applied. After the extraction of the button of bone, it was found necessary to extract the depressed bone. This being done, the inner table was found to be splintered for an area of about 2 inches all around. The spiculæ and loose pieces being removed, an opening, about $1\frac{3}{4}$ inches long by $\frac{5}{8}$ to $\frac{3}{4}$ inch wide, was left. The dura mater was punctured in the centre of the space and a slight tear was found, probably $\frac{1}{8}$ to $\frac{3}{16}$ inch long, in its lower part, exposing a clot beneath it. A small piece of lead was taken from the lower angle of the bone. Three drainage tubes were then introduced, the scalp wound sutured with cat-gut, and antiseptic dressings applied.

September 3. The patient has been in excellent condition since the operation. The wound was re-dressed and the tubes taken out. September 10. Patient feeling better to-day than for many days. September 15. No rise of temperature; no symptoms. October 8. Discharged cured.

Arthritis of Knee.

J. B., 14 years old, was admitted May 3, 1887. Family history good; the boy, fairly well nourished. He states that when $2\frac{1}{2}$ years old he injured his right knee, and was unable to use it up to his tenth year. He has had two operations done upon it—the nature of which is unknown—and also an application of plaster of Paris; the limb being eventually restored to the normal condition. Three months ago he again injured the same knee in falling down a flight of stone steps, and on attempting to rise found the knee stiff, flexed and immovable; which condition has continued ever since. Upon examination the limb was found flexed at an angle of 60° , and immovable. The knee was not tender on pressure, nor was it swollen; the patella was not movable, and two small scars were found at the side of the knee. The patient having been anesthetized, Dr. Dennis made an incision extending directly across and into the joint. The patella was found firmly united to the lower end of the femur, a distinct abscess was detected in the right condyle of the femur, with a corresponding erosion of the cartilage in the head of the tibia, and the joint was completely disorganized. A thin slice was removed from the head of the tibia; the articular ends of each condyle were sawn off; a single silver wire suture was passed through the head of the tibia and lower end of the femur, to the left of median line; drainage tubes were introduced, and the wound was closed by a continuous suture. Anterior and posterior splints were applied with a suitable dressing, and the limb was placed in a wire gauze frame.

May 19. A plaster spica was applied; temperature continued $101\frac{1}{2}^\circ$. May 20. Temperature, $103\frac{3}{4}^\circ$; pulse, 130. Wound re-dressed, looks well, and drainage perfect. May 21. Temperature, $103\frac{4}{5}^\circ$; pulse irregular. Plaster dressing removed, and wound dressed. May 22. Temperature still above normal. A full dose of castor-oil given. May 28, temperature running along a little above normal. The wound was now dressed every two days, and kept in a wire gauze splint. June 1, wound still looking nicely. June 4, drainage removed, plaster dressing applied,

and patient allowed to get up. June 20, plaster dressing removed, and wound dressed. Only a small line of granulation left. July 20, plaster dressing removed; still some granulations; can pass a probe down between ends of bone.

July 21, patient complained of pain, and upon examination a cellulitis of the anterior surface of the lower third of thigh was found. Lead and opium wash was applied, and a plaster dressing over all. July 22, discharged to return for dressings.

Rupture of the Bladder.

M. C., 29 years old, single, a driver, was admitted April 12, 1887. Thirty-six hours before admission he was knocked down by a cart loaded with coal, which struck him on the right side, one inch below the crest of the ilium. The patient refused to be brought to the hospital until the following day at 5 p. m., when he was admitted with the diagnosis of ruptured bladder. His condition was fair, with little pain; temp., $98\frac{1}{2}^\circ$. He had passed his urine one hour and a half before the accident. A catheter being passed, two ounces of light colored urine were withdrawn. Two previous attempts had effected the same result. With the above exceptions, no water had been passed since the time of the accident. At 9 p. m. the catheter was again passed, and two ounces of urine were withdrawn. A warm solution of Thiersch's fluid was then injected, and it was all returned, with fifty-seven ounces of fluid in addition, bloody and highly colored.

The conclusion arrived at was that there was no rupture, but "probably a laceration of the right kidney, with a bladder atonic from distention." The reasons for this conclusion were: first, the fact that the patient had passed his urine one and a half hours before the injury; second, the wheel not having passed entirely over the abdomen, but merely pushed the patient forward on the ground; third, the absence of any sign of shock, peritonitis, etc.; fourth, fluids injected returning almost in toto; and fifth, slight tenderness over the region of the bladder was present, it is true, yet there was an entire absence of any grave symptoms warranting the diagnosis of a ruptured bladder. Laparotomy being deemed inadvisable, sedatives were ordered, and use of the catheter every three hours.

April 13. Bladder again washed out with six ounces of Thiersch's solution, and twenty-five ounces of fluid were withdrawn, thus strengthening the theory of atony of the

bladder. The patient was now comfortable, and had no pain nor fever.

April 14. Passed thirty-four ounces of urine. Toxic symptoms, probably uræmic, now appeared.

April 15. Toxic symptoms partially disappeared. Patient passed sixteen ounces of urine, and then began to vomit. Castor oil was ordered on the 14th, the patient having had no passage since the accident; but it failed to cause an evacuation, and an enema was ordered. This was followed by slight movements.

April 16. The same condition as on the 15th. Patient vomits, and is not able to as-

similate food. Bowels confined; slight pains still present; no rise in temperature; passed fourteen ounces of urine. Hiccough now set in.

April 17. Patient sat up, reading a paper, and expressed a desire to go home. At noon he suddenly became comatose, and died fifteen minutes after the first indication of danger. The autopsy revealed a rupture in the posterior wall of the bladder two inches in length; the intestines, being matted together by a thick coating of fibrin, forming in a certain degree a sac for the retention of the urine. There were distinct evidences of septic peritonitis.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Frequency of Sterility in the Male.

The following *résumé* of F. A. Kehrer's investigations is given by A. Martin, in the *Centralblatt f. d. med. Wissensch.*, September 10, 1887:

The cause of childlessness in many marriages is to be sought much oftener on the side of the man than has heretofore been the custom. This statement is based upon an investigation of the semen. Kehrer has up to the present time instituted this investigation in ninety-six cases. In 3.12 per cent. there existed inability to copulate; in such cases there had always been preceding masturbation. The men suffered from frequent pollutions, or the ejaculations were premature, so that the penis was not inserted into the vagina. In these cases impregnation may result, if before the attempt at coitus a speculum be introduced into the vagina. In several cases conception was obtained by this manoeuvre. In 31.21 per cent. azoöspemia existed. In most of these cases gonorrhœa with unilateral or bilateral orchitis had preceded. The author lays particular stress upon occlusion of the ejaculatory duct through gonorrhœal prostatitis. But azoöspemia was also found where no disease of the sexual organs had occurred, and where nothing abnormal in the genital organs could be demonstrated. Oligospermia was demonstrated in 11.45 per cent. Several times masturbation was confessed, or else gonorrhœa with orchitis, or syphilis, had preceded.

But, in addition, the author thinks that the disease of the female sexual apparatus,

which may condition sterility, are considered too numerous. Principally, catarrhs under certain circumstances lead to sterility, and Kehrer also thinks that bacteria may exert a destructive influence upon the ovules. It is a question whether these bacteria produce inflammation of the mucous membrane, or only find in the latter suitable conditions for further development.

The Connection Between Injuries of the Head and Inflammation of the Lungs.

Roche has recently treated this subject critically and analytically, and has been led to adopt the following classification of the lung affections mentioned:

1. Those accidentally present with the head injury.

2. Those which occur solely in consequence of the cranial injury.

To the first group belong the so-called fibrinous contusion pneumonia, the hypostatic pneumonia, which sometimes follows other injuries in consequence of imperfect distension of the lung, and metastatic pneumonia, caused by emboli from infected wounds of the head.

To the second group belong deglutition pneumonia and that caused by the inspiration of foreign bodies, which occur especially in consequence of simultaneous paralysis of the cortex and the vagus centre, or by the first simply through unconsciousness.

Roche states his conclusions axiomatically as follows:

1. Proof of the casual connection of injury to the head and fibrinous pneumonia cannot be produced.

2. Hypostatic pneumonia, complicating cranial injury, presupposes great prostration

of the person injured. This can have occurred before the injury (old age) or be caused by it.

3. Metastatic pneumonias following injuries of the head always indicate an infection of the wound. They therefore stand in direct connection with the lesions.

4. Deglutition, foreign body, or vagus pneumonias, which develop after cranial lesions, stand in the most direct connection with the latter. They indicate relatively intense application of force, and are to be looked on as the consequences of paralyzing effects on certain cerebral regions.—*Vjhrschr. f. gerichtl. Med.*, N. F. xlvii, 1, p. 12, 1887.

Myotomy in Pregnancy.

In the *Münchener med. Wochenschrift*, No. 52, 1886, Frommel gives as indications when to perform an operation for removal of fibroids of the uterus in pregnancy: 1. Subserous tumors capable of enormous growth. 2. Situation of the myoma in such a way as to make the birth of the child by delivery impossible. 3. In hemorrhage or threatened softening and decay of the tumor. The author has operated on a case in which the tumor occupied the broad base of the wall of the uterus. Convalescence was disturbed by poisoning with iodoform, but pregnancy was not interrupted.

Sour Milk and Buttermilk in the Nutrition of Invalids and Others.

As the result of an extensive experience in rural practice, Dr. Demuth (*Vereinsblatt d. pfälz Aerzte*, iii, p. 85, May, 1887) extols sour and buttermilk as cheap, effective and easily assimilable nutritive agents. Both are easily digested on account of the finely divided condition of the casein and the presence of acids. For infants the following is especially recommended: one quart of buttermilk boiled with one tablespoonful of wheat flour to the consistency of thin pap.

Buttermilk is useful in all cases where a milk-cure is indicated, and is particularly to be recommended in consumption. Sour milk has shown itself valuable in scrofulosis, neurasthenia, hypochondriasis, in convalescence, in diseases of the organs of respiration and deglutition, chronic catarrh of the air passages, nervous disturbances following excessive or exclusive meat diet, dropsy, albuminuria, and Bright's disease. It is also useful in diabetes mellitus. Both forms of milk are efficacious in chronic metallic poisoning, and inflammatory and febrile condi-

tions, especially in typhoid fever. They are contra-indicated in all ulcerous processes in the alimentary tract,—a fact not always considered in ulcer of the stomach, ulcerating cancer, and tuberculous ulceration of the intestines,—and in dilated stomach.

Recto-Vaginal Fistula.

In the 48th section of the *Deutsche Chirurgie*, Esmarch publishes a very complete study of diseases of the rectum and anus. In this work he advises, in the treatment of congenital recto-vaginal fistula, that the surgeon shall not content himself with opening the perineum, and freshening and closing the edges of the opening into the vagina, but that he shall free the rectum completely from the vagina, and draw it down separately and attach its circumference to the skin. This method, he believes, will give better results than the simple one referred to above.

Rheumatic Nodes.

At the Congress of the German Naturalists and Surgeons, in September, 1887, Krukenberg (*Gazette Médicale de Paris*, November 5, 1887) presented the case of a patient in whom the diagnosis of osteo-sarcoma of the thigh had been made, and who expected to have his thigh amputated. For about six years this man had suffered from muscular rheumatism, and for a month had experienced lancinating pains in the thigh, with diffuse swelling and redness in the anterior part of this region. Touch revealed a focus of induration, which occupied in an irregular way the adductors and extensors of the thigh, and penetrated deeply into the tissues. Trendelenberg diagnosed a rheumatic node. The muscles did not respond to electric stimulation. The patient was put to bed, and recovered under systematic massage and Faradization of the muscles.

With reference to the differential diagnosis between rheumatic nodes and malignant tumors, Krukenberg calls attention to the special modifications of the skin which occur in nodes, the contracture of muscles, the loss of electric excitability of the same, and finally the relatively good state of nutrition.

Mechanical Treatment of Painful Erections.

The nocturnal erections of patients suffering from gonorrhœa are due (1) to the inflammatory irritation to which the penis is exposed; (2) to lying upon the back, and a distended bladder; (3) to the loss of the inhibitory influence of the brain. The pain

which accompanies them is caused by the fact that the inflamed condition of the mucous membrane of the urethra does not permit it to follow the expansion of the corpora cavernosa, but is stretched frequently to such a degree that the small vessels of the mucous membrane are lacerated. M. Anthelme Jamin, resident physician of the Lyon's Hospital, having noticed that patients with gonorrhoea hold the penis down upon the scrotum by flexing one thigh upon the other, and so prevent erections, was led to make a suitable T bandage to accomplish the same purpose. In a communication on the subject to the *Lyon Medical*, he reports successful results in twelve cases in which he has used it, and thinks that other painful erections might be prevented in the same way.—*Deutsche Medicinal-Zeitung*, October 6, 1887.

The Pathology of Diseases of the Nervous System after Malaria.

Dr. Singer, of Prague, reports the following case in the *Prager med. Wochenschr.*, 18 u. 19, 1887: A man, twenty-six years old, was taken sick, in Singapore, with malaria. After he had been treated in vain by quinine for eight days, he recovered after a sojourn of fourteen days in the mountains. On his return to Singapore, the patient had sensations of formication and of prickling between his toes, associated with a weakness of the lower extremities, which gradually increased to paresis. After several days the same symptoms appeared also in the upper extremities, but paralysis was not so strongly developed. Then the tongue and face shared in the paresthesias. In addition, bilateral complete facial palsy developed. There was no fever; no objective disturbances of sensibility; the sphincters were not involved, and change of climate effected recovery. An investigation, undertaken by Singer, showed that there were still slight paresis of the right as well as complete paralysis of the left facial, emaciation and weakness of the left upper extremity, slight weakness of the lower extremity in bending the knee joint, loss of the patellar reflexes, some swelling and sensitiveness of the left submaxillary lymph glands, reactions of degeneration in the paralyzed (left) facial nerve, diminution of the electrical excitability for both currents in the right facial. Everything else was normal.

Under systematic electrical treatment, great improvement took place; but, at the time the report was made, the patient had not entirely recovered.

The author thinks from this case, and from one of Buzzard's, that in convalescence from

a severe attack of malarial infection, the peripheral nerves can become affected with acute polyneuritis, which reminds one very much of the post-diphtheritic paralyses. The poly-myelitis of beri beri is excluded in this case.—*Deutsche Medicinal-Zeitung*, October 3, 1887.

Contribution to the Anatomy of the Brains of the Deaf and Dumb.

Dr. Julius Waldschmidt, of Freiburg, in a communication to the *Allg. Zeitschr. f. Psych.*, Bd. 43, h. 4 and 5, 1887, reports upon a microscopic examination of the brains of two deaf mutes, one of which came from a man forty-six years old, and the other from a girl nineteen years old. These showed a stoppage in the development, in respect to form and size, of the island of Reil of the left side, and especially of the parts placed anteriorly, which seemed absolutely rudimentary when compared with corresponding parts on the right side. Waldschmidt thinks that, with all proper reserve, he can draw the conclusion that in deaf and dumbness a degeneration of the *centres* for speech and hearing (the operculum, the third left frontal convolution and the temporal lobes) is not absolutely required, but that an interruption of the conduction is quite sufficient to form the basis for deaf muteness.—*Deutsche Medicinal-Zeitung*, October 17, 1887.

Uterine Disease in the Production of Insanity.

Dr. Alice May Farnham, after a careful study of a number of cases, announces her opinion as follows in the *Alienist and Neurologist*, October, 1887:

In the study of the relation of the mind and the female genitalia, as set forth in this paper, the following conclusions may be drawn:

1. That while the female reproductive organs and the brain are closely associated, often acting and reacting upon each other, uterine disease alone is seldom or never the cause of mental alienation. Other conditions, as hereditary predisposition to insanity, poor bodily health, or mental worries, one or all furnishing the necessary adjunct to the development of disorders of the mind.

2. That, in insane women, irritation of the genitalia often gives a peculiar character to the mental condition. And

3. Menstruation, like any periodic lowering of the standard of the general health, frequently acts, in cases of mania, as the excitant of the most marked maniacal outbursts.

Removal of Cerebral Tumor.

At a meeting of the Medical Society of London, October 31, 1887, Dr. Hughlings Jackson, showed a man, aged 21, a patient of his, who had been subjected to severe, and also slight, epileptiform attacks (beginning in the left thumb) since 1884. Although no positive symptoms of cerebral tumor were present, it was decided to cut down and remove the tumor if one were found, and also part of the motor area for the thumb. Mr. Victor Horsley operated more than a year ago, and finding a tumor in the right cerebral hemisphere, removed it and also part of the thumb-area. The result had been to lessen the attacks both in number and severity; for, whereas before the operation the lad had had as many as fifteen attacks in thirteen days, he had only had eleven attacks since the operation, only one of which was severe enough to lead to loss of consciousness.

Death Under Chloroform.

The *British Med. Journal*, November 5, 1887, reports that a death under the influence of chloroform occurred in the Croydon Infirmary, on October 18. The patient was a man, aged 28, who came under treatment on June 22, for pleurisy with effusion. The chest was aspirated on September 15, and about four pints of serum withdrawn; aspiration was repeated on September 20, when three pints of serum were obtained. On October 17, the chest having again filled, aspiration was performed for the third time, and five and a half pints of pus were evacuated. Following the method of treatment which is now thoroughly established as a rule of surgical practice, Dr. Francis W. Clark, the medical officer in charge of the infirmary, after consultation with Dr. Strong and Dr. Matthey, determined to open the chest wall in order to allow of free drainage. On October 18, chloroform was administered, and the operation was performed in the ordinary manner. During the last steps of the operation symptoms of syncope suddenly developed, and all efforts to restore the patient were unavailing. Every precaution was taken in administering the anæsthetic.

Artificial Fecundation.

Professor Paolo Mantegazza communicates the results of his rich experience in a leading article in the *Gazzetta degli Ospitali*, of Milan, February 6, 1887. He says that the act of artificial fecundation in itself requires no special skill, but that it is important to

be able to determine with certainty whether there is hope of a successful result or not. There is always great repugnance on the part of both husband and wife to the operation, and therefore it is clear that unless there is good hope of success, it should be abandoned. It must first be determined whether the obstruction to conception rests with the husband or wife; and in this connection it is well to recollect that impotence is only rarely confessed. For example, the author once saw by accident that a man who was otherwise robust, but childless, had an extremely short penis. Here, if ever, was a suitable opportunity for artificial fecundation, because his wife had the appearance of blooming health; but the author was not successful in persuading them to it. In another case, the penis was of the proper length and strength, but the semen, on account of stricture or some other cause, was only expelled in drops, so that it with great difficulty reached the uterus. Also, in men with only half or very slight power, the semen only reaches the anterior part of the vagina, and so sterility results. After the man is questioned with the utmost exactness upon the manner in which coition is completed, the semen must be examined microscopically. In this respect Mantegazza thinks he has discovered a new fact. In one case, having several times endeavored to obtain artificial fecundation in the same woman without success, although the semen had a good appearance and proper reaction, and the spermatozoa were numerous and active, he noticed that the crystals, which he first observed in 1860, but which were first described by Böttcher, did not appear when the semen was allowed to stand. He is disposed to think that such absence constitutes an anomaly which deprives the semen of its fructifying power.

With reference to the causes of sterility in the female, he would divide them for the most part into two classes: mechanical and functional; and while not disposed to think the existence of the former class a contra-indication to artificial fecundation, thinks the latter class, which can be placed under the head of dysmenorrhœa, is. He admits that there are many cases of dysmenorrhœa which depend upon mechanical difficulties, which dilatation of the cervix will cause to disappear. As far as sterility is concerned, the worst cases are those in which removal of the dysmenorrhœa by mechanical measures does not result in fertility. In such cases Mantegazza thinks the fault lies with the ovum. Of what use is it, says he, to

introduce semen into the uterus, if it finds there no ovum capable of fructifying? According to the author, artificial fecundation may be indicated in the following cases: 1. Hypospadias. 2. Very short penis. 3. In cases in which the semen is discharged without the necessary force, or in drops. 4. In all cases in which a decided change in position of the uterus, or a very narrow cervical canal hinders fecundation. 5. An unsuccessful treatment of the cervical canal by dilatation forms no contra-indication to artificial fecundation. 6. In all cases in which dysmenorrhœa persists, and yet the cause of the sterility remains unknown.

After stating that he has found that it is generally the man who objects most to the operation, on account of the rather humiliating rôle which he is required to play, the author says that during the eight days following menstruation is the best time for the operation, which, if unsuccessful then, may be tried the day before menstruation. The method of obtaining the semen, which Mantegazza has found the best and most seemly, is the following: The husband has connection with his wife, but instead of emptying the semen into the vagina, he deposits it in a glass, which stands in water at a temperature of from 98° F. to 103° F., and then calls the physician. The latter then introduces a Fergusson speculum and makes two or three injections with Roubaud's syringe. The patient may then be advised to stay in bed several days, with the pelvis raised, though this does not seem necessary.

The author has never seen untoward results from making three injections, and thinks the fear expressed by other writers unfounded. After coitus, the mouth of the uterus was generally found not completely closed; if the act was entirely natural ("without Malthusian retraction") semen was always found in the posterior vaginal *cul-de-sac*; it is possible then to cause the semen to flow into the mouth of the uterus by means of the speculum, especially if retroflexion exists. In case the wife should positively refuse to let the physician interfere, Mantegazza would then propose that the husband attempt artificial fecundation in this way, though he warns against allowing the husband to use Roubaud's syringe.—*Deutsche Medizinische Zeitung*, October 17, 1887.

Vesico-Vaginal Fistula.

At the Congress of German Naturalists and Physicians, in September, 1887, Dr. Rose, of Zürich, reported that, in a young woman, whom another physician had been unsuc-

cessful in relieving of a vesico-vaginal fistula, he had obtained a successful result by closing up the vulva, and making a recto-vaginal fistula. He remarks, in this connection, that success in the operation demands that the opening between the rectum and vagina should be kept open by daily dilatation, which is best accomplished with the finger.—*Gazette Médicale*, November 5, 1887.

Aneurism of the Aorta Cured by Operation.

Lépine describes, in the *Province Médical*, 1887, No. 22, a case of aneurism of the aorta cured by insertion of a watch-spring. He did not follow the usual plan of introducing the watch-spring through a canula; but had the end sharpened to a lancet point, and passed it directly into the aneurismal sac. Lépine recommends this plan for the treatment of sacculated aneurism of the anterior side of the ascending aorta.—*Centralblatt für Chirurgie*, October 8, 1887.

Innominate Aneurism—Ligation of Common Carotid—Temporary Recovery.

Dr. G. B. Ferguson describes, in *St. Bartholomew's Hospital Report* for 1886, the case of a man, 43 years old, suffering with an aneurism the size of a walnut, near the roots of the right carotid and subclavian arteries, who was apparently cured by ligation of the common carotid artery, and lived in comparative comfort for a year afterward. At the end of this time he died, and it was found *post mortem* that he had an aneurism of the posterior wall of the ascending aorta, as large as a fist, and continuous with the cavity of the aneurism of the innominate artery, which was empty of clots. His conclusions are: 1. That the innominate aneurism was practically cured by the operation. 2. That simultaneous ligation of the subclavian would not have assisted matters. 3. That the aortic disease was incipient from the first, and was uninfluenced by the treatment. 4. That the chromicized catgut ligature, tightly tied, is a satisfactory and trustworthy material in such cases.

Chorea Cured by Typhoid Fever.

Dr. Samuel West records, in *St. Bartholomew's Hospital Report* for 1886, the case of a girl, 10 years old, who was attacked with typhoid fever three weeks after her admission to the hospital for chorea of a moderately severe type. As soon as the typhoid fever developed, the chorea stopped, and it did not return. The fever was well marked, but mild, and lasted three weeks.

THE
Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
 CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER is published in each number. The edition for this week is 10,250 copies.

LEPROSY IN AMERICA.

The recent discovery by the public that for some time past two persons suffering with leprosy have been living, unsuspected, in this city, has attracted a great deal of attention to the subject of leprosy, and excited considerable alarm. Some of the Health Officers of the city, seeming to share the popular fear, made an attempt to secure and isolate the persons of the sufferers. At first this attempt did not succeed, because the physician who had them under his care, and who had kindly exhibited them at a meeting of the County Medical Society, refused to disclose their whereabouts. In doing this we suppose he was influenced by a creditable spirit of professional honor, founded upon the belief that these two unfortunates were not dangerous to the community. If this surmise is correct, we can heartily approve of Dr. Van Harlingen's course, for our confidence in his judgment is as great as our appreciation of his skill as a dermatologist.

After a short delay, however, the two persons alluded to voluntarily gave themselves up to the health authorities, and were taken to the Municipal Hospital for contagious diseases. Here they were treated with an extreme of caution which showed the exaggerated notion there prevailing in regard to the contagiousness of leprosy.

In view of these facts, it is important to discuss the contagiousness of this disease; for if it be very contagious, scarcely any measure could be regarded as too severe which would protect the community from its ravages. As a matter of fact, we do not hesitate to say that there is little evidence to show that leprosy is contagious—in the usual sense of this term—anywhere; and none to show that it is so in this country. From various parts of the world cases have been reported in which the communication of leprosy by contagion seemed to have taken place. But these are very rare cases among the many in which leprosy occurs, and it is quite possible that in considering them an association of events has been erroneously taken as evidence of a causal relation.

In the United States, and British possessions in North America, lepers have been found in small numbers at almost all times; but we think no case of contagion has ever been reported. In Nova Scotia and in Louisiana there are small colonies of lepers, and a certain number have come to our Eastern and Western ports from across the seas; but there is no evidence that either the colonies or the individual lepers have propagated the disease. In England a similar experience has prevailed.

Curiously enough, at this very time there is an excitement in England, as here, in regard to the danger to the community from a few persons suffering with leprosy, whose presence has been revealed to the public.

The matter has attracted the attention of the Royal College of Physicians, which some years ago appointed a committee to prepare an authoritative statement in regard to it. This committee reported that leprosy, though a terrible disease, is not much worse than others which are not held to justify

compulsory segregation of the patient, and that lepers ought to be treated as persons suffering from a severe and occasionally contagious malady, not as monsters accursed by God and man.

We cannot spare space here for a presentation of the reasons which influenced this committee, or which influence us to raise a voice against the clamor of fear which has risen about leprosy. But we feel assured that others who will study the subject carefully will conclude that nothing is to be feared, in England or in North America, from the presence of a few lepers. They are to be treated as other sick folk, with kindness and the best skill available, keeping in view the remote possibility that the disease may spread from them. But, until a single authentic instance of its communication by contagion in this country can be adduced, it is the height of folly to demand their separation from their fellows, to treat them as if they had small-pox or scarlet fever, and to excite the laity to an unreasonable fear and horror of them. Physicians, who entertain other opinions in regard to the contagiousness of leprosy, may effect all that is necessary for the protection of the public without exaggeration of its danger. At present the need seems to be that exaggerations which have been set in motion should be checked, and the confidence of the people in the ordinary methods of medical and sanitary protection should be re-established.

STRYCHNIA AS A HEART STIMULANT.

In *St. Bartholomew's Hospital Reports*, vol. xxii, there is a valuable paper by S. HERBERT HABERSHON, M.B., on the use of strychnia by hypodermic injections in cases of heart failure. In this paper Dr. Habershon discusses the *modus operandi* and effects of various heart tonics, such as digitalis, alcohol, ether, and ammonia, and concludes that none of them are so useful as strychnia in cases in which not only the heart muscle, but also the nerves which promote and control its activity are exhausted. The order of excellence seems to be digitalis for a pro-

longed effect; and ammonia, or ether and alcohol, for a more rapid but less lasting one.

It is somewhat surprising to find the statement that Dr. Habershon has never found ammonia "to act where brandy and ether have not succeeded." This sentence is not easy to analyze, but we incline to the opinion that if ammonia be used by intravenous injection, it will be found capable of arousing the vasomotor and respiratory centers to a temporary activity when nothing else will.

The principal value of Dr. Habershon's paper is in calling attention to the influence on the heart by hypodermic injections of from $\frac{1}{80}$ to $\frac{1}{30}$ of a grain of strychnia. He cites cases of disease of the mitral and aortic valve, and of pneumonia which had advanced to a state of cyanosis, with weak and rapid pulse, and hurried or Cheyne-Stokes respiration, in which the use of strychnia seemed to cause the tide of life to turn back, and recovery ultimately took place.

These cases may be regarded as establishing the opinion which he has formed of the great benefit to be derived from the hypodermic use of this drug in conditions of exhausted heart-muscle, accompanied by exhaustion of the nerves which supply the heart. Dr. Habershon suggests that the most convenient solution of strychnia for hypodermic use consists of one grain in fifty minims of water. We would suggest that it would probably be easier to regulate the dose if the solution were only about half as strong as this, consisting of one grain of strychnia to one hundred and twenty minims (two fluid drachms) of water. Two minims of such a solution would contain $\frac{1}{60}$ of a grain of strychnia, and four minims $\frac{1}{30}$ of a grain.

We recommend the views just stated to our readers, and hope that their adoption may prove satisfactory to them and advantageous to their patients.

VEGETARIANISM.

The *Chicago Tribune*, November 16, 1887, contains an amusing sketch by F. H. Carruth, in which he makes great fun of the habit of eating macaroni, Graham bread, oat meal, etc. The humor of this article is not very

delicate, and its scientific value is *nil*. The fact is, that a diet from which animal flesh is excluded is not only sufficient for all the needs of mankind, but sufficient to develop the most robust bodies and support the most vigorous minds. There are no finer set of men to be found anywhere than the Brahmins of India, who never eat meat in any shape; who are so scrupulous that some of them strain the water which they drink, so as to exclude from it any minute creature which it might contain. In body and in mind they are among the finest specimens of mankind. And in civilized countries, there are many men of clear complexions, sturdy frames and keen intelligence, who never eat meat.

We do not think the moderate use of meats prejudicial to health; but no more do we doubt that the use of meat is responsible for a great deal of the digestive disorders of our fellow-men. One result of imperfect digestion, which afflicts many civilized and refined people, is an offensive breath, which is probably due, in the majority of cases, to decomposing animal tissue contained in the alimentary canal. Let those who reflect on this matter compare in their minds the sweet breath of the herbivorous and granivorous animals with the foul breath so often emanating from the carnivora.

If mankind will imitate the conduct and choose the food of the most savage and most cowardly part of the animal kingdom, let them not deceive themselves into believing that their physical needs compel them to do so. Much less let them make pseudo-scientific jokes about it. They may eat meat and they may get good nourishment out of it; but if they wish to confine themselves to the diet indicated by nature, and to take no life in order to please their palates, they need not fear physical, mental or moral decrepitude.

A DANGER FROM SEWING-MACHINES.

Most medical men are sufficiently impressed with the fact that constant use of the sewing machine exercises an injurious influence upon the sexual organs of women,

having a tendency to inaugurate or increase disorders of menstruation, leucorrhœa, and other inflammatory conditions of the uterus. But Dr. GEORGE T. WELCH reports, in the *Transactions of the Medical Society of New Jersey*, for 1887, the cases of two women, one married and one unmarried, in whom constant use of the sewing-machine produced erythism, and an actual orgasm. In both women this result led to undermining of the general health and spirits.

Such cases, we trust, are rare; and yet it may be well for medical men, and especially for medical women, to know that they may occur, and to be on the look-out to detect and remedy them. If they were very frequent, the sewing-machine ought to be banished from the house and the factory. It might be worth while for some discreet woman physician to investigate this subject, if the investigation could be carried out without offering a suggestion to women-workers which could increase their danger.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

We regret to notice that the *Journal of the American Medical Association* has not the courage to refuse to publish what are known as "reading notices," or puffs in the reading pages of wares advertised in the proper advertising pages. It certainly would seem reasonable to expect that a magazine supported by a species of forced contributions from the members of the Association would hold to a strict observance of high principles in medical journalism. Six months ago, the *Pittsburgh Medical Review* called attention to this matter, and it is painful to find that the editor-in-chief of the *Journal* of the Association cannot prevent what we feel sure he must deplore.

—Stadelmann, of Heidelberg, regards diabetic coma as a poisoning by acid, and again recommends intravenous injections of a three per cent. solution of carbonate of sodium in a half per cent. solution of chloride of sodium.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

SEVENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK. Transmitted to the Legislature, January 19, 1887. 8vo, pp. 639. Albany: The Argus Company, Printers, 1887.

This volume of reports contains much that is interesting and valuable to students of public hygiene, especially in regard to water supplies, ice supplies, food adulteration, drainage and sewerage. One of the most curious chapters of this Report concerns the objections raised by the Water Company of Jamestown to an investigation as to the purity of the water supply of this town by the State Board of Health. The objections show to what lengths of evasion a mercantile interest will go in endeavoring to escape doing its duty; and we are glad to say they are thoroughly overthrown by Dr. Lewis Balch, Secretary and Executive Officer of the Board.

A SHORT MANUAL OF SURGICAL OPERATIONS. By ARTHUR E. T. BARKER, F.R.C.S., Surgeon to University College Hospital, etc. With 61 illustrations. 8vo, pp. 423. London and New York: Longmans, Green & Company, 1887. From J. B. Lippincott Company. Price, \$3.25.

In his preface, the author speaks of this book as "a small work," and altogether indicates a modest opinion of its scope. In this, he does himself credit. But we have no reason to measure our words in appreciating it, and do not hesitate to say that it is a work of great importance and of great value. It is admirably planned and admirably executed. It presents, in clear and attractive style, the best methods for performing almost all the surgical operations now in general use, and some which are still rare. The illustrations, drawn by the author, are beautiful and distinct, and enhance the value of the text very materially. The work of the publisher is also well done, paper, printing and binding being excellent. Most readers, we think, would prefer books, the pages of which have been cut; but those who like to use the paper-knife will have an opportunity here.

In considering the contents of this manual in detail, we find little to criticise, and this little we would comment on with due deference to the author's experience. The treatment of varicose veins of the leg by excision, we think, might be described with greater fulness without disadvantage; the use of Malgaigne's-hooks for fracture of the patella might be mentioned, even if the author—like the reviewer—does not approve of them. We miss a description of the Wladimirow-Mikulicz operation for resection of the tarsus. The chapter on excision of the tongue is so admirable that we wish it had been perfected by a more detailed account of the steps of Kocher's method. In the chapter on operations upon the ovaries, we think the methods of Sir Spencer Wells are followed too closely; and we cannot approve of the use of the spray. In the description of suprapubic lithotomy, we note an array of instruments, some of which are not needed, and one of which, the *sonde-à-dard*, is both useless and obsolete.

These are some of the points to which we would call the attention of the author. To our readers, we

would say that we know no work on purely operative surgery which is better suited to the needs of surgeons, who would be well instructed. The points in it, in regard to which we have commented above, are few compared to those which have excited our hearty approval.

TRANSACTIONS OF THE MEDICAL SOCIETY OF NEW JERSEY, 1887. 8vo, pp. 412. Newark, N. J.: L. J. Hardham, Printers, 1887.

This is a volume which reflects great credit upon the publication committee of the New Jersey State Medical Society, whose work of editing is very well done, and upon the printer who issued the book. The transactions of the Society are interesting, although they comprise only three original medical papers, one of them being a prize-essay on "The Climatology and Diseases of Essex County," which covers 160 pages. The other two are by Dr. B. A. Watson and by Dr. D. Benjamin. All of them are interesting and instructive. The prize-essay is a model of thoroughness.

The reports of District Societies cover 103 pages, and contain a number of excellent brief papers—one of them in rhyme—which deserve the wider reading which the columns of a medical journal would afford.

HYGIENE FOR YOUNG PEOPLE. PATH-FINDER PHYSIOLOGY NO. 2. 5¼ x 7½ inches, pp. 207. New York and Chicago: A. S. Barnes & Company. Price, 60 cents.

This book is very similar to one reviewed in our last issue, and is designed for older children. It has the same merits as that has, and is subject to the same qualifications. As an illustration, we would cite the exaggerated use made of the fact that alcohol combines with water, taken in connection with Dr. B. W. Richardson's estimate of the water which had dried out of a mummy. The use of this story in connection with the statement made about alcohol, we do not regard as fair; and the inferences which a child would draw from it would probably be very erroneous. We may be wrong; but we believe the proper way to inculcate temperance is by showing its advantages and the evils of intemperance; and that more should be made of the importance of self-governance. Children should be taught to rule their conduct, to restrain their appetites, to choose what is good for its own sake; and that to yield to wrong is not only sinful, but unmanly and unwomanly. We believe that it would be both right and useful to cultivate the idea that the man or woman who is intemperate in anything: passionate, extravagant, a drunkard, or lustful, is *quoad hoc* to be despised, while true temperance and the pursuit of good are the noblest achievements of which man is capable.

A HAND-BOOK ON DISEASES OF THE SKIN. By ROBERT LIVEING, A.M., M.D., Physician to the Department for Diseases of the Skin at the Middlesex Hospital, etc. Fifth edition, revised and enlarged. Small 8vo, pp. viii, 451. London and New York: Longmans, Green & Company, 1887. Price, \$1.50.

The fifth edition of Dr. Liveing's manual on skin-diseases contains an admirable presentation of the subject, as may be imagined from the fact that it is the fifth edition. It is written in a clear and succinct style, and its teaching in regard both to the pathology and treatment of the skin-diseases is trustworthy. The discussion of the pathology of skin-diseases is fuller and better than that of this treatment—a part of the book which was not embraced in the first edition,

and which does not seem to have caught up to the development of its older brother.

We find that the author is opposed to the use of ointments in acute eczema; and dwells upon the importance of rest, general and local. In the main, these injunctions agree with the experience of other dermatologists; but we do not think they are to be taken as exclusively as the author's language seems to indicate. We have looked in vain for any reference to dermatitis herpetiformis, as recently described by Duhring. In regard to leprosy, to which so much attention has been attracted of late in England and the United States, we find the author believes it to be contagious; although he admits that there are no well authenticated cases on record of its communication by contagion in temperate climates.

LITERARY NOTES AND QUERIES.

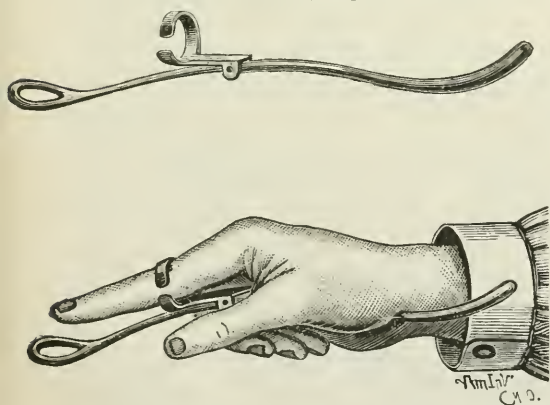
[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—G. P. Putnam Sons announce that, after January 1, the *Medical Analectic* is to be issued in weekly numbers. This journal is made up entirely of selections and abstracts from American and foreign journals, and is conducted with marked ability.

NEW INSTRUMENTS.

WILCOX'S DIGITAL FORCEPS. SOLD BY S. R. WILCOX, BENNINGTON, VT. Price, \$2.50.

The accompanying cut illustrates very clearly the appearance and manner of using an instrument which has been sent us by the inventor for notice. The design consists in attaching a species of blunt curette



to the index, in such a way that the instrument can be used as a curette, or in combination with the finger as a fenestrated forceps. The advantage, in many cases, of such a combined digital and instrumental manipulation must be obvious. The instrument was originally intended for use in cases of adherent placenta; but there are several other conditions of the uterus in which it might afford valuable assistance.

CORRESPONDENCE.

Asthma Cured by Relief of Constipation.

EDS. MED. AND SURG. REPORTER :

Sirs :—I have recently had a patient of German parentage, 63 years old, weighing 230 pounds, with a dark complexion, and a temperament in which the lymphatic and bilious tendencies decidedly predominate over the sanguine and nervous. Has been troubled with obstinate constipation as long as she can remember, notwithstanding the fact that she indulges freely in the use of beer. The interval between evacuations varied from six to ten days, and a motion of the bowels was secured only by the use of powerful cathartics. For years the woman had suffered extremely with asthma, from which she secured only temporary relief by the use of inhalants, antispasmodics and nervines.

On February 9, 1887, she was taken ill with a high fever and diarrhoea, and soon had a fully developed enteritis. She recovered from this under appropriate treatment; but, being anxious to be about, she got up too early, and relapsed into a condition of general peritonitis, which, under appropriate treatment, subsided and convalescence was established. To allay the irritability subsequent upon inflammation of the intestinal mucous membrane, and also for its cathartic effect, an emulsion of castor oil was administered in large doses three times daily. Two days after commencing to use the emulsion, the woman experienced pains, which she described as similar to those of the first stage of labor. The result was the expulsion of an enormous mass of excrementitious matter, hard and firm in texture, with a groove along its surface, furnishing imprinted evidence that it had been expelled from the transverse colon.

After the evacuation of the mass, there was a complete and instantaneous cessation of the asthma, which, up to that date, had resisted all medical treatment. It is therefore clear that the asthma was due to the chronic and extensive faecal accumulation. The patient has had no recurrence of asthma up to the present time. Yours truly,

P. C. JENSEN, M.D.

Chicago, Ill., November 23, 1887.

—Mr. Lawson Tait has been appointed Professor of Gynecology in Queen's College, Birmingham. Dr. John Clay will continue to lecture on midwifery.

NOTES AND COMMENTS.

Blue Pus.

The cause of the blue coloration of pus, which is sometimes noticed, has been a matter of speculation for some time. In a communication to the 60th Congress of German Naturalists and Physicians, in September, 1887, M. Ledderhose states (*Gazette Médicale de Paris*, November 5, 1887) that his primary object in investigating the subject was to determine the chemical constitution of the coloring matter of blue pus. The empirical formula $C_{14}H_{14}N_{20}$, which he has found, corresponds to that of a body of the aromatic series.

This coloring matter, *pyocyanine*, when injected under the skin in the form of the hydrochlorate, and in pretty large doses, does not give rise to toxic symptoms in frogs and pigeons. Cultures of the bacillus which secretes it only contain some metallic plates in the most superficial layers. The bacillus seems to find the elements necessary to the formation of the coloring matter not in the pus, but in the neighborhood of the skin, possibly in the ammoniacal sweat. Pflügge and Fraenkel do not think that the bacillus in question is the cause of the blue pus; but M. Ledderhose maintains that it is, and details some experiments tending to prove it.

The Spread of Leprosy.

With reference to the case of leprosy resulting from vaccination, which was communicated to the *British Med. Journal*, June 11, 1887, and contained in the COMPENDIUM OF MED. SCIENCE, July, 1887, J. D. Hillis, late superintendent of the British Guiana Leper Asylums, writes to the *British Med. Journal*, Nov. 5, 1887, that in the West Indies there is a widespread belief in the propagation of leprosy by vaccination, and that both white and colored classes are particular to have their children vaccinated only with lymph imported from England. In his work on leprosy, Mr. Hillis has recorded a case of confirmed tuberculated leprosy supposed to have been contracted by vaccination, although he has no doubt himself that it actually was so contracted. He says in his book: "I have already given some cases in which there could be no reasonable doubt but that the disease was produced by vaccination with tainted lymph, and we have testimony in favor of this mode of propagation from such men as Tilbury Fox and Erasmus Wilson."

Mr. Hillis says he has taken great interest in the subject of the spread of leprosy. Since

the report of the Royal College of Surgeons in 1867, more light has been thrown on the pathology of the disease, and a mass of valuable information collected. It is also known that many medical men differ from the college in the opinion then expressed with regard to the contagiousness of leprosy. From all parts of the world intelligence comes of the increase of leprosy. Is the cause of this satisfactorily accounted for on any other hypothesis than that of contact of the unhealthy with the healthy? Mr. Hillis says he has had more than twenty years' experience of the disease, one-half of the time as superintendent of the largest leper asylum in the West Indies, and his opinion is that leprosy, in some manner yet unknown, is thus communicated, and that whenever lepers are allowed to congregate, and no attempt made at isolation, other cases will in due course assuredly arise, irrespective of hereditary tendency, peculiarity of diet, locality, etc.

He then cites the following cases: A shopkeeper at Demerara, whose business as contractor for provisions took him frequently to the asylum, became leprosy. For at least ten years his wife remained free from any sign of leprosy. The case was well-known, and Mr. Hillis had been frequently called on to explain with reference to this very person, how, if leprosy was in any way contagious, this man's wife escaped so long. In May, 1886, this woman came to him with well-marked symptoms of leprosy, and was under treatment when he left the West Indies.

The Opium Habit in San Francisco.

Dr. Winslow Anderson, of San Francisco, in a letter to the *Medical Record*, November 5, 1887, says that opium smoking and morphine eating are alarmingly prevalent in that city. Women, as well as men, are the slaves of the habit. A large proportion of the *demi-monde* of San Francisco and the poorer slaves of this drug smoke the "Chinese pipe." It is really surprising how many *habitués* visit the Chinese "dens" and opium "joints" daily. Dr. Anderson has witnessed the sickening sight of young white girls from sixteen to twenty years of age lying half-undressed on the floor or couches, smoking with their "lovers." Men and women, Chinese and white people, mix indiscriminately in Chinatown smoking houses. Another class of people purchase their "lay outs," or smoking paraphernalia, and entertain this fiend in their own quarters. Smokers "hit the pipe" once, twice, or three times daily. Morphine eating and morphine injections are perhaps even more frequently

resorted to. Some are equipped with hypodermic syringes and solutions of morphine made by themselves, as the standard Magendie's solution is not strong enough. Injections are used regularly every day, with occasional debauches. Enormous quantities of morphine are consumed in this way and by eating it—ten to twenty grains daily for each individual. It has been estimated that there are about ten thousand *white* opium smokers in San Francisco alone. It is next to an impossibility to determine the number of morphine eaters and morphine injectors, as these people belong to the wealthiest families and are screened from observation. Dr. Anderson says that in one patient, a young lady who for several months suffered with pleuritic effusion of the right side, morphine powders had been prescribed by her physicians to be used *pro re nata*. The habit grew upon her, and for seven years she had used one and two one-eighth ounce bottles of the sulphate of morphine a week—ten to twenty grains daily. This patient was finally cured by gaining her confidence, and by the judicious use of diminishing doses of morphia, combined with good sanitary surroundings and a stimulant and tonic course of treatment.

Ménière advises the use of the following for pruritus of the vulva:

- R Zinc. oxid. 1½ drachms
 Potas. bromid. 2½ drachms
 Ext. cannabis indic. 30 grains
 Glycerite of starch. 7½ drachms
 M. Sig.—To be preceded by cold bathing.

Dr. Huchard recommends the following formula for the treatment of flatulent dyspepsia:

- R Salicylate of bismuth. 2 parts
 Calcined magnesia. 2 parts
 Powdered willow charcoal. 3 parts
 Oil of anise. 1 part
 M. Sig.—Of this powder a small teaspoonful may be taken an hour or half hour before a meal.

Chloride of Ammonium in the Treatment of Diseases of the Liver.

Surgeon General W. Stewart, in a communication on this subject to the *Lancet*, October 22, 1887, refers to a former communication of his in which he showed that, in hepatic congestion, a local depletion of the portal capillaries is effected by each succeeding dose of chloride of ammonium, and that this depletion, unlike that obtained by other measures, was not attended with depression. After stating that, with the exception of Pro-

fessor Aitken, the other men in England who had used the treatment, had not given the necessary attention to diet and management, without which successful results could not be obtained, he proceeds to detail the characteristic symptoms produced by the drug in hyperæmia of the liver. These symptoms occur shortly after the medicine is taken, in from five minutes to half an hour. Sometimes a shock is felt, as if "something gave way" in the side; at other times a succession of shocks is experienced in the hepatic region, accompanied or not by a prickling sensation ("pins and needles"), or as if cold water were trickling down the side; or the action is described as that of "pulling" from one hypochondrium to the other, or from the margin of the right costal arch upwards and backwards, as if through the liver; or a "clawing," "working," or "gnawing sensation" is spoken of as felt by the patient. With the local actions excited in the liver and related parts, motor impulses are similarly communicated to the muscles of the intestinal canal, thus increasing peristalsis.

In addition to the administration of the drug, the patient should be put to bed, and should have a urinal or bed-pan constantly at hand. No solid food should be given; and wine, beer, or other alcoholic stimulants must be strictly prohibited. Small quantities of milk and beef tea are recommended, and the free use of barley water, as a drink. If diarrhoea exist, a pill of two grains of mercury, and three grains of Dover's powder, repeated every two hours until four or five are taken, will be found the most effectual means of checking it without the risk of setting up gastro-intestinal irritation. Looseness of the bowels does not, however, contra-indicate the chloride of ammonium. The only thing which contra-indicates the immediate use of the drug in acute cases is the existence of a combined hot and dry state of the skin, with pyrexia. Under such circumstances, its use should be preceded by a few small and frequently repeated doses of solution of acetate of ammonium, till the skin is rendered moist. Fomentations or hot bran-bags applied to the seat of the pain in the side will be of use in aiding determination to the skin generally.

The author gives the drug in doses of twenty grains three times daily.

—There is a mind cure medical college in Rutland, Vt., which issues diplomas. Its graduates can use the letters M. D. after their names, and say that they mean Mind Doctor.

Evil Effects Produced by the Corset.

In a paper in the *N. Y. Medical Journal*, which is unique in the scientific way in which the subject has been presented, as well as in the character of the illustrations, Dr. R. L. Dickinson, of Brooklyn, lecturer on obstetrics in the Long Island College Hospital, discusses the old question of the corset, and the ill-effects produced by it, with reference to pressure and displacement. His method of study is the following: An inelastic bag is connected with a manometer in such away that when the bag is held on a level with the fluid in the tubes of the manometer the, latter registers zero. The bag (kept at the zero level) is introduced beneath the corset, which is then closed, and the readings are made. Two inches of mercury displaced, *i. e.*, an inch on each side, will signify a pound of pressure to the four square inches of bag surface. To obtain the number of pounds pressure on one square inch of surface, the reading is divided by eight. Without presenting the results of his studies in detail, the following are his conclusions, briefly stated:

"1. The maximum pressure at any one point was 1.625 pound to the square inch. This was during inspiration. The maximum in quiet breathing was over the sixth and seventh cartilages, and was 0.625 pound.

"2. The estimated total pressure of the corset varies between thirty and eighty pounds—in a loose corset about thirty-five pounds; in a tight corset sixty-five pounds.

"3. Within half a minute after hooking the corset such an adjustment occurs that a distinct fall in pressure results.

"4. The circumference of the waist is no criterion of tightness. The difference between the waist measure with and without corsets gives no direct clew either to the number of pounds pressure or to the diminution in vital capacity. Relaxation and habit seem to affect these factors largely.

"5. The capacity for expansion of the chest was found to be restricted one-fifth when the corset was on.

"6. The thoracic character of the breathing in women is largely due to corset-wearing.

"7. The thoracic cavity is less affected by the corset than the abdominal.

"8. The abdominal wall is thinned and weakened by the pressure of stays.

"9. The liver suffers more direct pressure and is more frequently displaced than any other organ.

"10. The pelvic floor is bulged downward by tight lacing one-third of an inch (0.9 cm.)."

A Plea for Calomel in Diseases of Children.

Dr. George B. Fowler, Professor of Clinical Medicine in the New York Postgraduate School of Medicine, in an article on the value of calomel in certain diseases of children (*Medical Record*, November 19, 1887), sums up his opinion as to its value in the following words: "I claim for calomel that it is the best and most agreeable cathartic for children; that it is a markedly antiseptic and tonic medicine; that it is an effective diuretic; that it promotes dissolution of fibrinous formations, whether they be interstitial, or whether they be membranous deposits upon mucous membranes."

Is Leprosy Contagious?

In a letter to the *Medical News*, November 26, 1887, S. P. Armstrong, M.D., P. A. Surgeon U. S. Marine Hospital service, says: I would offer an amendment of Terence's familiar line—*Medicus sum: medicini nihil a me alienum puto*—as my apology for trespassing on your columns in this case of Dr. Van Harlingen (whom I have not the pleasure of knowing), some cases of leprosy he was treating, and the Board of Health of your city, Philadelphia.

I learn from the reports in the daily newspapers of this city, that the health officer of Philadelphia had insisted upon the removal and isolation of some cases of leprosy which were under the care of Dr. Van Harlingen. It would seem, from the action taken, that leprosy is regarded by the health authorities of Philadelphia as somewhat more contagious than small-pox, or the other exanthemata, and consequently I would offer the following in testimony against such an idea.

In 1880 a case of leprosy was admitted into the U. S. Marine Hospital wards at Hotel-Dieu, New Orleans. Subsequently the case was transferred to the U. S. Marine Hospital at Mobile. He was exposed to other patients, subjected to no rigorous quarantine or isolation, and no case developed among other patients.

I have often seen, during the years I was on duty in New Orleans, cases of leprosy in the Charity Hospital of that city. On referring to the reports of that institution it may be found that, in 1885, there were of the different varieties of leprosy, six white and one colored patient treated. In 1884, two white persons were treated. In 1883, two white and one colored patient. In 1882, four white patients. In 1881, four white and one colored patient. The cases are treated in the hospital wards.

While on duty in Key West, Florida, in 1883, I treated a case of tubercular leprosy in a mulatto child, no isolation being considered.

In the report of the Louisiana Board of Health for 1880, Dr. Joseph Jones has a paper on leprosy in Louisiana, and, though president of the Board of Health, does not insist upon the exclusion authorized by Biblical law.

At any rate, it does not seem that the public alarm, and consequent unjust criticism of a professional man, are warranted by the lack of evidence regarding the existence in the United States of the environment, race dyscrasia, and other genetic factors which have served to make this disease the scourge of certain localities.

Hemorrhage from Traumatic Rupture of Varicose Veins of the Vulva.

In the *Progrès Médical*, November 12, 1887, T. Legry reports the case of a woman, six months' pregnant, who fell upon the partition bar in a traveling coach, striking upon the vulva and rupturing some slightly varicose veins just within the vagina on its posterior wall. Hemorrhage was exceedingly profuse, so that the patient was nearly in collapse. An examination was made, but no placenta, nor presenting part of the foetus, nor any other source for the hemorrhage could be detected. The hemorrhage was controlled by tamponading the vagina. On the day following the accident, the source of the hemorrhage was discovered; and, two weeks after the accident, a dead foetus was expelled entire.

A "Regular" Charlatan.

The *St. Louis Med. and Surg. Journal* is very indignant for the following reason: Some months ago a merchant of that city consulted a physician concerning a gastric and intestinal trouble, which was manifestly the result of over-indulgence in food and drink. The doctor so told his patient in plain words and advised abstinence and a simpler diet, charging for the consultation (which lasted nearly an hour in the busiest part of the day) five dollars. The patient objected, but paid it. A few weeks later the doctor, while in Philadelphia, met at his hotel the same merchant, then on his homeward way, and incidentally learned that the latter had while "East" consulted a celebrated New York doctor, who "had diagnosed his case perfectly, and had prescribed medicines to cure it." The merchant was in a patron-

izing mood and graciously informed the St. Louis doctor that he would let the latter see Dr. —'s prescriptions and letter of directions, as it might be of some service to him in future emergencies. The first impression was, to refuse, but curiosity got the better of the wounded professional pride, and the doctor consented to accompany the merchant to his room and take a lesson in medicine. Once there the merchant opened a package about fourteen inches long and ten inches square, bound with a shawl strap, and took out two pint bottles of "tonics," an immense box containing five hundred capsules, two homœopathic vials containing pellets, a spraying apparatus and a number of miscellaneous boxes of pills, powders, etc. The "letter of instructions" contained minute directions for taking these remedies, and but little else.

"Where are the prescriptions?" asked the doctor; and in reply was told that the druggist had kept them "so that he can refill the bottles when they are empty."

"And you expect to take all this stuff and send back for more! And may I ask," said the St. Louis doctor, "what all this precious stuff cost you?"

"Well, Doctor — charged me twenty dollars. The druggist's bill was \$8.60."

Without prolonging the interview the doctor bade his quondam patient good day and retired to ruminate over the strange and unaccountable love for humbuggery and deceit which possesses the majority of human beings. *N t populus, but homo, the genus man, vult decipi. Decipiatur!*

Dr. Rabow, in *Therap. Monatshefte*, No. 8, 1887, recommends the following formulæ for the use of terpine and terpinol in diseases of the respiratory and genito-urinary organs:

- R Terpin. hydrat. gr. cl
Alcoholis. f 3ivss
Aq. destill. f 3iij
M. S.—Teaspoonful dose.
- R Terpinol.
Sodii benzoat. āā gr. xv
Sacch. alb. q. s. ut fiant pil. no. x.
Sig.—One pill every three or four hours.

—Milan, Italy, is suffering from an epidemic of small-pox, which has for the most part attacked the non-vaccinated, but to a smaller extent also those who were imperfectly vaccinated. To the former class belong the infant victims; to the latter the aged. The vaccination committee are urging that vaccination be made compulsory.

News Items.

—The Hall of Anatomy of the University of Virginia was opened on October 25, with an address by Dr. Paul B. Barringer, of Davidson College, N. C.

—Small-pox has broken out in the Pantin and Aubervilliers districts, Paris. The hospitals are full of patients. The disease originated among German residents.

—Dr. C. T. Parkes, formerly Professor of Anatomy in the Rush Medical College, Chicago, has succeeded to the chair of surgery made vacant by the death of Dr. Moses Gunn.

—Dr. William Pierson, the senior physician at St. Michael's Hospital, Newark, has been elected by the Board of Trustees to succeed Dr. O'Gorman as medical director of the hospital.

—The Governor of Pennsylvania has appointed Dr. George McLeod, a homœopathic physician of Philadelphia, a member of the Board of Public Charities, in place of Dr. J. K. Lee, deceased.

—Diphtheria is prevailing to a considerable extent near Westchester, N. Y. Several deaths have occurred within the last two weeks. The Board of Health has decided to close the public schools until the epidemic is over.

—The New York Cancer Hospital was opened on December 6. The building is the gift of Mrs. John Jacob Astor, who gave \$200,000 for its construction, and her husband and other wealthy persons have added to the endowment.

—The fatal cases of diphtheria about Green Creek, Cape May county, are now thought to have been caused by stagnant water collected about the mouth of Foster's Creek. Means are being taken to drain the meadows, money having been raised by private subscription to meet the expense.

—The Mount Auburn Children's Hospital, in Cincinnati, the gift of the Emory brothers, was dedicated Nov. 23. The buildings will accommodate fifty beds. "While the management is entrusted to the Protestant Episcopal Church, the patients are to be children under 15 years of age, without regard to color, creed or nativity."

—The Board of Health of Philadelphia, on November 15th, adopted a report relative to the proposed removal of the Municipal Hospital to the Lazaretto, on the river Delaware, below the city. The report opposes

the change for these reasons: The legal objection to the location of a hospital for contagious and infectious diseases in an adjoining county; the complete failure of the experiment in 1863 and 1864; and because of the fact that it is a bad practice to remove the sick a long distance; the unsuitableness of the Lazaretto for a hospital of this character, and the impropriety of locating a pest house at a quarantine station.

—Poisonous perambulators, says the *British Medical Journal*, are probably one of the least suspected of dangers, yet, nevertheless, one which experience has shown to exist, and, therefore, one against which the parents of a family would do well to be on their guard. A case is recorded this week of a child, aged four months, who, on its return after being out under a hot sun, was seized with sickness and vomiting, the vomited matter being a green-colored fluid. From inquiries made by the medical man it was elicited that the child had been seen to suck a green strap of the perambulator, and the true cause of the mischief was at once suspected, namely, arsenic poisoning. An analytical examination of the strap confirmed this view, arsenic being found to be present in great abundance. In spite of all that medical aid could effect, the child gradually sank from exhaustion.

—About two months ago, a young man named Palmer shot himself in the head, the bullet entering just over the left eye, and lodging in the brain. From the time of the shooting to the time of his death he did not regain full consciousness. The case is remarkable as to the length of time the patient survived. At the time an operation to remove the ball was deemed impracticable. A probe was introduced into the wound and found its way some distance into his head, and it was decided to wait for further symptoms of brain trouble, which would indicate the advisability of the operation. Secondary brain symptoms developed, but the patient was at no time in a condition to warrant the use of the knife.

Every attention which medical skill could give was shown the patient, who survived eighty-five days, and died Nov. 22, 1887.—*Times*, November 24, 1887.

—There is nothing like a little healthy criticism at the opportune moment, especially in matters directly pertaining to the public interests, in proof of which reference may be had to the recent strictures of the Philadelphia doctors upon our defective quarantine system, which, notwithstanding the feeling created among the officials here, are

beginning to bring forth good fruit. It has stirred up not only Mr. Health Officer Smith and President Baylis, of the Board of Health, but the Mayor himself, to see what could be done to accomplish the very reforms which the Philadelphia doctors' committee recommended, but which at the time were not taken in as friendly a part as they ought to have been. Mr. Hewitt, in addressing the Health Board on the subject, asks the President to communicate with the Academy of Medicine, in order to secure their cooperation in all matters pertaining to contagious and infectious diseases; also to request them to make an early examination of the quarantine establishment, and to point out its defects and requirements, in order to bring it up to the highest ideal standard of modern scientific and medical knowledge.—*Correspondence in Public Ledger*, November 16, 1887.

—An unfortunate incident has occurred at the General Hospital, Vienna, which has ended in the dismissal, by ministerial decree, of Dr. Lustgarten from the post of assistant to the Professor of Dermatology, Dr. M. Kaposi. Dr. Lustgarten is a young man who is already favorably known for his scientific work; his name must be familiar to many in connection with the discovery of the syphilococcus, the supposed parasitic agent in the transmission of syphilis. The occurrence has, as may be supposed, caused much excitement in professional circles in Vienna. The following appear to be the facts of the case: Professor C. Böhm, who was not long ago appointed Director of the General Hospital, in the place of Dr. Hoffman, has shown a good deal of the activity popularly associated with "new brooms," with the result that there has been considerable tension in his relations with the resident medical staff. Dr. Lustgarten, wishing to have a patient transferred from the skin department to the surgical wards, sent one of the hospital servants to the director with one of the tickets required in such cases, for his signature. The director, however, sent the servant back to Dr. Lustgarten with the ticket, on the ground that it had not been properly filled up. The man, who, like nearly all of those in the service of the hospital, bore a grudge against the director on the score of his alleged undue severity, delivered the message in a way that Dr. Lustgarten considered grossly insulting. On the spur of the moment he wrote an injudicious letter, which he sent to Dr. Böhm by the same man. The director thereupon forwarded the letter, without any comment or explanation, to the Minister of Education,

who immediately dismissed Dr. Lustgarten. Without wishing to pronounce a critical judgment on this unfortunate incident, we may be allowed to express the hope that this regrettable occurrence will not prove a serious hindrance to a career so full of promise.—*Brit. Med. Journal*, October 26, 1887.

Items.

—The *N. Y. Tribune*, Nov. 24, states that a woman named Mrs. A. B. Kidder has become demented, it is claimed, through the nummery of Mrs. Anna Johnson, a faith-cure or "Christian Science" doctor. Soon after Mrs. Johnson's arrival in Chicago, about two months ago, Mrs. Kidder, not being in good health, called on the woman, and, becoming infatuated with the treatment, dismissed the family physician and kept on with Mrs. Johnson. The husband is very indignant, and says he will appeal to the State Board of Health and see if such quacks and frauds cannot be prevented from doing the mischief they are doing.

—The *British Medical Journal* describes a new method of testing for morphine, capable of detecting the presence of so small a quantity as $\frac{1}{200}$ grain. A few drops of strong sulphuric acid are added to the solution, together with about the same amount of a solution of sodium sulphate (strength not stated). The mixture is heated in a porcelain capsule, and, as soon as it begins to give off sulphuric vapor, it is suddenly cooled, when, if morphine is present, it will assume an intense violet color. If it is further heated, it turns brown, and, after it is cooled, the addition of a few drops of water produces a vivid red color, which changes to a pale green on the addition of more water. If, now, an equal bulk of chloroform is added, and the mixture well shaken, the chloroform becomes of a bright blue color.—*Phar. Record*.

—In the Pitti Palace, at Florence, is a table, says the *Medical Press*, which for originality in the matter of construction and ghastliness in conception, is probably without a rival. It was made by Giuseppe Sagatti, who passed several years of his life in its manufacture. To the casual observer it gives the impression of a curious mosaic of marbles of different shades and colors, for it looks like polished stone. In reality it is composed of human muscles and viscera. No less than a hundred bodies were made use of for the material. The table is round, and about a yard in diameter, with a pedestal and four claw feet, the whole being formed

of petrified human remains. The ornaments of the pedestal are made from the intestines, the claws with hearts, livers, and lungs, the natural color of which is preserved. The table-top is constructed of muscles artistically arranged, and it is bordered with upwards of a hundred eyes, the effect of which is said to be highly artistic, since they retain all their lustre and seem to follow the observer. Sagatti died about fifty years ago. He obtained his bodies from the hospitals, and indurated them by impregnation with mineral salts. To add to the horror which such a piece of furniture is calculated to inspire in the minds of most people, the fate of Count Rittaboca, its last owner, may be related. One Christmas Eve he and his friends were playing cards on this table, when suddenly he jumped up, pale and agitated, overcome by the fixed gaze of these petrified eyes. Yielding to a sudden attack of violent mania, he stabbed himself and fell upon the table. His heirs, as may be imagined, were very pleased to sell this funeral object to the Government, who installed it in its present situation.—*Boston M. and S. Journal*.

Humor.

—*The Story of a Prescription*.—A druggist tells this story at his own expense. Said he: "A man came in with a prescription, and I noticed that the paper did not bear the name of any physician. I called the customer's attention to it, and he replied that he knew 'all about who wrote this prescription. Never mind,' said he, 'who wrote it. The doctor signed his name and I cut it off.' 'What did you cut it off for?' I asked eagerly. 'So that I wouldn't have to pay you his commission,' was the innocent response. I then tacked on fifteen cents extra for luck, but gave him a glass of soda with a wink in it, and he walked out with an air of a man immensely tickled at the success of his scheme."—*Boston Gazette*.

OBITUARY.

DR. THEODORE R. VARICK.

Dr. Theodore R. Varick died Nov. 23 at his home in Jersey City. On Nov. 17, the doctor fell down stairs and broke his right ankle. He got up for the first time since the accident, Nov. 23, and stepped upon his injured foot. The shock brought on paralysis of the heart and he died in about ten minutes.

Dr. Varick was one of the most prominent surgeons in Jersey City. Appointed Brigade Surgeon-General by Governor Randolph in

1869, he resigned last year. He was President of the Board of Health of Hudson County, a Director of the Board of Managers of the Morris Plains Insane Asylum, Chief of the Surgeon's Staff of the Jersey City Charity Hospital and Medical Director in St. Francis's Hospital.

DR. HENRY D. HARVEY.

Dr. Henry D. Harvey, a promising young physician of Philadelphia, died in his 31st year, Nov. 28, 1887. He was graduated at the University of Pennsylvania in 1878, and subsequently was House Physician at the Episcopal Hospital.

DR. C. LYNDE.

Dr. C. Lynde, aged 70, died on November 25, at Oskosh, Wisconsin, after a brief illness. He was a prominent member of the State Medical Society, and had resided in Oskosh nearly half a century. He had a wide acquaintance throughout the State.

DR. THOMAS L. JANEWAY.

Dr. Thomas L. Janeway died at Eureka Springs, Ark., on Sunday, November 27. He left his home in New Brunswick, N. J., with his brother and sister, on the way to California for the benefit of his health. He was born in 1844 and was graduated at Rutgers College in 1866. He went to Germany and there studied medicine, being at one time a surgeon in the German army, and did not return to New Brunswick until 1877.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Nov. 27, 1887, to Dec. 3, 1887:

So much of S. O. 235, A. G. O., October 8, 1887, as relieves Lieutenant-Colonel Charles T. Alexander, Surgeon, from duty at St. Louis, Mo., and directs him to report for duty at Fort Meade, Dak., is amended so as to take effect Jan. 1, 1888. S. O., 274, A. G. O., Nov. 25, 1887.

Capt. H. P. Birmingham, Assistant Surgeon. The leave of absence granted by orders No. 52, Fort Myer, Va., Nov. 24, is extended 23 days. S. O. 255, Div. Atlantic, Nov. 28, 1887.

There have been no Changes in the Medical Corps of the U. S. Navy, during the week ending Dec. 3, 1887.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for three weeks ended Dec. 5, 1887:

Walter Wyman, Surgeon, granted leave of absence for 30 days, Nov. 29, 1887.

L. L. Williams, Assistant Surgeon, granted leave of absence for 21 days, Nov. 18, 1887.

J. J. Kinyoun, Assistant Surgeon, leave of absence extended 7 days, Nov. 29, 1887.

R. M. Woodward, Assistant Surgeon, granted leave of absence for 17 days, Dec. 5, 1887.

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ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

DELIRIUM TREMENS.

BY WESLEY M. CARPENTER, M.D.,
Professor of Clinical Medicine in the University of
the City of New York.

Gentlemen:—The patient before us represents a class of cases of considerable interest. His name is John B.; he is forty-two years of age, and a native of Ireland; he has been in this country about twenty years, and his occupation is that of a teamster. It will be noticed at once that the man shakes a good deal. He cannot keep still. When he puts out his tongue, notice the trembling; it is also coated. He says he cannot sleep, and when he closes his eyes he sees living objects, such as cattle, horses, dogs; and “last night a woman came out, dressed all in red, with her hair flying.” Continuing with his history, we learn that he has been drinking liquor the past month pretty freely. Prior to that he had abstained from drinking for about seven months. That is to say, the man is not a constant, but a periodic drinker. He thinks that during the past month he has drunk about two pints of whiskey a day. But it was not until after he reduced the quantity, after he began to break off, that he commenced to suffer from this tremulousness. Still, this point in his history is not very clear; we are unable to learn with certainty whether the uncomfortable sensations, from which he has suffered during the past four days, began after or during the time he was drinking large quantities of alcoholic beverages. That point is one which has given rise

to considerable discussion. We will refer to it again.

Our patient tells us that during the time he was drinking so excessively he had “no appetite at all,” and that his bowels were very loose; the urgency at times was so great that he had “hardly time to drop his pants.” In general terms, there has been gastro-intestinal disorder. He has not vomited.

The three prominent symptoms in this case are: Inability to sleep, tremor and moderate delirium. These are associated with gastro-intestinal disorder, and a direct history of excessive indulgence in alcoholic drinks. Doubtless you have already made a diagnosis. The man is suffering from delirium tremens.

Etiology.—A few words in reference to the etiology of this disorder. It has been claimed by good observers that delirium tremens is caused by the *withdrawal* of alcoholic stimulants, rather than by the direct effect produced by them. But, so far as I have been able to ascertain, the weight of evidence is in favor of the view that the affection is due directly to the effect produced by the alcohol which has been ingested. That view seems to be gaining ground constantly. You can readily understand that the belief entertained on this point will influence the treatment. The fact may be mentioned here, lest it be overlooked when we come to speak of the treatment, that if delirium tremens be the direct result of the use of alcoholic drinks, the most reasonable conclusion is that alcoholic stimulants should be withdrawn at once; but, if it is believed to be due to the withdrawal of alcoholic stimulants, then you would perhaps introduce into your treatment a moderate amount of alcohol.

Symptomatology.—There are a few features in the disease which will enable you to make a diagnosis almost immediately. It will hardly be necessary even to investigate the history of the case, although one should not neglect to do so in order to avoid the possibility of mistake; for it is not every patient who will as willingly tell you his history as this man has done. Sometimes they resort to every resource to hide from you the fact that they have been given to drinking.

There is delirium. Sometimes this is violent. It is usually mild. In this patient it has been very mild. In some cases it is of a pleasurable kind. It may be of the variety, however, which has been called "coma vigil," a form of delirium which occurs in typhus fever. The patients with this form of delirium, it has been supposed, see all sorts of disagreeable figures. The pictures upon the wall and the figures in the wall-paper may be transformed into demons and all that is repulsive. For that reason it has been recommended that these patients be placed in a room, the walls of which are entirely bare; a room in which there is nothing to excite the imagination and disturb the nervous system; nothing which will cause unrest instead of rest.

Another symptom is insomnia. From that, this man has suffered to a marked degree. He tells us he has not slept for three or four nights.

Tremor is a symptom which belongs to this affection, as is indicated in the name: delirium tremens. This symptom has long been recognized as essential, and it has entered into the classical descriptions of the disease. This man's whole body trembles; he can not resist it. His tongue presents the characteristic tremor—tremulousness along the border, and most marked at the tip, where it is in constant motion. Upon these three symptoms, then, you might rest your diagnosis. But there are two other symptoms which should receive special consideration. The one may be regarded as a premonitory symptom, namely, gastro-intestinal disturbance. To illustrate the point, I will cite a case. A man, habituated to the use of alcoholic stimulants, suddenly began to drink to excess, and took from sixty to seventy drinks a day: but claimed that they were small ones. When, however, the little drinks which the man took, say sixty or seventy tablespoonfuls, were added together, it was found that he was taking about a quart of whiskey a day. Very soon after he began to take these frequently repeated doses of whiskey, gastro-intestinal disturbance mani-

fested itself by loss of appetite, a coated tongue, foul breath, and constipation or diarrhœa. In the patient before us, there has been diarrhœa, and of so urgent a nature that he has scarcely had time to prepare for the call. More frequently, the bowels are so constipated that it will be necessary to resort to active cathartics.

The other symptom to which I wish to call your attention is a negative one: viz., the temperature which, as a rule, is not elevated. When pyrexia is present, it indicates a complication. The complication which occurs most frequently in delirium tremens is pneumonia; and the most common location of the pneumonia is at the apex. But there may be other complications, as pleurisy, pericarditis, etc. When pneumonia is present, it may not be recognized from rational symptoms. The diagnosis must be based upon the physical signs. Hence it should be the rule, in cases of delirium tremens, to examine the chest at regular intervals. Indeed, it ought to be examined every day, if we would detect early any pulmonary complication.

Treatment.—One of the first indications is to see that the patient is properly nourished. This you may not be able to accomplish at the outset. In the case before us there is an obstacle to proper nutrition, and that is gastro-intestinal disturbance. So also in cases in which constipation with marked impairment of appetite are prominent symptoms, you will be obliged first to remove these before food can be properly retained and assimilated, and you may succeed in preventing the full development of delirium tremens by giving the patient early an active cathartic. For this purpose there is nothing more effectual than calomel. Give the man ten grains of calomel and fifteen grains of bicarbonate of sodium, and follow them in four hours with Seidlitz powders or sulphate of magnesia, until the patient has a free evacuation of the bowels. Or you may administer the compound cathartic pill. If then the patient will take nourishment in the form in which it can be most readily assimilated, as milk, broths, etc., you will frequently be able to prevent the full development of the attack. In the first place, then, endeavor to correct the gastro-intestinal disturbance, and then give nourishment.

The third general indication is to give rest to the nervous system. If now you can keep your patient removed from perturbing influences, and can give him a certain amount of nourishment, you will have fulfilled the indications called for by the theory that the

disease is self-limited, and needs no treatment whatever. Indeed, experience has shown that a goodly number of patients will recover with the fulfillment of these general indications, and without special remedies. Or, just at this point, the desired rest to the nervous system may be secured by a single dose of opium; that is, after the bowels have been unloaded and the patient has been induced to take nourishment.

An excellent plan of treatment for these patients is to seclude them, feed them, and weary them by walking until they fall asleep. To carry out this plan properly, the patient must have the right kind of attendants. They must be kind and resolute; gentle and unyielding. But this plan cannot be adopted in a large proportion of cases.

At the present time, the remedies which are most commonly used for the purpose of giving rest to the nervous system are the bromides and the hydrate of chloral. One mode of using the bromides, either potassium or sodium—many preferring the latter because it is less likely to disagree with the stomach than the potassium salt—is to administer twenty grains every twenty minutes until four doses are taken, and follow with twenty grain-doses every two or three hours until sleep is obtained.

The hydrate of chloral may be combined with a bromide. It is commonly so given, and in doses of from six to ten grains or more, every two, three or four hours. But it should not be forgotten that this drug sometimes produces fatal coma, and in some of these cases post-mortem examination has revealed chronic disease of the kidneys, in some of its forms, to the existence of which those addicted to the use of alcoholic drinks are especially liable.

Nearly thirty years ago the method of treating delirium tremens by the administration of large doses of the tincture of digitalis was brought forward, and it is regarded by a considerable number of practitioners as the best that can be employed. This drug has been given successfully in a large number of cases, in doses of one drachm of the tincture every two hours. It is best to unload the alimentary canal, before beginning with the digitalis, and, so far as I have been able to ascertain, no disagreeable effects have been produced by the drug. I have a case in mind, that of a patient who received so much benefit from the use of this remedy in warding off a full attack, that his friends kept the tincture of digitalis on hand and gave him teaspoonful doses at once on the appearance of the premonitory symptoms. A number of times sleep was

induced in this way, and the attack, as it were, aborted.

The administration of capsicum in large doses was at one time a somewhat favorite method of treating delirium tremens, but the plan has substantially fallen into disuse. As to treatment by the use of alcoholics, the indications have already been given, and I would recommend to you not to employ them.

The question of physical restraint may be one which you will be obliged to meet. In a large proportion of cases in private practice the friends will be able, without resorting to force, to keep the patient within proper limits. But you will occasionally encounter one in which something more may be required. If it becomes necessary to pinion the limbs, do it with *broad bands* which will not materially disturb the circulation. Do not use cords. Here I show a belt to which are attached iron hand-cuffs, which seems like an unnecessarily harsh way of imposing restraint upon these unfortunates, and yet they are such as are used in some of our public institutions. The body can be effectually secured by a broad band of strong cloth, if leather cannot be readily obtained, and the arms and the legs can be restrained in the same way, so that the patient cannot do himself harm.

These, gentlemen, are some of the practical points in the management of a case of delirium tremens. Of the methods which have been mentioned, that at the present time most frequently employed is the use of the special remedies—the bromides and the hydrate of chloral. The other methods, however, may do you excellent service, and should not be overlooked. The adaptation of the method to be employed to all the surroundings of the case is an important factor in the successful practice of medicine.

HYDROPHOBIA.

BY JAMES T. WHITTAKER, M.D.,

Professor of the Practice of Medicine, Medical College of Ohio; Physician to the Good Samaritan Hospital, Cincinnati.

Lecture delivered Saturday, Dec. 3, 1887.

Professor Whittaker stated to the class that he would now present to them a case of hydrophobia which had been brought in the night before. He would ask the class to pay no attention to what he would say in the presence of the patient, as he was endeavoring to dissuade him from the idea that he

was suffering from this disease, because the element of fear was a very bad thing in such cases.

The patient was then brought in on a chair and kept in the arena for a quarter of an hour, in full view of the students, where every one of his hundreds of movements and expressions could be carefully observed. The patient was then removed.

Dr. W. A. Holden, house physician, then read the following history of the case:

Mr. S. Dietrich, aged 52, farmer, of Camp Creek, Pike county, Ohio, came into the hospital at 6 P.M. yesterday, December 2. Forty-five days ago a pet spaniel struck him on the lip with his mouth, in caressing him, and caused a slight abrasion, which bled slightly. The wound healed and passed unnoticed, and at the present time scarcely a trace is seen, and the spot is not tender. The dog had acted queerly before the accident, and five days later lay in a comatose condition and died.

Mr. Dietrich continued at his work with his usual health till the morning of day before yesterday, when he was employed butchering hogs; he inhaled some smoke and steam, which caused an attack of dyspnoea. At noon he attempted to drink some coffee, but was unable to do so, and the attack of dyspnoea recurred. Later in the day the attack came on again, and became more frequent through the night. Several hypodermics were given before morning, and the attacks became more infrequent. Friday he ate a small piece of toast, but was unable to drink. The spasms came on frequently during that day, and chloral and morphia were freely given. When he came into the house he was entirely rational, and the attacks of dyspnoea were his greatest trouble. These came on several times a minute, and brought forcibly into play the accessory respiratory muscles. He also frequently expectorated a frothy saliva and occasionally a viscid mucus. He was neither able to eat nor to drink. A large rectal injection of water was given, followed by an enema of chloral, then a hypodermic of morphia. He was able to keep in bed for a few hours, but the attacks of dyspnoea and spitting up of mucus came on so frequently that it became necessary to put him in a chair. At this time the temperature was normal and the pulse 79. Pharyngeal spasms became more frequent, and the patient made frequent or continuous violent efforts to spit up a viscid mucus, and occasionally threw up some fluid from the stomach. At 2 A.M. the temperature was 101.5°, pulse 90. The

pharyngeal spasms became more frequent and severe, and the pulse at 4 A.M. was 100. He became very restless and the spasms more general. At 9 A.M., for the first time, the patient became very debilitated and the pulse very weak and rapid. During the night he took three teaspoonfuls of coffee; at 11.30 one grain of cocaine and a teaspoonful of water was given by the mouth. He obtained slight temporary relief. Later curare was given. Morphia and chloral had none or but little effect.

Gentlemen:—Did you see what that patient did when I offered him a glass of water? He turned from it with fear and distress. The offer was not so cruel as it seemed, as he had been able to swallow a little water in the house. That has given the name to the disease, hydrophobia. He wants water, he craves water, yet he fears it. When he was coming down here, in his suffering, he grasped a handful of snow, which was to him, doubtless, one of the rarest treats which he has enjoyed for some time. This is undoubtedly hydrophobia. A strong, substantial farmer, 52 years old, who never knew what hysteria was, nor nervous disease, is rather too old to pick it up now. His pet spaniel, of which he was very fond, had strayed from home—an unusual thing for it to do. Then, in a season of sanity, which these dogs sometimes have, returned to his master, who rejoiced at the finding of his pet, was fondling him; and the dog, with those tokens of affection common to them, struck his teeth against the lips of his master, and inflicted the wound which will soon cause his death. The injury was not on the part of the body covered with clothes, where the poison might have been wiped away; but on the bare lip. 60 per cent. of bites on the face prove fatal, 40 per cent. of those on the hand, and only from 20 to 30 per cent. of those occurring on parts covered by the clothing. The exciting cause of this attack may be a sudden noise, a slam of the door, or any sudden impression. In this case, it was an appeal to the senses, and that of smell was the one selected. He was butchering hogs forty-five days after the reception of the injury and inhaled some irritating vapor. He was attacked with dyspnoea. An officious neighbor told him that hydrophobia commenced so. This was a most unfortunate occurrence. Fear has much to do with the aggravation of this disease. Men have had what appeared to be a sure case, and were relieved after seeing the dog in health, and thus being made to know that he was not mad, as they had feared. You cannot deceive this man. All our efforts in

this line have been fruitless. He knows that he has hydrophobia and knows he will die.

The chain of evidence in this case is very complete. The dog lived a few days afterwards and died with hydrophobic symptoms. It is of great importance, in all suspected cases, to keep the dog, and watch it closely. It was not known where this dog got hydrophobia. It was known that there were mad dogs about. Rabies is not confined to dogs, but is also found among cats, foxes and other animals. The history is quite enough in this case to support the diagnosis. The history of the bite was obtained here; but this is apt to be forgotten, especially in the country. Some sudden impression may start it up.

When the patient appeared here last night, his suffering from dyspnoea was intense. This is now largely disappearing. Many of you will probably never see such a case again, nor such spasms of the muscles of deglutition. The symptoms are largely referable to the medulla oblongata. The *post mortem* will discover nothing till we reach the medulla oblongata. You could not mistake or confound this case with anything else. The convulsions are not tonic, as in tetanus; they are clonic. The muscles of the jaws are also not involved. This is not the expression of acute mania; for, between the paroxysms, the mind is clear. It is to be differentiated from one disease, lyssophobia. This is to be differentiated principally on the point of the nervous habits of the individual. We would not find diseased or perverted nerve habits in a sturdy farmer of his age. In hydrophobia, the symptoms do not come in the regular order. We find many trivial ailments which do not properly belong to the disease. This patient has clear conception and excessive hyperæsthesia. A cold draft, which no one else could feel, disturbed him all night last night.

It is very essential to follow up the history of the animal. Hammond reports a case in which a man died and the dog did not bite him at all. The period of incubation is not so long in any disease as in hydrophobia. It varies between eighteen to sixty-four days. This case is about an average. Cases do occur in three, six, twelve, and twenty-four months. In the older literature we have statements of its happening after five to ten years, but we look on these statements with incredulity. We know how a man can inhale the micro-organisms of tuberculosis, which will lie latent for a long time, then assert itself. The fact that the period of incubation is so long, gives great encouragement to preven-

tive treatment. We can cut out the wound, suck out the poison, or apply the ligature if properly located. There is nothing better than fire. Heat an iron white hot and apply it to the surface of the wound. Thorough destruction of the wound is the only hope. We must at all events cauterize the wound; lunar caustic is poor, chloride of zinc is better, fire is the best. Destroy the wound at once: but do not fail to do so if as much as two weeks have elapsed. Pasteur thought he could make the patient used to an attenuated form of virus, and thus keep the disease in check. Pasteur's treatment may prove useful. It is too early as yet to tell what will become of it.

Patients attacked with this disease die in from two to eight days. This man looks as if he would die in twenty-four hours. We can only prove beyond a possible doubt that a case is hydrophobia by inoculation. It is doubtful if a true case of hydrophobia ever recovered.

We can relieve symptoms. This man has received forty grains of chloral by the rectum, then one-half grain of morphia hypodermically; one-half hour later, one-third grain of morphia hypodermically, then five grains of chloral hypodermically, all of which was followed by no effect worth speaking of. This morning one grain of cocaine was put in the œsophagus and throat, then one-third grain of curare. Moerck's preparation was given subcutaneously, which should be repeated every half hour till the dyspnoea is relieved. All the tact of the physician is needed to take the fear from the patient. He should be kept quiet; only those necessarily engaged in attending him should be left about him. Put him in a bed, hung around with curtains, so as to exclude the sound and light. This it is said will retard the convulsions, but does not stop the advance of death. Euthanasia, happy death, is all we can hope to secure in this case.

(The patient died that afternoon, having been in greatest torment for fifty-three hours, during which time neither food nor sleep had come to his relief. No autopsy was permitted, as the patient's brother was with him and took him immediately home. He was also accompanied by his family physician, Dr. O. C. Andre, of Battle Creek, Ohio.)

—The *Gazette Médicale* states that Professor Botkin, of St. Petersburg, has been visiting the principal hospitals of Paris, and has been given an enthusiastic reception by the faculty and students.

ORIGINAL COMMUNICATIONS.

FRACTURE OF THE CLAVICLE.

BY ARTHUR E. SPOHN, M.D.,

CORPUS CHRISTI, TEXAS.

The chest, viewed from any side, has the appearance of an irregular cone: the diameters increasing from above downwards to a plane corresponding with the centre of the sternum. Upon this cone the upper extremities, as it were, hang, through the medium of the scapula and clavicle; which, being bound together by ligaments, rest on the chest like a collar, held in position by the various muscles; the only fixed point being the sterno-clavicular articulation. Fixed at this point, the clavicle on each side serves as a brace to hold the shoulder-joint in position; and, when fractured, the anterior support of that joint is lost, which allows it to droop and be carried downwards, forwards and towards the chest; because the scapula rests on a surface pressing diagonally downwards and forwards, while the broken clavicle, which before held the joint in position, now allows the joint to fall in towards the chest, the ends of the bones generally overlapping. Pressure against the shoulder-joint backwards will carry the scapula back over the same surface upwards and backwards, when the broken bone may easily be replaced; but, from its peculiar position, it is almost impossible to retain it in such a position as to prevent more or less deformity, and at the same time to cause the patient much inconvenience.

The device I have lately adopted is to adjust a splint which shall replace the broken clavicle and restore the lost support to the shoulder-joint. This splint I have called the subclavicular or anterior chest-splint (Fig. 1). It is simply a piece of wood or sole leather made to fit the anterior surface of the chest just below the clavicular bones, two inches wide, and long enough to reach the outer side of each arm (see Fig. 2). This splint should be well padded and covered with strong muslin. Two pads are now made to place under each end of the splint, to fit into what I have chosen to call the lateral triangular space of the chest. Viewing the articulated skeleton from the front, the arms hanging down, there is on each side a triangular space, bounded above by the clavicle, acromion and coracoid processes; externally, the head

and upper third of the humerus; internally, by a line drawn from the centre of the clavicle to the junction of the upper and middle thirds of the humerus. Crossing this space, which, in cases of fracture, draws the

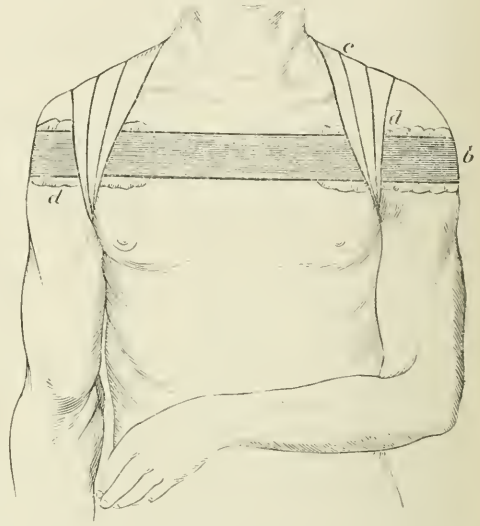


FIG. 1.

joint forwards, downwards, and towards the chest, we have the pectoralis minor muscle.

This space does not show well on the body, but can be distinctly outlined by a little pressure. Firm pressure, directed backwards over a pad in this space, while the arm is in a sling, will thoroughly fix the shoulder-joint and carry it upwards, outwards, and backwards, thus meeting every indication in treating fractures of the clavicle; because the scapula rests upon a surface directed downwards, forwards, and outwards, which course it takes when the anterior support (clavicle) is removed; while firm backward pressure will reverse things and force the scapula over the same surface upwards, backwards, and towards the spine, which must raise the shoulder-joint and increase the space between the acromion process and clavicular notch of the sternum; so that, were the clavicle entirely removed, the shoulder would remain in proper position as long as this support is kept up.

When fractured, the clavicle is practically removed, even worse, and distorted. The subclavicular or anterior chest-splint replaces the broken clavicle; also presses the pad into the triangular space above described, giving the required support.

The pad should be thicker in the middle than at either end (see Fig. 2), so that it

will press well against the outer end of the clavicle, coracoid and acromion processes, and sink in, as it were, between the upper part of the arm and side of the chest, thus forcing the shoulder-joint outwards. The pad should now be firmly stitched to the splint and a figure-of-eight bandage applied, first putting a little cotton or, better, a small pad under each arm; place the arm in a sling, when the dressing is complete (Fig. 1, *c*, *d*).

In order to appreciate this dressing, see Fig. 3, showing the relation of the figure-of-



FIG. 2.

eight bandage to the scapulæ. The surface on which the scapula rests is directed upwards and backwards; consequently this bandage carries that bone upwards and backwards, elevating the shoulder-joint; while the anterior splint, thus held in position resting on an inclined plane, supports the front of the shoulder and restores, as it were, the broken clavicle, while the patient is put to very little inconvenience: he can walk about or lie down with perfect safety. The dressings must be thoroughly stitched together.

I have, during the past few months, treated several cases in this manner, and with better success than I ever saw by other appliances; sometimes simply placing the splint under a tight-fitting vest (Fig. 4), with the arm in a



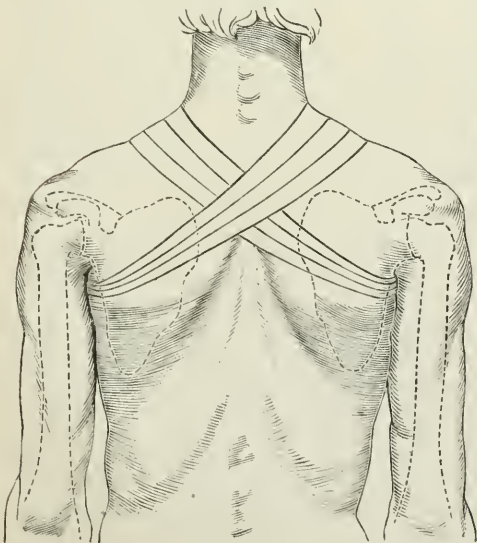
FIG. 4.

sling, and the vest sewn or pinned to the splint.

PHYSICIAN AND PHARMACIST.

BY W. C. EUSTIS, M.D.,
FARMINGTON, MINN.

I have been engaged in the active practice of medicine a little more than ten years. At first I sent all patients with a prescription to the druggist to be filled by him. For the past seven or eight years, however, I have dispensed all of my own drugs, and could not be induced to do otherwise, for patients prefer it, and so does the doctor. In the first place the profit demanded by most druggists is exorbitant: for instance, I went to the druggist for a bottle of beef, iron and wine (1 lb.) for a patient, and was charged one dollar and fifty cents for the bottle, and yet the same article could be bought at wholesale for less than fifty cents per bottle. Just think of it, one dollar profit on so simple an article already compounded. One day every one capable of compounding drugs at one of our pharmacists was absent, and I was asked to compound the prescriptions, and, on asking different individuals what they paid before, was shocked to find that in many instances they had paid eighty cents for three cents worth of medicine, and a bottle costing the same; the water cost the druggist nothing. Other prescriptions that I filled were on a par with the above so far as the profit was concerned. In no instance did it require longer to fill a prescription than from five to ten minutes, and no special skill. The profit in some instances exceeded the charge made by the doctor for the prescription. No



wonder that most people dread going to a doctor because of the expense, and especially at the druggist's. Another point, if the medicine prescribed accomplishes the good intended, all is well; but if otherwise the druggist is not blamed, and he may even criticise the doctor's treatment. To dispense one's own drugs makes it very easy to use proper care in regard to the purity of the drugs used, makes it impossible for the prescription to be repeated again and again except at the discretion of the doctor, and keeps the patient under the constant supervision of the medical attendant, a most important consideration for the interest of both patient and doctor. My practice is a village and country one, but did I practice in a city I would still dispense my own drugs, and if favored with a large practice I could richly afford to keep a dispensing clerk. Some might object to the expense of keeping and dispensing their own drugs, but these are comparatively small matters, for less than three hundred dollars will keep in stock all of the drugs needed in practice. The ordinary druggist always carries several hundred dollars worth of notions and patent medicines, which the practicing physician has no need nor use for whatever. As for myself I charge a profit of from 50 to 100 per cent. on all drugs dispensed, and the usual professional fee besides. I receive just as much for my professional services under this plan as before it was adopted, as well as a good profit on my drugs; and still the patient is a large gainer in the lessened cost of the drugs. Frequently it happens that a four-ounce prescription will cost me so little that practically I make no charge for it, and yet the druggist would charge from 25 cents to 75 cents, according to his greed for money.

A few words about druggists alone: they are too numerous, and doubtless feel compelled to charge high to "make both ends meet;" but too many in the business does not justify exorbitant charges "just the same." They overestimate their importance, and seem to forget that they could be dispensed with altogether, except the upper class or manufacturing pharmacists. Too often they neglect to maintain honorably the relation which exists between them and the prescribing doctor. I believe that an increasing number of doctors are dispensing their own materia medica, a practice that will prove beneficial to both doctors and the public, and tend directly to bind patient and doctor more closely together; for they will become better acquainted with each other, and more likely to coöperate heartily.

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, November 23, 1887.

The President, J. SOLIS COHEN, M.D., in the chair.

DR. CHARLES B. PENROSE read a paper on

Eleven Consecutive Cases of Abdominal Section for Disease of the Uterine Appendages.

Abdominal section is at present such a common operation, and the diseases for which it is performed are so well recognized, that I shall not report these cases in detail; I shall simply tabulate them, consider them collectively, and call attention to any special point of interest which may have occurred in the history of any case.

These cases were operated upon during the year 1887. They all recovered, and are at present well and able to attend to their various duties.

In five of the cases in this table the appendages were removed on only one side. In one of these cases (Case II, pyosalpinx and cystic ovaries) I found it impossible to remove the left tube and ovary. They were firmly adherent in a knot on one side of the uterus, and the uterus was bound down in the hollow of the sacrum. In the other cases of the unilateral removal I intentionally left the appendages upon one side. With the exception of the case of dermoid cyst, the women were young and desirous of having children; and at the time of operation I could discover no sign of any pathological condition in either the tube or ovary. I am aware of the fact that in cases of tubal disease it is often unwise to perform a unilateral operation and to leave even an apparently healthy tube, as it, in many cases, becomes subsequently diseased from an infecting focus in the uterus.

Though sufficient length of time has not yet elapsed to come to any definite conclusion with regard to my cases, yet so far I have had no cause to regret having left the sound tubes; and in one case the patient has become pregnant since the operation.

A point of interest in connection with the first case (salpingitis and cirrhotic ovaries) is the length of time during which the patient was fed by the rectum. She began to vomit as she recovered from the influence of the ether; and she continued to vomit everything which was administered by the mouth

Case.	Age.	Married or single.	Disease.	Date of operation. (1887.)	Parts removed.	Complete closure of wound, or drainage.	Result.
I.	30	Married.	Salpingitis and cirrhotic ovaries.	Feb. 16,	Both tubes and ovaries.	No drainage	Recovery.
II.	24	"	Pyosalpinx and cystic ovaries.	Mar. 14,	Right tube and ovary.	" "	"
III.	32	"	Salpingitis, multilocular cyst of ovary.	April 8.	Left tube and ovary.	" "	"
IV.	26	"	Double pyosalpinx and ovarian abscess.	May 19,	Both tubes and ovaries.	Drainage	"
V.	37	"	Double pyosalpinx, ovarian abscess, abscess and hæmatocele.	May 25,	Both tubes and ovaries.	"	"
VI.	30	"	Salpingitis and blood cyst of ovary.	June 20,	Left tube and ovary.	No drainage	"
VII.	23	"	Salpingitis and abscess of ovary.	July 3,	Left tube and ovary.	" "	"
VIII.	33	"	Salpingitis, blood cyst of ovary, uterine fibroid.	July 13,	Both tubes and ovaries.	Drainage	"
IX.	22	"	Double pyosalpinx.	Aug. 9,	Both tubes and ovaries.	"	"
X.	43	"	Dermoid cyst of ovary.	Aug. 17,	Left tube and ovary.	"	"
XI.	22	"	Double pyosalpinx.	Oct. 23,	Both tubes and right ovary.	"	"

for thirty-six days after the operation. There was no apparent cause for this excessive vomiting. The operation was simple, and was not followed by any obvious symptoms of peritonitis. The rectal injections, by means of which this woman was nourished for over a month, consisted of pancreatized milk, eggs and whiskey. Two-thirds of a quart of milk, one egg and three ounces of whiskey were administered in four or five doses during the twenty-four hours. During this prolonged course of rectal feeding she lost many pounds in weight. No food at all was taken by the mouth; the very small quantities which were occasionally administered experimentally were always immediately rejected. When she finally became able to take food by the mouth it was necessary to give it in the form of twenty-drop doses of soup or beef-tea.

In the table I have made no distinction among the different forms of non-purulent inflammations of the Fallopian tubes. All thickened, enlarged, adherent tubes, which did not contain pus, I have put down as salpingitis.

In investigating the histories of the cases of pyosalpinx, it was difficult to determine with any certainty the origin of the trouble.

I could not in any case obtain a clear history of gonorrhœa; though in several I had reason to suspect it. In four of the five cases of pyosalpinx the patients attributed the origin of their disease to a miscarriage. In Case V. (double pyosalpinx, ovarian abscess, and hæmatocele) the active suffering dated from a violent fall upon the ice several years before the operation. The fall was followed by bleeding from the vagina, which lasted several days; and from that time until the time of operation she suffered with great pain

in the lower part of the abdomen, which rendered it difficult for her to walk erect, and with evening chills after any exertion during the day. It is probable that in this case the fall had caused the partial rupture of a previously distended tube.

In all the cases of pyosalpinx there was a history of repeated attacks of pelvic pain and inflammation, which often confined the patient to bed for several weeks.

In two of the cases of pyosalpinx there was also ovarian abscess. In these cases the abscess cavity in the tube communicated directly with the abscess cavity in the ovary, and the origin of the ovarian abscess was obvious. In Case VII. (salpingitis and abscess of ovary), however, there was no pus in the tube. The tube was enlarged, adherent, and its fimbriated extremity was closed; and it did not communicate with the cavity of the ovarian abscess. The ovarian abscess contained about half an ounce of pus and had a distinct pyogenic membrane.

I think that abscess of the ovary is of more frequent occurrence than works upon gynecology admit. And though it probably is in general due to ovaritis caused by inflammation of the tube, yet it is not always associated with pyosalpinx.

In two cases of double pyosalpinx (Cases V. and IX.) a thin purulent fluid was found in the peritoneal cavity, and the intestines were found to be deeply congested when the abdomen was opened. The patients had probably been suffering for some time with general chronic peritonitis excited by the escape of pus from the distended tubes. The symptoms, however, before operation, had not pointed to general peritonitis, the patients having only complained of pelvic pain and in the back. The chance that such a con-

dition may occur in connection with pyosalpinx is a strong argument in favor of removing these abscesses by abdominal section, instead of evacuating them by the vagina, as is so often done.

The danger of assuming any case of peritonitis in a woman to be idiopathic, without a thorough vaginal examination, is obvious. I have the report of a case which occurred recently, where the patient was treated for several weeks for idiopathic peritonitis, and an operation done a few hours before death revealed double pyosalpinx and a ruptured ovarian abscess.

In six of the cases reported, an abdominal drainage tube was used. The average time of convalescence in these cases was no longer than in the cases where a tube was not introduced; and the severity of the symptoms following the operation—the elevation of temperature, the rapidity of pulse, and the pain—were much less marked in the drainage tube cases than in the others. The absence of pain in the drainage tube cases is probably in part due to the fact that most of them were cases of pyosalpinx, where the tissues, which were ligated and cut, were so far degenerated that their sensibility was much diminished.

I think that the danger of abdominal hernia following the use of a drainage tube is exaggerated. In one of my cases there is now a small hernia, but it occurred above the position of the tube and was probably due to some error in introducing the sutures. In some thirty drainage tube cases which I have seen in the practice of Dr. Joseph Price, there has, as yet, been no hernia. It is probable that hernia is due more frequently to a long or high incision, and careless suturing, than to a drainage tube.

The average length of time before the glass drainage tube was removed in my cases was about five days; the shortest time was two days, and the longest eight days. In but one case did the discharge from the tube become purulent.

The use of a cotton rope to act as a capillary drain adds greatly to the value of the glass drainage tube. It prevents any fluid from remaining in the bottom of the tube, and it removes the deposits of fibrin from the perforations in the glass.

There are so many points of interest in connection with Case X. (dermoid cyst of the ovary), that I shall report it in detail.

The patient was forty-three years old. She had had three children and five miscarriages. She had first observed the tumor eighteen months before the operation. It rapidly in-

creased in size, and when removed it was about six inches in diameter. It had never been accompanied by pain. The rapid growth of this cyst and the late period of life at which it was first observed are, I believe, very unusual. The patient had also a much distended gall-bladder, and at the operation a calculus was felt obstructing the cystic duct. During the operation the dermoid cyst was ruptured, and the contents, consisting of very oily material and many fine hairs, escaped into the abdominal cavity, and were removed with great difficulty. It was only after thorough sponging and irrigation that the peritoneum was cleansed. A drainage tube was introduced.

The patient suffered from severe shock after the operation. For the first three days the temperature remained normal or slightly subnormal. The pulse was about 115. There was considerable abdominal distention and pain; there was not much discharge from the drainage tube. On the third day, large quantities of bloody serum began to flow from the drainage tube. At the same time the tympany and general abdominal pain became much increased. The temperature ranged between 97.5°–100.5°. The pulse was 130 to 140. The respirations were 40 or over. The tongue was coated, and there was constant hiccough and occasional vomiting. The bowels had not been moved, and there was no escape of flatus.

An ounce of sulphate of magnesia was administered daily, for several days, and many turpentine enemata were given. The enemata were retained for a few minutes, and when they were rejected a large quantity of flatus escaped. The bowels were not moved, and there was no escape of flatus at any other time. As the abdominal distention and pressure increased, large external hemorrhoids, which looked almost like a prolapse of the rectum, appeared. On the fifth night a rectal tube was introduced, but it rendered but little service. Most relief was obtained from the turpentine enemata, and the patient frequently asked for them herself. The hiccough and vomiting ceased on the sixth day. The discharge from the drainage tube continued to be very profuse, though of lighter color. The abdominal distention, the pain and the hemorrhage were unchanged. On the seventh day after the operation, the suture at the upper angle of the abdominal wound was removed, and the nozzle of a long syringe was introduced among the intestines in order to determine whether there was any collection of fluid in the abdomen which was not carried off by the drainage tube. No fluid was found, and the wound was re-

closed. On the eighth day the bowels began to act. There was profuse watery diarrhoea for twenty-four hours, accompanied by the escape of large quantities of flatus. At the same time all the symptoms of peritonitis began to abate: the abdominal distention rapidly decreased: the discharge from the glass drainage tube became so slight that it was removed; the hemorrhoids began to diminish in size, and by the tenth day they had disappeared. The diarrhoea ceased in two days, without treatment: and three weeks after the operation the patient was able to leave her bed.

I have reported this case at length on account of the interesting phenomena attending the development and the subsidence of the peritonitis; and because it was treated throughout by sulphate of magnesia and rectal injections, and not by opium. And, in conclusion, I may say that it was not found necessary to use opium in any of the cases reported in this paper.

In the discussion which followed the reading of Dr. Penrose's paper,

DR. J. PRICE said: Dr. Penrose's report of his work affords an excellent opportunity to discuss pelvic surgery. While I have been greatly interested in every case reported and know the work to have been perfect from personal observation, I do not wish to discuss this report. I simply wish to speak of the present position of pelvic surgery, by whom, when, and where it should be done.

1st. By whom? I will read a quotation from McDowell:

"I think my description of the mode of operating, and of the anatomy of the facts concerned, clear enough to enable any good anatomist, possessing the judgment requisite for a surgeon, to operate with safety. I hope no operator of any other description may ever attempt it. It is my most ardent wish that this operation may remain to the mechanical surgeon forever incomprehensible."

Dr. Penrose is a trained surgeon; the ovariologist should be unsurpassed in surgical resource and ingenuity. Only skilful and trained hands should follow this calling. He should begin young. Many of the old-fashioned ovariologists were dangerous; they vaccinated babies until they were forty-five or fifty years old, and then began the study and practice of surgery in the abdominal cavity. Sad and sorrowful were the results; such is not the condition of affairs at present. The mortality now is almost *nil* in young and experienced hands, and in patients that are able to move about. The results now are very much better, even in that

class far advanced in the process of dying. Again, in a class of cases that the consider too dangerous to touch—I allude to all forms of pelvic inflammatory trouble—a class of cases presented this evening, affording examples of a state of professional ignorance and prejudice which is a disgrace alike to the enlightened time in which we live and to the enormous advances made by the art and science of surgery; we are far indeed in these cases from seeing the full application of these advances for the relief of suffering women. This operation saves life and relieves great suffering, restoring the patient to health and a life of usefulness. While one removes *diseased* ovaries and tubes, the indications present no difficulty. Nor can any one dispute the propriety of dealing with *pus* cases.

Secondly, as to the *time* of operation. Grave inflammatory troubles should be dealt with as soon as discovered; delay and repeated examinations are dangerous. We dread the delay of a day in *pus* cases. In conclusion, I will allude briefly to McDowell's work, by giving you a quotation from Dr. R. S. Sutton:

"In the light of all recent advances concerning the environs of an ovariectomy patient, I ask you to listen thoughtfully, and inquire of yourselves: Have modern operators had better environments than McDowell did? Is their quarantine better than his was? Whether accident or necessity or simplicity of border life provided these conditions so favorable to recovery, your orator will not inquire, but hopes to show that McDowell did operate under conditions as favorable as does Dr. Keith or Mr. Lawson Tait. 1. The patient was refused operation in her own home. 2. She was operated on in Dr. McDowell's own house. 3. History mentions but one assistant present at the operation. 4. The patient had never been tapped. 5. We may safely infer that the room in which the operation was performed contained, at this early date in Kentucky, no superabundance of furniture or upholstery. 6. That the room was ventilated by an open fire-place is more than probable. 7. The atmosphere was that of a healthy border town. 8. No sponges were introduced into the abdomen. 9. He ligated the pedicle and dropped it in. This operation will stand the criticism of the most exacting specialist of the year 1885 save in two particulars: viz., the ligature was not carbolized or scalded, the ends of it were left hanging out of the lower angle of the wound, and merely turning the woman on the side to permit all fluid to escape from the cavity of the abdomen was scarcely enough in that direction. Pause a moment! This k:

at the end of almost three-quarters of a century, the operation stands almost where McDowell left it, with one solitary exception, viz., the ends of the ligature surrounding the pedicle are cut short."

DR. J. M. BALDY said: In a recent number of the *Pittsburg Medical Review*, the editor, commenting upon a report of cases of abdominal section done at the Philadelphia Dispensary, states "that the fact that the operations were performed at the patient's homes with success, should do away with the old idea that the only place to do abdominal section is in a private hospital." The vast majority of operations at the Philadelphia Dispensary have been done at the patient's homes under conditions and surroundings which have been anything but desirable. If the immediate surroundings of the patient and wound are aseptic, the operation can be done with perfect safety anywhere.

In many cases of pyosalpinx, if a wealthy woman refuses to take the risk of the knife, she can by proper treatment be made comparatively comfortable without great risk of her life. However, the majority of cases of pyosalpinx, even among the wealthy, demand surgical interference sooner or later. If, on the other hand, the patient has to work for her living, and is suffering with recurring attacks of peritonitis, I think that in such cases the operation is called for always. The risks of the operation are comparatively slight. It can be performed by any general surgeon if he has a cool head and good surgical resources. The use of salines in the treatment of peritonitis is a point of extreme interest. From what I have seen of such cases there is no doubt in my own mind that the treatment by opium is a great mistake. Where there are the signs of beginning peritonitis, the use of large concentrated doses of salines rapidly relieves them. While the use of opium favors the occurrence of adhesions, salines would naturally tend to do away with trouble of that kind. Opium shuts up all avenues of escape for the product of inflammation and then tends to increase the trouble rather than to alleviate it.

DR. J. PRICE said: I am surprised at what Dr. Baldy has said with reference to pyosalpinx when he realizes how much trouble may come from a little pus. A case of pyosalpinx is always in danger. They suffer constant pain; they go down rapidly and die.

DR. J. C. DA COSTA said: I cannot agree with Dr. Price with reference to pyosalpinx. Others who have had a large experience when asked with reference to their method of treating this affection also differ from him. One

gentleman, with a large experience in the removal of ovarian tumors, has told me that he has seen many cases of pyosalpinx, but that they had all recovered without operation. My experience is much the same. Dr. Price says that it is never safe to allow the pus to remain. Let me state two cases. A woman had been suffering for fifteen years. The left Fallopian tube was as large as a small Bologna sausage. She was given the ordinary local and general treatment. One day a little bleb appeared on one side of the uterus. This was opened, and, on introducing the sound, it entered five and one-quarter inches. During the next few hours a large quantity of pus was discharged. This patient finally made a complete recovery. Another case: a young married woman, suffering with salpingitis, came under my care. The ovary was quite large. Ordinary common sense treatment with rest in bed caused great improvement. She began to go about too soon, and had a return of the trouble. At this time the ovary was as large as an orange, but in two months she had perfectly recovered. Would I in this case have been justified in removing the ovaries and thus destroying her hope of ever performing the duties which the Almighty sent her into the world to perform? In regard to the reports of cases cured by operation which we hear of, the question comes up as to their reliability. I grant that there is not the same mortality after abdominal section for salpingitis and other such troubles as there is after ovariectomy, but even if there is a mortality of even one per cent. the question arises, Is it proper to perform this operation when the patient can be relieved by ordinary treatment? There are in this city a number of hospitals that will take these cases and treat them and cure them, so poverty cannot be urged as a pretext. I believe that the gentlemen who make reports of their cases believe that the report is correct at the time that they make it. But I have had the opportunity of seeing a number of these cases some time after the operation has been performed, and the latter part of the history of the patient has not agreed with the published report. I will state two such cases in illustration. One was operated upon seven or eight years ago and was reported cured. She is still a nervous hysterical woman, who cannot sleep without an anodyne, and has a voice like a poll-parrot. In the second case the operation was done several years ago and reported as successful, but the patient was wretched and miserable until a year ago, when she fell into the hands of a quack who cured her.

Why do the reports and the results differ so? The women went to the surgeon in hope of relief, were told "the operation would cure them;" believed it, were operated on, and under the stimulus of hope felt as if they were cured, and that the pains they still felt were due to the operation and would pass away, and so were reported cured. After a while the old pains came back and they realized that they were not yet well, in spite of the operation and published cure. In a number of other cases of women reported well after operation, the least of their troubles was ventral hernia. In opening the abdomen, the operator is very apt to find what he is hunting for, and I have seen extirpated ovaries which were not diseased enough to demand it. It is not necessary always to remove both ovaries, as is often done in operating for ovarian tumors. I have left a second ovary as large as a lemon, and have had no bad results, as in a case operated on about two years ago. The woman has menstruated regularly since the operation and has had no trouble. The ovary has diminished decidedly in size.

DR. M. PRICE said: I would challenge some of the statements made by Dr. Da Costa. He says that salpingitis does not cause much trouble. I can show him a case which has been under medical treatment for five years. Two years ago an abscess burrowed down through the cellular tissue and discharged between the bowel and vagina. This case has been operated on five different times for fistula in ano, with entire removal of the recto-vaginal septum by operations, and until four weeks ago it had not been suspected that it was a case of pyosalpinx. These cases cannot be cured by simple medical treatment. There is no single case, that I have seen operated on, which stood one chance in fifty of living six months if the operation was not done.

DR. W. H. PARISH said: I have no doubt that those who advocate this operation will agree that not all cases of disease of the appendages demand operation. August Martin has said that three-fourths of the cases of disease of the tubes and ovaries do not require operation. There are also cases of gonorrhœal affections of the tube which do not demand the operation. I have seen one case where the inflammation of the tubes followed the occurrence of gonorrhœal inflammation of the vagina, and in which the trouble subsided; the woman subsequently became pregnant. With reference to the removal of ovaries and tubes that contain pus, I may say that we all know that these cases may continue

for years, but suffering from repeated exacerbations of inflammation. These patients are always in danger from the thinning of the tubal or ovarian wall, with the escape of pus, and the occurrence of general peritonitis. If we look over the records of any hospital or board of health, I think that we shall now find few deaths compared with the past, recorded as due to pelvic abscess and general peritonitis. I think that many cases of pelvic abscess and of general peritonitis have been in their origin cases of pyosalpinx. I am strongly in favor of the removal of tubes and ovaries where there is pus. While a patient may enjoy a certain amount of comfort with pus in the tubes, yet she will be liable to frequent exacerbations, and may have her life placed in great danger at any moment. I am sure that the operation for the removal of tubes and ovaries in pyosalpinx or ovarian abscess has come to stay, no matter what the future position of the operation for other conditions may be. I think that those who urge the treatment of these cases without operation are doing great injustice to a considerable number of patients, and also no little injustice to the surgery of to-day. My own experience with the operation warrants my endorsement of it.

DR. C. B. PENROSE said: I have only to say, in conclusion, that such tubes as I have shown are useless and dangerous to the woman. They could not permit the passage of spermatozoa or ova. I cannot agree with Dr. Da Costa's statement about abscess of lung or brain. I think it is proper to open an abscess wherever it occurs, and not to trust to nature; and when possible to make a complete removal not only of the pus but of the abscess walls, as we do in pyosalpinx. In cases of pyosalpinx said to have been cured by medical treatment, there is always an element of doubt with regard to the diagnosis. Such cases may sometimes occur. But there are few physicians skillful enough to make a positive diagnosis of pyosalpinx before the abdomen is opened. All of the cases on which I operated had had several months or years of treatment in the hospitals before the operation was performed.

DR. EDWARD JACKSON read a paper on

"Gleditschine,"

in which he said that analysis and tests have pretty well disposed of this alleged new local anæsthetic and mydriatic; and gleditschine has lost its interest for the ophthalmic surgeon. But one incident, disagreeable as its ending may have been to some of us, is not without its useful lessons:

First.—It is shown that such a fraud cannot be carried far even with a drug as difficult of positive chemical identification as cocaine. And every such attempt at fraud can only make more brief the period, and decrease the profit, of succeeding attempts.

Second.—It has been demonstrated that cocaine can produce anæsthesia through the unbroken skin; although, as I have pointed out, this is extremely superficial; and "to make a painless incision in tissues anæsthetized in this way, one must do it by repeated superficial cuts with the knife, keeping all the time the cut surface bathed with the solution."

Third.—Attention has been drawn to the *Gleditschia triacanthos*, and the genuine *Gleditschia* discovered and studied nine years ago by Dr. Lautenbach, but recently in a fair way to be forgotten. In the direction of a further study of this substance lies the probable path of profitable future investigation. The leaves have been proven practically inert, and for several months it may be impossible to obtain specimens of the unripe fruit. But other parts of the plant might be tested for it. In the *Medical Age* of November 10, Dr. Crull states that he has cured gleet with a decoction of the bark of the root of the thorny honey locust (the more common variety), and that taking a tablespoonful of the decoction himself "caused nausea, giddiness, dimness of sight, cold perspiration, and a prickly or smarting sensation of the tongue and throat. The symptoms continued for nearly three hours, when they gradually abated. The evacuation of the bowels the following morning was very bilious and watery."

Exhibition of Instruments.

DR. J. PACKARD exhibited a case in which were conveniently arranged the various articles required in the application of antiseptic dressings.

DR. J. M. BALDY presented a

Fibroid Tumor with a Fibroid Uterus.

The patient from whom the tumor was removed was a woman between the age of forty and forty-five years. She had carried the tumor for a number of years, and had gotten along comfortably until last spring, when she says that she suddenly felt something slip back in the abdomen. After that she had pains in the legs, and the abdomen began to swell. The legs also became cedematous. She was tapped in July, and since then has been tapped eight times by her physicians. The operation was repeated, toward the last, every ten days. I performed

abdominal section one week after the last tapping, and at the time three gallons of fluid escaped. The urine contained pus and a certain amount of albumin, but no tube casts. The heart was in good condition; the general health failing rapidly. The ascites was attributed to the pressure of the tumor.

The operation was performed thirteen days ago. The tumor was first removed by enucleation from the fundus of the uterus; then, the broad ligaments having retracted, a Kœberle nœud was thrown around the uterus at about the internal os. The pedicle was treated by the extra-peritoneal method. A glass drainage tube was introduced. The peritoneum was found to be enormously thickened. Since the operation a large quantity of serum has escaped through the tube, over one quart a day. The patient had an acute attack of local peritonitis resulting from pressing with both hands on the tube when coughing. She was treated with salines, and the peritonitis rapidly disappeared. At the same time the discharge from the tube was abruptly discontinued, having dropped in eight hours from three half-pints to as many drachms, and has so continued for the last two days.

The points of interest in the case are: the woman's age,—although near the menopause, she could not have possibly lived long enough to hope for any relief in this direction; the large amount of serum discharged from the drainage-tube, and its sudden stoppage; the possibility of carrying so large a tumor for years and only suddenly beginning to suffer from it; the enormously thickened peritoneum. The case well illustrates the folly of repeated tapplings.

DR. H. A. SLOCUM exhibited a specimen of

Placenta Prævia in Situ.

The patient was pregnant for the thirteenth time. After meeting with a fall, she suffered with frequent profuse hemorrhages of short duration. The bleeding occurred at irregular intervals, and there was no complaint of pain. When seen, on the occasion of the last hemorrhage, a tampon was applied, as the patient was so weak that it was not thought advisable to accomplish immediate delivery. The patient, however, did not rally, but died from exhaustion twelve hours later.

—According to C. E. Dodsley (*British and Colonial Druggist*), oil of sassafras is the best deodorant for iodoform, 4 drops sufficing for an ounce of the iodoform.

MEDICAL SOCIETY OF THE COUNTY
OF NEW YORK.

Stated Meeting, November 28, 1887.

The President, LAURENCE JOHNSON, M.D.,
in the chair.

**Malignant Tumor in an Umbilical Hernial
Sac—Remarks on the Etiology of Cancer.**

DR. DANIEL LEWIS gave the history of the case. The patient was a woman, sixty-seven years old, who fifteen years ago developed a hernia while lifting her mother. It had caused her no trouble, and she had done nothing for it. It was readily reducible in the recumbent posture until a year ago, when she began to suffer pain, and the tumor became more difficult to reduce. When Dr. Lewis saw her, in February last, she had become emaciated, had some fever, was sleepless, and pain radiated from the tumor to the pelvis. She had never borne children. Examination showed a tumor surrounding the hernial sac. An operation was consented to. The sac was found free of intestine, and it contained some omentum which was not diseased. The wound was closed as after an ovariectomy. The woman rallied, but died the third day, apparently of shock.

Dr. George T. Elliot made the microscopical examination. It was not difficult to determine the nature of the growth, as portions of the sections were found to be composed of small spindle-shaped cells, with here and there a few large round cells. While in others the latter were arranged in more or less large alveoli, formed by the bundles of connective tissue; in many of these alveoli capillary blood-vessels, which were abundant throughout the tissue, penetrated between the cells contained in them. From these features it was evident that the new growth was a sarcoma, composed of mixed cells, spindle-shaped and round.

In addition to the sarcomatous tissue, there were other histological elements which contribute greatly to the interest of the specimen. Distributed throughout the specimen more or less glandular tissue was found, in every way identical with the glands of Lieberkühn. The presence of intestinal glandular tissue in this tumor is not an extraordinary fact, but yet one which is very rarely met with. Growths of this class occur at the umbilicus, and are known under the name entero-terotoma. Dr. Lewis regarded the case as presenting further evidence of the fact that a disease, in

the beginning non-malignant may, and often does, prove to be the exciting cause of cancer. He did not attach much importance to the view that the disease was hereditary.

DR. ROBERT T. MORRIS read a paper entitled

A Few Practical Remarks About Bunions.

It treated of the compressing effect of the shoe and the reflex action thus excited in the tendons as causes of the deformity. In the treatment the shoe should be made broad, nearly straight on the inner side; there should be a separate compartment formed by a strip of leather sewed into the welt of the shoe to retain the great toe in normal line. If necessary, the ligament should be cut, or the head of the metatarsal bone excised, and a retaining splint be worn during the healing process, and the compartment shoe subsequently.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, December 1, 1887.

The President, A. JACOBI, M.D., in the chair.

**The Foot and Mouth Disease as it Affects
Man and Animals, and its Relation to Human
Scarlatina as a Prophylactic.**

DR. JOHN W. STICKLER, of Orange, New Jersey, in this paper gave his views, based on observation and experiments, of the possibility of preventing scarlatina by inoculations with the virus of the foot and mouth disease in animals, or of a disease produced in animals by inoculations with the scarlatina virus of man. In the course of his remarks, the author referred to the epidemic at Hendlen, England, and attributed the outbreak of scarlet fever there to the disease in the cows from which the milk supply came. The affection from which those cows were suffering corresponded to a disease which had followed exposure of lower animals (the cow, etc.) to the contagion of scarlet fever in man. The symptoms in the two cases were described. Among his other experiments was the inoculation of children with the virus obtained from supposed foot and mouth disease in cattle and subsequent exposure to scarlet fever without contracting the disease. The cases were three in number. In trying to develop scarlatina in the lower animals by inoculating with the virus obtained from scarlatina in man, he had experimented on colts, dogs, cats, and the cow. Among the symptoms resulting from such inoculations were sore

throat, redness of the mucous membrane of the mouth and nose, elevation of the temperature above 101° F., desquamation of the cuticle. It seemed a fair inference, he said, that the disease was scarlet fever. Could we use this virus in such a way as to prevent the development of scarlet fever in human beings? Two children inoculated with it, and afterward exposed to scarlet fever contagion, escaped the latter disease.

The discussion which followed was participated in by Drs. A. H. Smith, McLean, Sr., McLean, Jr., Stubbard, J. Lewis Smith, J. C. Peters, Professor Law, of Cornell University, and the author. Drs. McLean and Professor Law, interested in veterinary surgery, said that foot and mouth disease was common in England and very rare in this country. One attack in the bovine race did not afford immunity from future attacks. The so-called scarlet fever in horses and cattle was not contagious, and in no way resembled scarlet fever in man. Dr. McLean, Jr., said veterinarians did not acknowledge that the outbreak of scarlet fever at Hendlen, England, was due to the disease in the cows supplying the milk. Granting that it came from the milk, it might have been from water with which the milk was diluted, or from the cans exposed to the contagion of scarlet fever. Foot and mouth disease, in his opinion, had visited this country but twice. Professor Law was a great admirer of Pasteur, but he believed that gentleman had done much to spread anthrax and hydrophobia by sending out the virus for experimental purposes; and he thought experiments with the virus of the foot and mouth disease should be confined to Europe where the disease was prevalent.

REPORTS OF CLINICS.

BELLEVUE HOSPITAL, NEW YORK.

GYNECOLOGICAL CLINIC—PROF. POLK.

Inflammation of the Bladder in a Woman; Cystotomy.

On Nov. 14, 1887, Prof. Polk showed the class a woman who had suffered with inflammation of the bladder and marked irritability for five years. In commenting on the case, Prof. Polk remarked that a good deal of induction is met with in this affection, especially when it is of long standing, and the mucous membrane has a tendency to throw itself into folds. This is an invariable accompaniment of long-continued inflammation of the bladder. The causes of this condition are various: it

may be dependent upon a congestive and thickened, or morbidly sensitive state of the mucous membrane of the bladder, and also of the urethra; it may be a hysterical affection, or depend upon a prolapse of the anterior wall of the vagina; or, again, it may be due to a morbid state of the urine. He incidentally mentioned the case of a young woman who was compelled to hold her water all day, and in consequence developed a cystitis. More women are afflicted with slight cystitis than one would believe. In such cases, the inclination to pass water may occur only during waking hours, the patients passing comfortable nights. This patient, however, is obliged to pass her water even during her sleeping hours. Her condition has become unbearable to her, and she comes here for relief.

This affection is very difficult of treatment. The plan usually adopted consists in washing out the bladder, and the application of irritants, such as nitrate of silver, etc. Remedies of different kinds have been tried in this patient, but without effect, so that to-day I propose to perform cystotomy. In this operation, the patient is placed in the lithotomy position, and an incision is made into the base of the bladder, through the trigonum, large enough to introduce the index finger, in order to make a thorough examination of the interior; a drainage tube is then introduced. In a week or ten days the patient will have recovered.

SURGICAL CLINIC.—PROF. DENNIS.

Fistula in Ano.

In opening his lecture, Nov. 15, 1887, Prof. Dennis said: To-day I shall bring before you several cases of fistula in ano, show you their various forms, and illustrate their mode of operation; and, time permitting, also some other cases with which you are likely to meet. *Fistulae* in ano are of three kinds: First, the complete; second, the blind external; and, third, the blind internal; but *all* have their seat in the ischio-rectal fossa. The complete fistula, the most common form, communicates with the gut internally by means of a sinus. The external opening being, as a rule, near the margin of the anus, and the internal usually just above the sphincter; the fistula, however, runs higher up and forms a *cul-de-sac*. The blind external fistula, so-called from its having only an external perforation, and no internal opening, does not communicate with the rectum at all. The blind internal fistula is so called from its having an inner perforation

but no external opening. The two latter forms are known also as the incomplete fistula.

Fistulæ are mostly due to some mechanical irritation in the gut, such as fish-bones, pins, etc. They may result from traumatism; and sitting upon cold and wet stones has given rise to this affection. Fistula is often found in connection with phthisis, and it has been thought by some observers advisable to allow such a fistula to continue, believing that its drainage would ward off the lung trouble. But experience has shown that it is better to operate upon them.

The operation for *complete* fistula is simple: A grooved director is passed through the fistula into the bowel, and the latter is slit open. The sinus is then thoroughly scraped out with a Volkmann's scoop, otherwise a return of the fistula may be expected. The wound is then well packed, and dressed with iodoform gauze, which is kept in position by means of a T bandage. It is necessary to thoroughly purge the patient the night before, to give an enema on the morning of the operation, and to etherize completely, as the anus and rectum are the last parts to come under the influence of the anæsthetic. The treatment after the operation consists in arresting peristaltic action of the bowels by means of opiates; in giving milk diet, and in securing rest for a week or ten days.

The proceeding in the cases of blind external and blind internal fistulæ is first to convert them into complete fistulæ, and then to operate as for the latter disease.

Ischio-rectal Abscess.

Besides fistulæ, we have in this region a troublesome affection called the ischio-rectal abscess. You at once notice the difference in appearance between the cases of fistulæ which I have just shown you, and these, in which pus has formed around the rectum, in the adipose tissue of the ischio-rectal fossa. The treatment in these cases consists in making an incision along the anus, scraping out well all the pyogenic tissue, and then packing and dressing as in the cases of fistulæ.

Prolapsus Ani.

Another affection you may probably frequently meet with in children is *prolapsus ani*, which is a protrusion of the mucous membrane of the rectum, due to simple relaxation of the tissues, which occurs usually in feeble children. The prevention of the prolapse may frequently be brought about by allowing the child to defecate in the horizontal position. Another method of treatment consists in giving them injections, and after defecation a suppository of cacao-

butter and iron. Obstinate cases may require the excision of a triangular piece of the bowel.

MEDICAL CLINIC.—PROF. LOOMIS.

Enlargement of the Liver.

The first case shown to the class by Prof. Loomis, Nov. 15, 1887, was a man who had been operated upon a number of times for a stricture of the urethra, which still existed. He was admitted to the hospital in May of this year, and again in September. No enlargement of the abdomen was noticed upon his first admission. The symptoms present were: pain on the right side, with enlargement in the epigastric region; dullness on percussion, which extended downwards to a line drawn across the abdomen immediately above the umbilicus. Great tenderness upon pressure is present. The edges of the liver are round, but uneven. The surface of the liver feels rough and uneven, and gives no sense of fluctuation. The temperature has all along been normal, except on the 9th inst., when it rose more or less suddenly to $101\frac{1}{2}^{\circ}$ F., and then gradually fell to normal, which it is to-day. Vomiting and jaundice are wanting. "In cancer of this organ jaundice is generally not present, unless the glands in the portal fissure press against the bile-duct, or the bile-duct is compressed by a cancerous nodule." The patient had been aspirated, but, from the examination of the fluid collected, it was impossible to determine whether it was an abscess, cyst, or sarcomatous growth. Under observation, the enlargement had progressively increased in size. The patient has a pinched expression of countenance, is anæmic, and greatly emaciated. An explorative needle has also been passed into his liver, and the examination showed the absence of cancer cells. Prof. Loomis thought that that proved nothing, and did not exclude the possibility of its being of a cancerous nature, as it was possible to penetrate healthy liver between the cancer cells.

"In diseases of this organ we classify painful and painless enlargements. Abscess and cancer are among the painful enlargements; perihepatitis is also accompanied by pain. Fatty and waxy liver and hydatids are among the painless enlargements. Again, we have smooth and uneven enlargements of this organ. Among the former may be mentioned fatty and waxy liver. Hypertrophic cirrhosis is generally uneven. Abscess is bulging, but may be smooth at one point and bulging at another. Hydatid disease is bulging, but accompanied by no pain."

"In this case we have pain and enlargement,—a progressive enlargement, an enlargement presenting a rough and uneven feel, with round but uneven edges; there was no vomiting, no jaundice, and the temperature has been, with perhaps a day's exception, normal throughout. What is the matter with him?"

Five of the six students pronounced the disease cancer of the liver, and the sixth hypertrophic cirrhosis. Prof. Loomis said, *if it is not hypertrophic cirrhosis, it is cancer.*

[A week later the patient was failing, and the case looked more and more as if it were one of cancer.]

The second Case was one of *pneumonia* secondary to a *pleurisy*. This patient, a peddler, did not feel quite well on the 8th inst., but went to work as usual. During that day he complained of pain in the head, in his right side, and in his bones, and went

home, feeling badly. Next morning the pain in his side increased and he felt weak. He has had no chill or chilly sensations, and coughing was impossible on account of the pain. He then had no expectoration. The patient was admitted into the hospital on the 10th with fever, a slight hacking cough, and "raised" something. Temperature 103° F. on that day; went down to 101° F. in the morning, and up again to 102° F. in the evening on the 11th; and steadily fell from that time. He had bronchial respiration when first examined, and now presents increased vocal fremitus, dullness, bronchovesicular respiration and crepitation. There is no albuminuria, no cardiac trouble.

"Pleurisy, as a rule, occurs upon the *left* side of the chest. A pleurisy of the *right* side is generally secondary. This patient has had an extensive pleurisy, and now has a pneumonia."

EDITORIAL DEPARTMENT.

PERISCOPE.

Disease of the Nose as a Cause of Inability to Fix the Attention Upon a Special Object.

M. Guye, of Amsterdam, in a paper read before the 60th Congress of German Naturalists and Physicians, in September, 1887, spoke of the inability which some persons with an affection of the nose experience in fixing the attention upon a special object. For this condition he suggests the name *aprosesia*, which means "an inability to fix" the attention. From the *Deutsche med. Wochenschr.*, October 27, 1887, the following account of his paper has been taken: After saying that this affection had been overlooked or barely mentioned among the other causes of cerebral disturbance of reflex origin, he reported the three following cases, which illustrate the disease:

In the first case, M. Guye had one child of a man under treatment at his clinic for chronic catarrh of the nose, and was asked to see another child whose nose was so stopped up that he could not breathe through it, and who seemed to be incapable of learning anything whatever: he had been to school a year, but had not yet been successful in memorizing the letters of the alphabet. An examination disclosed the fact that the nasal fossæ were absolutely impermeable, as the result of exuberent adenoid vegetations. These were broken down and partially cut away. A

week later, the father returned to inform M. Guye that in the interval since the operation his boy had been to school and had acquired the whole of the alphabet.

In the second case, a man twenty years of age was sent to M. Guye by Professor Stokvis in June, 1885, who had been subject since his twelfth year to slight ringing in the ears, which ordinarily developed in the morning, and ceased gradually in the course of the day. Since March the patient had noticed each evening a great inaptitude for intellectual work, and at the same time a sensation of vertigo. Six weeks of complete rest for the mind, combined with the internal use of iron, effected no improvement; every time he tried to work, he was seized with vertigo and headache. It was entirely impossible for him to retain anything he read. An examination disclosed the fact that the patient had chronic nasal catarrh, that he was accustomed to breathe with his mouth open, and that the inferior turbinated bone was swollen, and the pharyngeal tonsil hypertrophied. M. Guye cut away the larger part of the pharyngeal tonsil, employed injections into the nasal fossæ, and applied an apparatus to compel the patient to breathe through his nose. The patient returned on June 22, to report decided improvement. He had no relapse. The inferior turbinated bones were subsequently cauterized, and the patient passed his examination in the following September, and has pursued his studies at the University.

The third case was that of a student of medicine, twenty-three years old, in which the symptoms very much resembled those given in the second case, while the local conditions were substantially the same as in the first case. There was, however, in addition a serous effusion into the tympanic cavity of each side, which, strange to say, gave rise to no ringing in the ears nor difficulty of hearing. The treatment consisted in ablation of the adenoid tumors of the nose, and inflation of the middle ear cavities. Subsequently, the effusion into the cavity of the middle ear was removed by tapping, and the cavity washed out. The membrane soon healed, and in about two months the cerebral functions of the patient had become normal.

The author refers the primary cause of this affection to an obstruction to the elimination of products formed in the brain which cannot be assimilated, and in this connection mentions the researches of Axel Key and of Retzius, which show that the lymphatic spaces under the dura mater are in communication with the mucous membrane of the nasal fossæ. He then seeks to prove that the mental exhaustion which occurs in pupils is often rendered easy by the existence of an affection of the nose, which acts as a predisposing cause. An instance in which *aproxexia* developed under the combined influence of mental overwork and an affection of the nose was cited as occurring in a boy of sixteen, who had been successfully treated at the age of seven for difficulty of hearing and chronic nasal catarrh with adenoid tumors. This patient also recovered.

Hemorrhage After Excision of the Tonsils.

Linhard and Luschka have already, from anatomical considerations, spoken against the generally prevalent fear of wounding the internal carotid artery in tonsillotomy. Hyrtl's and Rüdinger's statements do not agree with those of Linhard and Luschka. O. Zuckerkandl (*Wiener med. Jahrb.*, 1887, Heft 6), by investigating the anatomy of the part, has found that it is impossible to wound the internal carotid artery in this operation, as, apart from the wall of the pharynx and the fat which occupies the region behind the tonsil, there is in addition a muscular layer, which lies in front of the internal carotid artery. In a review of Zuckerkandl's paper, in the *Centralblatt f. d. med. Wissensch.*, October 29, 1887, it is further learned that there is just as little risk of striking the artery in scarifying the tonsil, or in opening an abscess in it. On the other hand, an

injury would be conceivable in opening a retro-pharyngeal abscess.

Hemorrhages are rather to be explained by the behavior of the arteries which penetrate into the tonsil. Either the vessel works its way through the fibrous wall of the tonsil and pierces the tissue proper, or it lies on the capsule, and only enters the tonsil after forming several loops and coils. If now the artery is cut obliquely, it withdraws into the tissue, and the hemorrhage stops spontaneously. But if the incision is in the plane of the posterior capsule of the tonsil, spontaneous stoppage of the bleeding is impossible, as the intimate connection between the wall of the vessel and the capsule of the tonsil prevents a narrowing of the lumen of the vessel. Therefore, the surgeon must avoid letting the incision of amputation fall in the plane of the lateral wall of the tonsil, and he can best do this by simply chipping off its swollen top.

The only artery which can be tied with propriety is the external carotid, as only the branches of this can be wounded. In most cases, however, compression against the lower jaw by means of Pean's forceps will be sufficient to stop the hemorrhage.

Laparotomy for Chronic Peritonitis; Injection of Iodine; Cure.

Dr. Dittmer, of Berlin, reports a case of this kind in the *Berliner klin. Wochenschrift*, October 31, 1887, of which the following is an abstract:

Martha B., eight years old, was taken sick on July 7, 1879, with symptoms of acute gastro-enteritis. After eight days she presented a picture of typhoid fever, without the eruption, and with slight, if any, enlargement of the spleen. During the second week, the swelling of the abdomen steadily increased, and the tenderness extended all over the belly, so that beginning tubercular peritonitis was suspected. The fever was uniformly remitting, the diarrhoea persisted, and the child grew frightfully thin. Four weeks from the beginning of the attack, an effusion of fluid could be made out for the first time. At this time, too, the patient improved in all respects except the effusion. On August 29, there was an aggravation of all the previous symptoms, and the development of two points at which perforation of the abdominal wall was threatening. One of these points was in the right hypochondrium, about one finger's breadth below the margin of the ribs, in the mamillary line; the other was at the navel, and neither was larger in size than a penny. As the first spot grew larger during the next few

days, and the fever assumed a hectic type, an incision was made on September 2, and twelve pints and a half (6 litres) of laudable pus evacuated. A drainage tube was inserted, the wound dressed with salicylated cotton, and the cavity washed out daily with a solution of permanganate of potash. Recovery was so satisfactory that the drainage tube was removed toward the close of October; the patient having been out for the first time on October 9. But about the middle of November, a relapse occurred, and pus was discharged spontaneously through an opening at the navel, where perforation had threatened at first, in spite of the fact that the original opening continued patulous. Pus was discharged through both wounds; fluids injected into one opening returned through the other. The perforation at the navel closed by New Year's, but the other opening persisted, and from it a little thin pus continued to be discharged. Finally, on March 8, 1880, tincture of iodine was injected into the fistulous track, and repeated on March 12, 19, 27 and April 11. The iodine was well borne, and recovery was complete on April 15, 1880. The author states that he has subsequently seen the patient frequently, and that she has developed in a girl with blooming health.

A Case of Abscess of the Spleen.—Operation; Cure.

In the *British Med. Journal*, November 12, 1887, Mr. Chowdhury, Assistant Surgeon to the Burdwan Municipal Hospital, India, reports a case of abscess of the spleen with the following history: A man, about forty years old, had been suffering for some months with an undefined swelling in the splenic region. He also complained of some pain in the part, and had had occasional fever. He began to expectorate blood, and some purulent-looking matter, though previously he had had no lung complaint. From the fact that the spleen was enlarged, and that there was moist crepitation in the left lung, extending from the lower to the upper part, the sputum being chiefly composed of blood and pus, it was concluded that an abscess of the spleen had formed and burst into the left lung. Another symptom leading to the same diagnosis was that he was not much troubled with the night and morning cough so common in patients with bronchitis and phthisis. Subsequently, the abscess was seen pointing in the splenic region, and on September 17, 1886, it was opened by a free incision. About ten ounces of pus came out at first, followed by *æbris* of splenic tissue

mixed with blood and pus. A drainage tube was inserted, and the part dressed with boracic lint and iodoform. On September 26, he was discharged cured.

The author states that he has practiced in the malarious district of Burdwan (Bengal) for more than eight years, and has personally treated over 30,000 cases of malarious fever, but out of the whole number has only met two cases of abscess of the spleen, in addition to the one just described.

Oxygen in Puerperal Eclampsia.

A. Bompiani reports, in the *Osservatore*, September 25, 1887, two cases of eclampsia with albuminuria, occurring during pregnancy and during confinement, in both of which he employed oxygen. In the first case, which was proceeding to a fatal termination, he endeavored by the use of oxygen to obviate the asphyxia, which transiently developed, and was dependent upon the condition of the lung; while in the second case, which survived, oxygen was employed as a last resource, and effected the disappearance of the anasarca, as well as of the convulsions.

The first patient was a young woman twenty-seven years old, who, at the end of pregnancy, was seized with convulsions, which occurred every fifteen minutes. Bromide of potash, chloral hydrate, leeches, warm vaginal douches, subcutaneous injections of morphine were without effect, and coma and asphyxia were strongly developed. Inhalations of oxygen produced slight improvement; the child was delivered by forceps; but the patient died after nine inhalations.

The second patient was a young woman at the end of pregnancy, who was seized with violent convulsions. A living child was delivered by the forceps; but, after delivery, fresh paroxysms developed, against which inhalations of oxygen and injections of ether were successfully employed.—*Deutsche Medizinisch-Zeitung*, Oct. 20, 1887.

Poisoning with Chlorate of Potash.

Dr. George T. Welch reports in the *Transactions of the Medical Society of New Jersey*, for 1887, a case of poisoning with chlorate of potash. The subject was a woman, 28 years old, who took at one draught four fluid ounces of a saturated solution of this salt. She had great prostration, straining, vomiting, and frequent micturition. Her stomach was emptied with an emetic, and nerve stimulants and opium were administered. The next day she was quite recovered.

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BACTERIOTHERAPY IN SPLENIC FEVER.

In this age, when the tendency is to refer the causation of all general diseases to micro-organisms, it is comforting to hear anything which may be said in their defence. In *Virchow's Archiv*, Bd. cviii, Heft. 3, Dr. A. D. Pawlowsky has published a contribution to the study of "bacteriotherapy," in which he states that he has finally concluded, after a long series of experiments, that it is possible to cure splenic fever by means of bacteria. Splenic fever, anthrax, charbon, malignant pustule, or bloody murrain, as the disease is variously called, is an acute infectious disease, affecting herbivora and omnivora for the most part, but communicable to other mammals, including man. The specific cause of the disease has been proved to be the bacillus of anthrax, or its spores. Inoculations as a prophylactic against anthrax were first instituted by Burdon Sanderson and others in 1878. The results obtained by these experimenters were very successful. Other methods have since been tried, but

probably that of Toussaint is as simple and effective as any. The latter consists in heating the virus for one hour, at a temperature of 131° F., so as to diminish its activity, and then inoculating the animals to be protected. Pawlowsky, however, seems to have developed some new points in his experiments. From a review of his paper in the *Deutsche Medizinal-Zeitung*, November 14, 1887, we learn that cure of the local anthrax can be obtained by means of a series of subcutaneous injections of different micro-organisms, at the points at which the disease originates, or in the neighborhood of these. The most powerful antagonist to the anthrax bacillus was found to be Friedländer's diplococcus of fibrinous pneumonia. This, at least, is the inference which Pawlowsky draws from the fact that all of the eight rabbits suffering with anthrax, which were injected with it, recovered. The staphylococcus aureus stands next in efficiency to the diplococcus of pneumonia; as four rabbits, which were treated with it by hypodermic injections, recovered. It is somewhat surprising to learn that even non-pathogenic organisms are capable of curing local anthrax. This the author declares to be the fact, and places the bacillus prodigiosus third in effectiveness. In the case of this bacillus, a single hypodermic injection was not successful, but a second resulted in cure. Of ten rabbits which recovered from anthrax after treatment with the bacillus prodigiosus, eight had subcutaneous suppuration at the spots into which this bacillus had been injected. Finally, the fourth place as a remedial agent against the anthrax bacillus is accorded by the author to the streptococcus of erysipelas. Of seven rabbits treated with it, only two died.

Coming now to the treatment of general splenic fever with intravenous injections, it was found that proportionately favorable results were obtained only when anthrax bacilli were injected simultaneously with the diplococci of pneumonia. Of seven rabbits treated in this way, two recovered, three died of embolism, and two of anthrax. If the injection of anthrax bacilli was followed by that of the diplococci, instead of both

being given at the same time, the results were not as favorable. This is clear from the fact that of five rabbits which were so treated not a single one recovered. It is important to note, however, that instead of dying as animals unprotected from anthrax generally do, in from thirty-six to forty hours, the rabbits in question survived from seven to fourteen days; showing that the injections had enabled the organism to maintain the struggle against the disease for a longer time. Intravenous injections of the staphylococcus aureus did not save the animals from anthrax; while injections of the streptococcus of erysipelas and the bacillus prodigiosus lengthened the struggle of the animal against anthrax to from three to five days.

**OPERATIVE TREATMENT OF INTERNAL
OBSTRUCTION OF THE BOWELS.**

The treatment of persistent obstruction of the bowels, dependent upon some intra-abdominal condition, is one of the most interesting questions in medicine or surgery. There are able and conscientious surgeons who think the tendency at the present time is too much toward early operative interference. Prof. John Ashhurst, of this city, for example, and Prof. Madelung, of Rostock, have presented strong reasons for prudence in proceeding to operation. On the other hand, the comparative safety with which the peritoneal cavity may be opened, in these days, has induced other surgeons to protest that many patients lose their lives because they are not given the chances of an operation.

At the last Congress of German Surgeons, there was an active discussion of this subject, and the general opinion was favorable to operation in cases which do not readily yield to medicinal treatment, and in which there is a strong presumption of a mechanical condition not amenable to medicinal measures.

As to the operation to be chosen, the majority of those who spoke favored the formation of an artificial anus. But KUMMELL, of Hamburg, in the *Centralblatt für Chirurgie*, Nov. 5, 1887, opposes this opinion, and

gives the reasons which incline him to choose laparotomy as the operation best suited for internal obstruction of the bowels. In support of his views, he cites his own experience in ten cases, in seven of which he performed a laparotomy, and deplores the delay of medical men to submit their patients to surgeons until after they have exhausted all other means, and their patients are *in extremis*. He mentions a case in which he himself abstained from operation because he attributed his patient's trouble to tubercular peritonitis—for which he had good reason—and found at the autopsy that the symptoms of obstruction were due to a band compressing the upper part of the small intestine. The peritonitis which exists in many cases of obstruction, and which is sometimes regarded as its cause, he believes to be usually secondary to it. Taking everything into consideration, he pronounces strongly in favor of laparotomy when the circumstances justify an operation, and thinks this furnishes the best way to discover the exact nature of the obstruction and the best means of overcoming it. To make an artificial anus is to lose the advantage of sight and touch in determining the condition on which the obstruction depends, and to do an operation sometimes ineffectual and often demanding another operation by no means free from danger.

The paper of Kummel, to which we have referred, is too long for us to do it justice here, but we cannot refrain from giving our readers the benefit of the author's suggestions in regard to a part of the operation of laparotomy, which is often very difficult, namely, the reposition of the intestines. Kummell's method of accomplishing this is to place a folded napkin or towel over the bowels, and to tuck its edges under the edges of the incision, upwards under the sternum, downwards into the pelvis, and on the sides under the abdominal wall. When this is done, and the whole is controlled by the hands of an assistant, he places the approximating sutures in position and has the towel withdrawn gradually as the sutures are tightened. In this way he says he has no difficulty in getting the bowels in place, and no need for

the dangerous procedure of puncturing them so as to empty them of gas. He mentions, also, with approval, the suggestion of REHN to empty the bowels of gas by introducing a stomach tube into the stomach.

We commend these views of Kummell to our readers, for we share his conviction that laparotomy for internal obstruction is a justifiable operation, and that long delay in undertaking it is more dangerous than the operation itself, if good judgment and skill are used in its performance.

SOME POINTS IN THE CARE OF CHILDREN.

A writer in the St. Louis *Globe-Democrat*, evidently a discreet medical man, says some things so true and so important for physicians to appreciate, that we think it well to repeat certain of them for the benefit of our readers. In the first place, he dwells upon the value of putting children early to bed, and having them rise soon after they wake. He holds that it is not only cruel, but also mischievous, to compel children to lie awake in bed for hours to prevent them from disturbing older people. The morning sun is most essential to plant life. It is equally true that the morning sun is most valuable for animal vigor, and this includes human beings.

Again, this writer opposes study late in the afternoon, and much more in the evening, for young children; and emphasizes, by a striking illustration, the advantages of play for children, instead of straining their little brains. He also expresses what we regard as a wise disapproval of putting children to bed immediately after supper. Let them, he says, have a chance for light exercise and sport after the meal. Above all he deprecates the stormy season which often follows supper, when the parents wish a child to go to bed and the child does not want to. We appreciate, of course, the advantages of discipline and regular habits; but we agree with the writer referred to in deprecating the practice of forcing a child to bed immediately after the last meal of the day.

One more point which we would refer to in this interesting article is that each child should, if possible, have a bed to itself. For

physical and moral reasons we believe this to be desirable; and we share the writer's convictions that the habit of sleeping alone is one which is advantageous to adults also.

As those who have great opportunities for molding the future of the children committed to their care, our readers will estimate at their proper worth the homely truths which we have just cited; and no good physician, we are sure, will consider it beneath the dignity of his calling to study matters which are so important to the happiness and welfare of the "little ones."

DURATION OF LIFE IN MODERATE DRINKERS.

The great insurance companies of Great Britain have, by their official action, pronounced the teetotalers longer lived than those who make even a moderate use of spirituous liquors. The companies in question have for a series of years kept separate registers of all their beneficiary members, the total abstainers being classed apart from the moderate drinkers. As a result of these records, they find the advantage in respect to longevity decidedly in favor of the teetotaler. One of the largest and oldest of these companies, which has kept separate registers for twenty years, declares that, among the strictly abstaining class, the real mortality has fallen short by 30 per cent. of the ordinary expectancy; while fully 99 per cent. of moderate drinkers have attained this expectancy. Caine, a member of Parliament, concludes, from a study of statistics, that the total abstainers have an average duration of life exceeding by six years that of moderate users of even the lighter alcoholic beverages, such as wine and beer. There are now insurance companies and societies for mutual aid in England designed exclusively for total abstinence men; the taking of even an occasional glass of any intoxicant vitiates their policy.

—The People's Medical Service Society of New York city has been recently incorporated. The capital stock is \$12,000. The incorporators propose to furnish medical aid to laborers and people of moderate means.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

ON THE ANIMAL ALKALOIDS, THE MAINES, LEUCOMAINES AND EXTINCTIVES IN THEIR PATHOLOGICAL REACTIONS. By SIR WILLIAM AITKEN, M.D., F.R.S., Professor of Pathology in the Medical School (Netley). Small 8vo, pp. v. Philadelphia: P. Blakiston, Son & Co., 1887. \$1.00.

This is a convenient manual upon a subject which is not very clear at the best, and of which medical men have but a hazy conception. It treats the rôle of poisonous alkaloids generated within the body, somewhat at the expense of what is known of the germ-theory, in regard to which the author seems to be decidedly skeptical. In commendatory opinions to the consideration of our readers, we think it just to call their attention to the fact that the advocates of the germ theory think it begging the question to distinguish between the effects of the poisonous alkaloids which microbes produce and the effects of the microbes. It is as if one were to charge the assassin with the crime of the assassin.

In concluding our notice of this book, we commend the example it furnishes, and the advantages, to medical men in the army and navy to the opportunities they have for the study of important sanitary questions. It is a great pity that so many army and navy surgeons fall into habits of idleness regard to medical science, as soon as they get out of the stimulus of examinations. If all would follow the example of a few, medical science would be benefitted almost beyond computation; they would gain eminence instead of relapsing so many do—into obscurity.

SURGICAL PATHOLOGY AND MORPHOLOGY. ANATOMY. By ANTHONY A. BOWEN, F.R.C.S., Surgical Registrar and Demonstrator of Surgical Pathology at St. Bartholomew's Hospital. Small 8vo, pp. xvi, 543. Philadelphia: P. Blakiston, Son & Company, 1887. Price, \$1.00.

This volume is of convenient size for the student, and it would make a very instructive companion for medical practitioners who like a book any where, and who have the time-saving eye-straining habit of reading as they ride. It is clearly printed, and arranged with catch-words in bold faced type. It is full of sound teaching in pathology, and remarkably complete for so tentative a work. It contains 135 original illustrations, which are sufficiently clear to add materially to the value of the text.

600 MEDICAL DON'TS; OR, THE PRACTICIAN'S UTILITY ENHANCED. By F. C. VALENTINE, M.D., Ex-Surgeon-General of the Army of Honduras, etc. 6x5 inches, pp. 128. New York: G. W. Dillingham, 1887.

The author of this little book has put into pithy sentences a large number of truths upon health and disease. With most of them we heartily agree; some of them we think extremely for example: "Don't, if you can avoid it, enter a hospital unless it is on the pavillion or cottage plan." "Don't hesitate to call disease 'sin'; it is your sin, your parents', your grand-parents', or your grand-parents'; it is sin." In the main, however, we can commend these injunctions to the attention of

readers, and believe that patients would be more reasonable and easier to manage if they could be made to properly digest such a book.

LITERARY NOTES AND QUERIES.

In this column the REPORTER will publish short literary items of interest and questions addressed to this Journal's readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—An old subscriber writes, asking us to send him a list of all the better works published in German

English on Hypnotism, with which we are acquainted. We regret that we cannot find time to do this; but are glad to inform our correspondent and of our readers that just this sort of work is done in an admirable manner by *The Bureau of General Information*, Joseph B. Marvin, Manager. P. O. Box 379, Washington, D. C. The investigations of this Bureau are conducted with the unrivaled resources of the Government Libraries at Washington.

CORRESPONDENCE.

Diphtheria.

MED. AND SURG. REPORTER:

Sirs:—In the REPORTER of November 25, 1887, p. 21, I find the following question: "Is there a pathological condition that you can truthfully call *diphtheritic croup*?"

Having had considerable experience in this matter, I venture to give you the result: To begin with, there is no diphtheritic croup; there is a croupous diphtheria (this is one of the divisions of Oertel, in "*Ziemssen's Cyclopedia of Medicine*"). When the larynx is filled with diphtheritic membrane, you have the same conditions practically which obtain in membranous croup. Hence the term.

In regard to treatment, I use French Brandy, tincture of iron and quinine in pretty large doses from the beginning. Most authors advise not to give stimulants until the patient is about exhausted. My experience is to the contrary. I give them from the beginning. Tincture of iron I also give from the beginning, in sweetened water; but I do not mix the two, because the brandy will form a precipitate of iron. Quinine I give in doses of 2 to 10 grains every 3 to 4 hours, according to the age and strength of the patient, until cinchonism is produced. After that, I continue it in tonic doses. Chlorate of Potash, used internally, I have learned to avoid, as I find it to produce nephritis almost invariably. I have tried it in small doses.

The gargle must be soothing and not irritant.

ting ; and all irritating measures, such as forcibly removing the membrane or violently swabbing the throat, *must* be avoided, as they only make matters worse.

Where the membrane has invaded the larynx (croupous diphtheria), I use a steam atomizer, and find a little fluid extract of ipecac to increase the virtues of the steam. The danger in cases of croupous diphtheria lies in the fact that the membrane fills up the larynx to such an extent as to prevent the entrance of air, and anything which will loosen the membrane, and cause it to be expectorated, will of course give relief.

Intubation of the larynx I have never tried, but it is very plain that there is great danger of pushing the membrane before the tube and thus causing the very result you try to avoid. I have had very few cases of croupous diphtheria since I have adopted the plan of treatment outlined above, and they recovered under the treatment I have indicated. Externally, I use a counter-irritant, such as salt pork, or coal oil, or something of that sort. The diet should be plain, nourishing and digestible.

Trusting that this may be of benefit to some one, I am, fraternally yours,
Huron, O., Dec. 1, 1887. JOST P. ESCH, M.D.

Hemorrhage into an Intra-Peritoneal Pus Cavity.

EDS. MED. AND SURG. REPORTER:

Sirs:—I have met with another, to me, singular case. If of any interest or use to you, use it accordingly.

On October 23, 1887, I was called to see Miss S., 19 years old. She was complaining of pain over the cæcum, indicating acute local peritonitis. The muscles of the abdomen on that side were so tense that not much could be learned by palpation, but I thought there was a boggy feeling in the part. The pain, which was controlled by two or three quarter-grain doses of morphine in twenty-four hours, was followed for three days by symptoms of collapse: cold extremities, thready and frequent pulse (180 per minute). In short, her appearance was as one suffering from a concealed hemorrhage. After reaction, her temperature ranged from 100° to 101½°, being highest between 8 to 12 P.M.

Tenderness now extended gradually over the whole abdomen. There was tympanites, but not much of it. The patient suffered with acute pain when not under the influence of morphia, but the pain was easily controlled. In spite of treatment, the girl became gradually weaker until November 3, when she died.

An *autopsy* was made three hours after death. The body was plump; one inch of fat between integument and abdominal muscles; peritoneal surface bathed in a thin, dark, fetid mixture of blood and pus. On the right side, between the ascending colon and the wall of the abdomen, I found a pus cavity capable of holding more than a quart. It extended from the pelvis to the liver, the cæcum and descending colon being so adherent to surrounding parts as to form the inner wall of the abscess. The right kidney was situated under the liver, and against its posterior border; the left kidney was in its normal position. The pus cavity extended to the lower surface of the liver and round behind the viscera to the spinal column, ulceration having laid bare the stellate ligament behind the psoas magnus muscle. The quadratus lumborum muscle was apparently destroyed. There was an ulceration over the head of the colon, which exposed the mucous membrane, from the outside, over a space as large as a finger nail. The mucous membrane seemed to be necrosed, but it had not given way. The pus cavity was lined with a thick, old pyogenic membrane, and filled with an old, black blood-clot. Fluid injected into the aorta, welled up from the bottom of the cavity close to the crest of the ilium, showing where the hemorrhage had come from.

My theory of the case is that the abscess burst into the peritoneal cavity at the time of the acute pain on October 23, and that when the pressure on the ulcerated arteries was thus removed the cavity filled with blood, which displaced the pus into the abdominal cavity.

The singular thing about the case is that such serious and extensive disease could have been there for so long a time, and produced no decided symptoms. The girl had continued to perform her usual work (housework) up to the evening of October 22; she had menstruated normally a few days before; her bowels were regular, and her appetite was fair.

She had consulted me two months prior to this attack, complaining of pain at the angle of the right scapula, and tightness across the upper part of the chest; but with no symptoms referable to abdomen or pelvis. From the white waxy look of her skin, I at first suspected something wrong with her kidneys, but a thorough examination of her urine disclosed nothing abnormal. I put her upon a tonic, under which she apparently improved until the sudden attack of pain on the 23d.

Yours truly, A. ADY.

Muscatine, Iowa, Nov. 5, 1887.

Effect of Taking the Reporter.

EDS. MED. AND SURG. REPORTER:

Sirs:—Your journal and circular received. While I neither question the age or value of the MEDICAL AND SURGICAL REPORTER, I must confess my inability to scan its pages. Of the four or five journals sent me have, from a lack of time, been unable to read them. Am everlastingly busy.

Yours, etc., L. S. C.

Negaunee, Mich., Nov. 21, 1887.

[This letter contains one of the most convincing testimonials to the value of the REPORTER which we have ever seen. About a month ago, the writer had so much leisure that he requested us to send him specimen copies of the REPORTER for a month *free*; and already his practice has increased to such an extent that he has no time to read. If this case gets noised abroad, we fear we shall never be able to satisfy the demand for specimen copies of the REPORTER; but we hope that other men to whom it brings such good luck will consider it worth at least the cost of a year's subscription, and will think, within themselves: "If four numbers of the MEDICAL AND SURGICAL REPORTER improve one's business so, what would fifty-two numbers do!"—EDS. REPORTER.]

NOTES AND COMMENTS.**Massage, Rest and Position in Sciatica.**

Mr. A. Symons Eccles, in a paper on a massage, rest and position in sciatica, which is contained in the *Practitioner*, November, 1887, reports the following case as illustrating the usefulness of this method of treatment. The patient was a man, fifty-four years of age, who, in a drive on the outside of an omnibus, had sat upon a damp cushion, and had been exposed to a heavy shower of rain. During the following night he developed pain of a burning character down the back of the thigh, which prevented rest and sleep. For six weeks he was unable to move without great pain, and for the greater part of that time was confined to bed. Poultices, anodynes, blisters, and even the actual cautery were tried, with only temporary relief. Worn out by suffering, and with the remedies employed, the patient insisted upon having massage tried, although Mr. Eccles could not advise it. He, however, agreed to try it, if the patient would follow out his directions in other respects. This proviso was made because the patient for some weeks had risen every morning and spent the day in the chair, with the affected limb propped

on another chair, and surrounded with pillows and air-cushions.

An examination of the affected limb at this time showed that the thigh on the affected side was an inch larger in circumference than the other one; that the ham-strings were contracted and hard, while the skin over the course of the sciatic nerve was thickened and scarred. Slight pain was elicited on pressure along the trunk of the nerve, and great pain at a spot about the middle of the thigh, extending downwards for about two inches. Absolute rest in bed was rigidly enforced, the leg was slung in a Salter's swing, and the whole leg protected from cold with flannel.

Eight minutes' massage of the limb was administered on the first day, but only *effleurage* (gentle superficial friction) over the course of the nerve. This was well borne, and no after-pain resulted; and, although there was much restlessness at night, the patient on the next morning expressed his sense of comfort from the use of the splint. Massage was again employed, the thumbs only being used over the sciatic trunk; but more vigorous handling of the limb than on the previous day was unattended by any untoward symptom, though the patient cried out at times during the process.

For ten days rubbing and kneading of the limb was carried out for periods varying from ten to twenty minutes. On the third day rapid *tapotement* (tapping) along the nerve trunk was added to the other manipulations, and included after that date in all the subsequent sittings, the limb being replaced in the swing after each day's treatment. On the tenth day the circumference of the thigh at the point of measurement was reduced by half an inch, and the rigidity of the ham-strings was less; while there was a marked difference in the color of the skin, that of the affected limb being much ruddier than on the other side; while the surface temperature, which had been lower than normal, now reached and maintained an equality with that of the sound limb. An attempt to straighten the knee caused much pain; though, when the limb was at rest, all sense of discomfort was lost, and the patient was now able to procure short intervals of sleep without the aid of drugs. General corporeal massage was now given, in addition to the special manipulation of the limb; and, as time went on, natural sleep was procured, the appetite improved, and the bowels, which had been obstinately constipated, were regularly relieved by the use of small doses of the granular efferves-

cent sulphate of sodium, taken in half a tumbler of warm water every morning.

On the twentieth day, passive movement of the affected limb, although causing some pain, was cautiously employed, and the limb swung at a more obtuse angle. A bad night followed; but the general condition of the patient was so much improved that the manipulations were continued, the knee gradually straightened, and the limb swung at a lower level day by day, until the twenty-eighth day, when the swing cradle was discarded. The patient now slept fairly well, and experienced much less discomfort on moving; the spontaneous pain, which had been troublesome in the earlier stages of the treatment, ceased, though cramp in the hamstrings and calf-muscles still occurred at varying intervals. At the end of the fifth week the patient was allowed to get up, and active exercise of the limb was employed till the end of the sixth week, when the pain on movement was so slight that a change of room was afforded daily, the patient walking with the aid of a stick and moving the limb with much greater freedom than ever since the onset of the disease. General massage was continued till the end of the eighth week, at which period there was complete immunity from pain and tenderness, the only signs of disease being an occasional attack of cramp and a tendency to "pins and needles and going to sleep" of the limb if the trunk of the nerve was subjected to long-continued pressure at any point, as by the edge of a hard seat.

At the time of writing this paper, Mr. Eccles says that the patient has been free for more than six months from any return of the complaint from which he suffered so long and severely.

The author in the same paper reports three other cases, in which the treatment was also markedly beneficial. In concluding his paper he says, with reference to the method of employing massage: "The process must be initiated by as vigorous kneading as the patient can bear of the whole circumference of the limb, as far away above the focus of the disease as possible; in other words, the proximal lymph trunks and spaces above the seat of mischief should first be unloaded; and if this is achieved, the measurement of the limb should, after massage, reveal some slight diminution in the circumference; then, either on the same occasion or at the next sitting, the manipulations should be practiced nearer to the affected part and as soon as may be of the part itself; indeed, the whole limb should be dealt with

so as to induce and maintain a more rapid circulation through the vessels, both of blood and lymph, thus at the same time encouraging a more frequent renewal of nutrition and a more rapid absorption of effete material.

If this indication can be fulfilled, with the rest and freedom from external pressure afforded by the swing, it will, I trust, be found that other cases of sciatica than those cited above will yield to the massage, rest, and position treatment."

Obstetric Practice in Rural Districts.

In the *Edin. Med. Journ.*, November, 1887, Dr. Wm. Fairbanks writes a very sensible and practical paper on this subject. He says that he has kept a careful register of all his obstetric cases, and that the series reported at present comprises the cases treated between 1874 and 1884. He hopes that the statistics which he presents, while inadequate in themselves, may serve to modify in the direction of truth the equally insufficient data of other records.

The series comprises:—Natural labors, 538; operative labors, 107; total, 645. Forceps cases, 82; turning, 10; craniotomy, 10; induction, 5. Presentation:—Vertex, 614; brow, 1; face, 1; breech, 17; foot, 5; shoulder, 2; hand, 5. Maternal deaths, 5; infantile deaths: non-viable, 14; premature, 7; full time, 40. Mortality in forceps cases:—Mother, 1; child, 0. Twins, 8; placenta prævia, 3; placenta adherent or retained, 5; post-partum hemorrhage, 8; spontaneous evolution (7 months), 1; hydrocephalus, 1; intrauterine amputation of fore-arm, 1. Youngest mother, 14 years and 3 days. Longest interval between two pregnancies during married life, 21 years.

Of the five maternal deaths, none seem to be fairly chargeable to the accoucheur.

Turning now to the infantile mortality, this must be largely reduced before the accoucheur can account himself responsible for it. Deduct cases in which the fœtus was not viable, 14; cases in which the child was born before Dr. Fairbanks was called in, 11; cases in which the child had long been dead, 6: total, 31; and the infantile mortality for which he is accountable is 30, or nearly 5 per cent. The causes of death in these thirty cases were:—Premature birth, 6; ante-partum hemorrhage, 5; craniotomy, 8; turning, 1; prolapsed funis, 2; prolapsed funis and turning, 3; breech presentation, 1; hydrocephalus, 1; induction, 2; induction and turning, 1: total, 30.

With reference to craniotomy, he says: "Many things must happen, and a new ge-

eration arise, before the various cutting operations will supplant craniotomy in moderate degrees of pelvic contraction." For this he gives the following reasons: 1. Craniotomy in such cases, when done at the proper time, and carefully, does not add appreciably to the mother's risk; 2. The cutting operation does add to the mother's risk, and she and her friends know it; 3. Patients refuse to be operated on.

With reference to the use of forceps, he says that the more frequently a practitioner uses the forceps, the larger in all probability will be his proportion of easy forceps cases, and therefore his statistics will look better, in this respect, than those of a man who postpones the use of the forceps until the case is desperate. Yet it may reasonably be a subject for inquiry, whether any percentage of instrumental interference should lay one open to the charge of meddlesomeness. His rule is never to interfere except in the best interests of mother and child, and never merely to save his own time. This is the best and only test a practitioner need regard, and, in applying it with cultivated judgment, he has no censor but his own conscience.

As to the time at which it is desirable to interfere instrumentally in labor, Dr. Fairbanks says: "The length and character of the first stage helps to determine the point. The strength and temperament of the patient are also factors in the case. But the great question to be settled is this: Are the pains telling upon the patient in a degree out of proportion to their effect upon the progress of labor? If they are, it will not be very long before help is called for." He seldom allows strong expulsive pains to go on for more than one and a half or two hours after full dilatation of the cervix, unless they are manifestly equal to the occasion; and if pains become feeble, after having been in good force for an hour or so, the forceps are generally resorted to.

With regard to the use of ergot, he says: "In three-fourths of the foregoing cases the older practitioners would have used it, and sooner or later, let us hope, the babies would have been born; but the mortality table would probably have been very different. Angus Macdonald's words in, if I mistake not, his first course of lectures to four of us students, have a permanent place in my memory,—'In midwifery practice always prefer steel to ergot.' And so I have. My rules for giving ergot have been: Never give it to a tired uterus. Never give it in a first labor. Never give it in a case of grave disproportion. Don't give it in cases of slight

disproportion. Hardly ever give it till the head is born. From the present series of cases it would be easy to illustrate and establish these rules, but I fancy they are almost generally accepted."

He is in the habit of inducing labor by means of the elastic rubber catheter or with Barnes's bags. Chloroform, he says, is seldom needed for the women among whom he has practiced—even in forceps cases, turning or craniotomy. He speaks disparagingly of the value of chloral as an anodyne in painful and tedious dilatation of the cervix.

With regard to rupture of the perineum, he does not seem to think that sewing up of slight tears is necessary. He speaks confidently of having saved severe lacerations by using the forceps, while the bad tears which occurred were in cases in which the forceps had not been applied.

Those Leprosy Cases.

The following communication has been sent by a number of physicians to Dr. Arthur Van Harlingen, who was recently fined \$100 by the Board of Health for not reporting two cases of leprosy under treatment by him:

"As fellow-physicians, we are unwilling that you should be personally responsible for the payment of the fine which the Board of Health has, we think, unjustly imposed upon you. We, therefore, take great pleasure in enclosing you, for the purpose of reimbursement, and as a mark of our continued respect and appreciation of your personal worth and professional skill, a check for one hundred dollars.

"Although not desiring to commit ourselves collectively regarding the contagiousness of leprosy, we realize the fact that, in the past twenty years, lepers in variable number have been treated in various European and American cities without a known instance of contagion thereby. We feel, therefore, that the action of the said Board was, under the circumstances, unjust to you and to your patients."

The communication was signed by Doctors

S. Weir Mitchell,	D. Hayes Agnew,
J. M. Da Costa,	J. W. Holland,
Roland G. Curtin,	William Pepper,
William Osler,	John B. Roberts,
Chas. S. Turnbull,	Charles K. Mills,
Roberts Bartholow,	S. W. Gross,
A. Sydney Roberts,	Edward T. Bruen,
De F. Willard,	Chas. H. Burnett,
J. C. Wilson,	H. W. Stelwagon,
Louis A. Duhring,	Samuel D. Risley.
J. Solis Cohen,	

Inhalation of Sulphurous Acid in Tuberculosis.

At the meeting of the Therapeutical Society of Paris, July 27, 1887. Dujardin Beaumetz stated that he had been experimenting with inhalations of sulphurous acid after the method employed at the hospital of Cherbourg. He burns in a close room 300 grains of the flowers of sulphur for every cubic yard of space. He then puts the patients in this room twelve hours afterwards, and allows them to stay there eight hours. Under this treatment the bacilli disappear from the sputum, which, from being yellow, becomes white, while sleep is better. This method has been tried for about ten days at the Cochin hospital, where it has already given some good results.

At a subsequent meeting of the Society. October 12, 1887, he stated that up to that time the inhalations had diminished the expectoration in one group of cases, encouraged another to persevere, while in a third they had increased the suffering, or at least were disagreeable.—*Progrès Médical*, October 22, 1887.

Not Due to Vaccination.

Alfred S. Gubb, L. R. C. P., writes to the *British Medical Journal*, Nov. 5, 1887, and congratulates himself upon having made a lucky escape. He says: "I was asked by a lady, whom I had attended in her confinement two months before, to vaccinate her baby, as she was going into the country. I thought it preferable to await her return, and postponed the operation. It was well I did so, for within three or four days the child developed a violent attack of desquamative dermatitis, and for a week or two presented a most pitiable appearance, with the skin hanging all over it in rags and tatters. The child recovered in the course of two or three weeks, but it can easily be imagined what would have been the verdict had I been unfortunate enough to have vaccinated the child. As it was, the mother asked me 'Was I sure I had not vaccinated the child?'" This is another example of the errors so commonly resulting from *post hoc* conclusions.

Fatty Degeneration due to the Opium Habit.

The Paris correspondent of the *Medical Press and Circular*,* Nov. 9, 1887, states that M. Ball has made a communication to the Académie de Médecine of Paris on certain anatomical lesions which he has noted

in the persons of those who are addicted to morphine. A woman voluntarily entered his service at St. Anne in order to be cured of the habit of taking morphine. The dose she took daily was about sixteen grains. At first immediate suppression of the drug was ordered; but the patient fell into such a state of collapse that a more moderate and progressive treatment had to be adopted. Sleeplessness and agitation were combated by enemata of bromide of potassium and chloral, and four grains daily of sparteine had to be given for the heart. The treatment lasted forty-two days, and, at the end of that period, the woman seemed to have quite recovered. But, when she was about to leave the hospital, she suddenly died. The autopsy revealed fatty degeneration of almost all the internal organs, especially of the heart, and the presence of morphine in the nervous centres.

The Prevalence of Venereal Diseases in the British Army.

From the publication of the Medical Department Reports of the British Army in the *Brit. Med. Journal*, it is learned that venereal diseases continue to be a prolific source of admission into hospital and inefficiency. Primary syphilis caused 11,095 admissions to hospitals among the troops in the United Kingdom during the year 1885, and secondary syphilis 2336 admissions. These figures give ratios of 127.4 and 26.8 per 1000 respectively. There were also 10,561 admissions into the hospital for gonorrhœa and its sequelæ. These being included, the ratio of admission for all forms of venereal disease was 275.4 per 1000, which is higher than the ratio in the previous year by 4.7, and then the average rate for the preceding six years by 33.9 per 1000. The figures quoted sufficiently show that the large proportionate numbers of hospital admissions which occurred after the abolition of the Contagious Diseases Acts were abolished, are still maintained. The returns from different military districts exhibit considerable variations in the ratios of prevalence of syphilitic affections, ranging from 189.8 per 1000 in the Dublin district to 51.2 per 1000 in the Cork district. An increase in the ratio of prevalence of primary syphilis is especially noted in the Home district. The highest rates of prevalence of gonorrhœal affections were 160.5 per 1000 in the Dublin district, 148 in the Channel Islands, and 129.7 per 1000 in the Northern district.

Paroxysmal Sneezing.

A correspondent writes to the *British Medical Journal* as follows: Some patients have periodical attacks of sneezing in the evening, but generally there is some cause which must be removed. To give relief and stave off the attacks, a very good plan is to smear the nostrils with a little vaseline. This will, in some people, act like a charm; in others, concentrated spirits of camphor, "a saturated solution," stronger than the preparation of the B. P., painted with a camel's hair brush up the nostrils and over the alæ of the nose. If neither of these remedies succeeds, sometimes tr. opii rubbed with the finger over the bridge of the nose, alæ, and cheeks will. But these remedies can only be considered palliative, whilst general treatment of the Schneiderian mucous membrane is persevered with in the daytime.

Formula for Terpene.

At the meeting of the Therapeutical Society of Paris, on July 27, 1887, M. Vigier recommended the following formula for terpene, which contains seven and a half grains to the teaspoonful:

- R Honey,
Glycerine.....of each 100 grs.
Alcohol (95 %),
Terpine.....of each 7½ grs.
M. Sig.—Teaspoonful, a dose.

The terpene remains dissolved if mixed in the strength of a teaspoonful to a glass of water. A smaller amount of water than this causes the terpene to precipitate.—*Progrès Médical*.

Parenchymatous Nephritis in Children.

Authors are not agreed as to the frequency of chronic parenchymatous nephritis in children. According to the *Lancet*, Baginsky and Ferreira are two of the most recent authors who believe that the disease is not infrequent. The latter regards diseases of the skin, especially of an impetiginous or ecthymatous character, which involve an extensive area of skin, as frequent causes of this form of Bright's disease. The treatment which has proved of most value is the use of astringents, like tannin, perchloride of iron, iodide of starch, and diuretic salines—agents which increase the quantity of urine while they diminish the amount of albumin. Rectal injections of cold water were also employed with benefit; and inhalations of oxygen should not be forgotten.

News Items.

—Small-pox has broken out at, and near, Catasauqua, Pa.

—Typhoid fever, of a mild type, is said to be prevailing at Pittsburg, Pa.

—In consequence of a prolonged drought, about the end of November, the water supply of Plainfield, Ind., has become so impure that typhoid fever of the worst type is developing, and in some other localities the scourge is epidemic.

—The *Pioneer-Press* of St. Paul, Minn., learns from Rathsay, Minn., of the existence near there of two cases of leprosy of the most loathsome type, being that known to medical men as "elephantiasis mutilans." Both patients are Norwegians, and no other members of the family have the disease. Before leaving Norway, both men were fishermen, and lived almost exclusively on a fish-diet, to which they attribute their affliction.

—An epidemic of typhoid and malarial fever is prevalent in Ottawa, but it is said to be of a mild type. The citizens and the clergy are becoming seriously alarmed, and are disposed to blame the physicians for not giving a satisfactory reason for the causes of the epidemic. The number of typhoid and malarial fever cases in the city is enormous. Many people think it is a low calculation to place the number at 500. It is stated that the doctors are almost run off their feet.

—A writer in the *Sanitary News* has a good word to say for sewer gas. He thinks it is the outside air which contaminates the sewer gas with micro-organisms. "Sewer air," he says, "has commonly been supposed to be 'loaded' with micro-organisms, whereas, in reality it turns out to be some of the freest air from micro-organisms that can be found." May be he is right, but he will find it hard to convince the housekeepers of America that their fears of sewer gas have been groundless.

—The correspondent of the *British Medical Journal* writes from Switzerland that Dr. Sahli has communicated a very interesting, and probably unique, case of gonorrhœal cutaneous metastasis. In a male patient, who for two months had suffered from gonorrhœa, there appeared two abscesses, as big as a man's fist, situated in the region of the knee joint. The gathering having been incised, a quantity of sanguinolent pus escaped. The microscopical examination of the latter revealed masses of typical gonococci embedded, as

usual, within pus-cells. The abscesses healed without any complications.

—The Medical Faculty of Lyons, France, has only been in existence ten years, but it has been so successful that nearly 800 students are on the rolls. A number of these young graduates have taken prizes in competitive examinations, and only recently Professor Chauveau was taken from the Lyons faculty to be Professor of Physiology in the Paris faculty of medicine.

—The mammoth hospital in Seventh avenue, between Sixth and Seventh streets, Brooklyn, the gift of George I. Seney to the Methodist Episcopal Church, was dedicated December 15. With the exception of the Johns Hopkins Hospital in Baltimore, the Seney Hospital, it is said, will be the largest and best equipped in the world. Mr. Seney originally gave \$200,000 to found the institution in 1881, but he expended in all the sum of \$410,000.

—The Sultan of Turkey has conferred the decoration of Commander of the Medjidie on Dr. Morris H. Henry, of New York, for distinguished contributions to medical and surgical science, some of which are of especial service in the Ottoman Empire. It is a long range command, as the Medjidie is an amiable body, requiring no personal attendance on his part.

—Dr. Sommerbrod, of the Breslau University, an eminent laryngologist, lectured on the case of the Crown Prince, in Berlin, December 6. He is inclined to the conclusion that is a case of simple perichondritis, with abscess formation, and not of a cancerous nature; though some difficulty is likely to be presented in the extrusion of several pieces of dead cartilage. He said the prospects of the Prince's recovery were hopeful.

—There is trouble in the surgical and medical staff of St. Francis Hospital, Jersey City, over the selection of a successor to Dr. T. R. Varick, who was medical director of the institution when he died. The hospital is conducted by the Sisters of the Poor. The physicians who attend it are volunteers, and up to four years ago the joint staff elected their own director. Then a change was made and the director was selected by the Bishop of the diocese, the Sister Superior and the priest of the diocese in which the institution is located. The medical and surgical staffs are composed of four physicians each, and the director is usually selected from the surgical staff. The joint staffs held a meeting

on Thursday evening, and Dr. Finn, of Greenville, presided. A letter was received stating that Dr. John D. McGill had been chosen to succeed Dr. Varick. The letter was signed by Bishop Wigger, the Rev. Father Senez and the Sister Superior. As soon as it was read Dr. B. A. Watson resigned from the staff. He and Dr. Magill are the oldest in service on the staff. Dr. Watson refuses at present to give his reasons for resigning, but says that Drs. Finn, Payne and Dickinson had told him that they would also resign.

—Under the high license law of Illinois the number of saloons in the State has been reduced from 13,000 to 10,000, and the revenue from the liquor traffic has increased from \$700,000 to nearly \$5,000,000. From this increased revenue the cities of Chicago, Springfield, Peoria, Quincy, Bloomington, and Jacksonville have been enabled to pave their streets, beautify their parks, and improve their police force and sanitary condition.

—John H. Pickett, a member of the Iowa Pharmacy Commission, said that their report would show about 1600 registered pharmacists in the State. Of these only about 700 held permits to sell intoxicating liquors. When the law was put in force in 1880 there were 2400 druggists in Iowa. One year ago there were nearly 1800, and, in spite of the fact that about 500 certificates to new pharmacists were issued during the year ending last April, yet the number of certificates in force to-day is smaller than ever before. This is owing in large part to the number revoked by the Commissioners. A large number of drug-store saloons have been closed, and there are now pending a number of fines against druggists, one being for nearly \$400, which are awaiting a decision of the Supreme Court.

—Professor Seguin and Dr. Godfrey dissected the carcass of the elephant Alice, burned in the fire at the Barnum & Bailey winter quarters in November. In the stomach was found over 300 pennies, part of a pocket-knife, four cane ferules, a piece of lead pipe, and some pebbles.

—It is reported from Summertown, S. C., that a colored girl, 17 years old, who was supposed to have died, was taken for burial to a cemetery. At this point a noise, like the mewing of a cat, was heard proceeding from the coffin; when it was opened, the girl was discovered to be living, and to have just given birth to a living child. At last accounts, the *Cincinnati Inquirer* says, mother and child were doing well!

HUMOR.

ELDERLY MAN (staring at immigrant who has just landed)—What a singular-looking person! His face is all covered with little depressions. Was he born that way do you think, or was he captured by savages and mutilated?

Bystander—Captured, nothing! That man once had the small pox, that's all. Didn't you ever see a man pitted like that before?

Elderly man—Small-pox? Ah, that is something like cholera, is it not?

By-tander (impatiently)—Jumpin' Jerusalem, man, where have you lived all your life?

Elderly man (with dignity)—Sir, I am a member of the New York City Board of Health.

A WICKED URCHIN'S STRATEGY.—A nine-year-old Eagleville (Conn.) boy was belated at Coventry, several miles from his home, the other night, and being afraid to go home in the dark, put his Yankee wits to work. Pretty soon a doctor of the place was informed by a small boy that a well-known citizen of Eagleville was very ill with typhoid fever and wanted him to come to him immediately. The doctor said he'd go after supper and asked the lad to join him at the table. The boy did so, and soon after was snugly tucked by the side of the doctor in his carriage and rolling homeward. When they arrived at the house of the alleged sick man the boy scrambled out, and the doctor followed and knocked at the door. The citizen himself, in his usual health, opened it. He hadn't been sick and hadn't sent for the doctor. Then they looked for the boy. They couldn't find him. He had had his supper and ride home and was well out of the way.

—ARAGO'S JOKE.—Even great scientists sometimes enjoy their little joke. The story goes that one day at the French Academy of Sciences, when there was a long and tiresome debate, Arago thought he would go out and take the air. At the foot of the stairway there was a leather bowl, upon which the rays of the sun were hotly beating. Arago turned the bowl around, and rushing upstairs, told the distinguished assemblage that he had just met with something that was very mysterious. "That leather bowl," he said, at the foot of the stairway is cool upon the side which presents itself to the sun, but warm upon the other." The scientists descended in a body and substantiated this assertion. They took the inclination of the sun, the hour, the minute, the second, and a vast array of other details. They made calculations, and several weeks

afterward each of them presented a paper explaining the phenomenon, Arago himself taking care to send in his explanation with the rest. There is no knowing how far the discussion might have gone had it not been for the doorkeeper, who, having seen Arago turn the bowl, and pitying the worthy gentlemen who were so much worried, cleared away the mystery.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Dec. 6, 1887, to Dec. 10, 1887:

Major G. M. Sternberg, Surgeon, assigned to duty as Attending Surgeon and Examiner of Recruits at Baltimore, Md.

Major P. J. A. Cleary, Surgeon, assigned to duty at Fort Wingate, N. M.

First Lieutenant C. L. G. Anderson, Assistant Surgeon, assigned to duty at Fort McDowell, Ariz.

Capt. A. W. Taylor, Assistant Surgeon, assigned to duty at Fort Robinson, Neb.

Capt. A. H. Appel, Assistant Surgeon, assigned to duty at Camp at Highwood, Ill., relieving Assistant Surgeon H. O. Perley.

Capt. H. O. Perley, Assistant Surgeon, will rejoin his proper station, Fort Wayne, Mich. S. O. 285, A. G. O. Dec. 8, 1887.

Capt. John Van R. Hoff, Assistant Surgeon, granted leave of absence for 1 month, to take effect on or about the 12th proximo. S. O. 128, Dept. Mo. Nov. 30, 1887.

Capt. Benjamin Munday, Assistant Surgeon, granted leave of absence for 1 month, to take effect about Dec. 15, 1887. S. O. 280, A. G. O. Dec. 2, 1887.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ended Dec. 12, 1887:

J. M. Gassaway, Surgeon, when relieved to proceed to Cairo, Ill., and assume charge of the Service. Dec. 9, 1887.

Fairfax Irwin, Surgeon, promoted and appointed Surgeon from date of oath, Dec. 10, 1887. Dec. 8, 1887. * To proceed to Pittsburg, Pa., Wheeling, W. Va., Gallipolis, Ohio, Evansville, Ind., Cairo, Ill., Little Rock, Ark., Shreveport, La., New Orleans, La., Rome, Ga., Chattanooga and Nashville, Tenn., as Inspector. Nov. 12, 1887.

John Guitéras, Passed Assistant Surgeon, when relieved, to proceed to Charleston, S. C., and assume charge of the Service. Dec. 12, 1887.

C. E. Banks, Passed Assistant Surgeon, to proceed to Portland, Maine, and assume charge of the Service. Dec. 9, 1887.

D. A. Carmichael, Passed Assistant Surgeon, when relieved, to proceed to Washington, D. C., for temporary duty in the office of the Supervising Surgeon-General. Dec. 9, 1887.

A. D. Bevan, Passed Assistant Surgeon, granted leave of absence for 20 days. Dec. 7, 1887.

A. H. Glennan, Passed Assistant Surgeon, to proceed to Key West, Fla., and assume charge of the Service. Dec. 12, 1887.

There have been no Changes in the Medical Corps of the Navy, during week ending Dec. 10, 1887.

* Omitted from previous report.

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ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

ACNE.

BY HENRY J. REYNOLDS, M.D.,

Professor of Dermatology in the College of Physicians and Surgeons, Chicago; Professor of Skin and Genito-Urinary Diseases, Chicago Polyclinic.

Gentlemen:—We have here to-day a case, which, though it represents a very common disease, very well illustrates the subject which we are about to consider. You will recollect at a previous lecture the consideration of several diseases of the sebaceous glands, which were characterized mainly by functional disorder. To-day we proceed to a consideration of an inflammatory disease of those glands, known as *acne*.

Acne, is perhaps with one exception, the commonest of all skin diseases, and is an affection, the general appearance of which is undoubtedly familiar to all of you. It is that condition which is commonly known as "pimples on the face." While the favorite location, or principal seat of the disease, is the face, it may occur upon any portion of the surface of the body in which sebaceous glands are found. Ordinarily, however, the shoulders and chest are the parts principally affected when it is not confined to the face. The disease almost invariably first manifests itself about the age of puberty, and it rarely continues beyond the twentieth or twenty-fifth year. It is met with in both sexes, but is perhaps more common in the male. The characteristic lesions of the disease are papules and pustules. The papules, as in many other inflammatory affections of the

skin, are generally of a reddish color, each lesion usually representing the location of a sebaceous gland. There are very few subjective symptoms in the disease, there being neither pain, itching, nor other subjective sensation of any consequence. As the disease is an affection of the sebaceous glands, and the sebaceous glands are uniformly distributed throughout the affected region, so the lesions necessarily assume a symmetrical arrangement. Another very important characteristic observed during the career of this disease is what are called comedones, or popularly "black-heads;" a condition with which you are doubtless familiar. These small lesions are met with in every case of acne, distributed here and there throughout the affected locality, and they constitute one of the most important diagnostic points. The disease is of course not contagious in character. As a rule, it is self-limited, yet it naturally tends to become chronic, often lasting several years. Now, while the affection is chiefly a local one, or while it interests us particularly on account of its local manifestations, like very many other local diseases, it is always influenced, aggravated or prolonged, if not actually produced, by certain constitutional or remote causes. As a rule, however, there is not necessarily any serious constitutional disturbance in this disease. Frequently, digestive disorders, constipation, etc., are met with, and it seems highly probable that in many cases the disease depends largely on some disorder of the sexual or generative organs, such as menstrual disorders in the female, or congestion of the womb, and irritability of the urethra, especially of the prostatic portion, in the male.

Like many other forms of skin disease, various names are used to designate the different forms of acne, the so-called different forms receiving their name from the cause, the form of lesion, the location, or the stage of the disease. For instance, we have a form of acne known as *acne artificialis*, a form which generally assumes a universal character, and is produced by the toxic effects of certain drugs, as the iodide of potassium. *Acne papulosa*, in which papules are the predominating lesions; *acne pustulosa*, the character of the affection is pustular; *acne vulgaris*, the ordinary form of acne, in which both forms of lesions are almost invariably met with; *acne indurata*, in which the papules are large and deep, assuming almost a tubercular character, or the character of nodules, with little discoloration on the surface, and in which we generally find some pus deep down in the lesion (*acne cachecticorum*); and *acne rosacea*, which assumes a rosy or erythematous character—a form of acne usually met with late in life, and which, owing to its many distinct characteristics, will be hereafter separately considered.

The history of the case to which I now wish to direct your attention is as follows: The patient is a male, sixteen years of age, and, as you see, apparently in a fair state of health. He has had an eruption of this character on his face, with a few lesions upon the chest and shoulders, for about two years. He says he has never had sexual intercourse, and never practiced self-abuse. But on investigation of the sexual organs, we find that almost the entire glans penis, underneath the prepuce, is coated over by a thick mass of what is probably subcutaneous secretion, showing in a measure the relation between disorder of these organs and the disease we are considering; and on exploring the urethra with a bulbous metallic sound, we find it to be extremely sensitive, especially in the prostatic portion. As he passes around among you, I wish you to investigate the case with a view to discovering the features I have just mentioned as characteristic of acne. While it is at once evident to all of you that the case represents one of ordinary pimples on the face, it is necessary, in order to obtain a scientific knowledge of the affection—as certain other diseases assume similar characteristics—to consider the various manifestations carefully and individually. The location of the eruption and the age of the patient are at once suggestive. By closer examination you find the lesions to be papules and pustules, the skin between them being comparatively free from redness or other indications of dis-

ease. The patient gives no history of any subjective symptoms; a feature, the importance of which is recognized when we come to contrast it with certain other diseases, as eczema, for instance. You at once observe the symmetrical character here manifested. You see plainly and distinctly the numerous comedones or so-called “black-heads,” distributed, like the acne eruption, symmetrically over the face. There is, of course, no history of contagion. The chronic character of the disease is apparent from the fact that it has already existed in this case for two years. Further, while the condition of the genital organs just referred to, is not necessarily a symptom of acne, it is important to note such disorder, inasmuch as I have stated that it is frequently met with in the disease. I wish, furthermore, to call your attention to a few lesions in this case, which have almost a tubercular or nodular character, without much red discoloration. This form of lesion predominates in certain cases, and gives the disease the name *acne indurata*.

Etiology.—As regards its etiology, acne, like many other skin diseases, is probably due in a measure to both local and constitutional causes. With reference to the local causes, I may mention, first, impaired function of the sebaceous glands,—though this may itself be due to constitutional causes. But, impairment of function of the sebaceous glands once established in this particular locality, we have, as an almost natural consequence, a “plugging up” of the sebaceous ducts with sebaceous matter. The outer portion of this sebaceous plug becomes blackened, and constitutes what is known as a “black head” or a “comedone.” These, in time, apparently act as foreign bodies in that particular locality, and inflammation, swelling, and suppuration follow. Now, while many acne papules and pustules undoubtedly originate in this manner, it is nevertheless probable that some lesions arise independently of this cause. It is probable that the insufficient use of soap on the face, which should dissolve off the sebaceous secretion, and should facilitate its free exit, has much to do with the original trouble, which afterwards develops into true acne.

As already stated, in regard to the constitutional symptoms, we frequently meet with derangement of the digestive apparatus, constipation, anemia, menstrual, urethral, or genital disorders. But whether these conditions are actually causes of acne, or whether they, and likewise acne, all depend upon some other still more remote condition or not, it is difficult to say. It is well known

that the age at which acne first manifests itself—puberty—is a very important epoch in the life of the individual. It is the age at which the development or maturing of the reproductive organs becomes completed. The patient is in a transition period between childhood and adult life. This is an age at which there is necessarily a disturbance in the equilibrium of the nervous system. This condition of the nervous system has, I think, much to do with the development of the disease under consideration, if it is not also the true cause of the many constitutional or remote conditions on which acne is frequently said to depend: dyspepsia, constipation, menstrual and other sexual disturbances.

Another point, which should not be overlooked in considering the local causes of this disease, has reference to a very important physiological phenomenon which is observed at this age: namely, the development of the hairs, as of the beard, etc. The sebaceous glands lie in immediate contact with the hair follicles: the one being an appendage of the other. The development, or growth, of hair which occurs at this time of life naturally implies physiological activity of the parts involved: viz., the hair follicles and sebaceous glands. It is an established fact that any part or organ which is overtaxed, or in an increased state of physiological activity, becomes very readily impaired in function, and the physiological afflux of blood to the part may then produce a pathological condition or an inflammation of that particular locality. Now, when we find this state of affairs, and remember that there is already a want of harmonious equilibrium in the nervous system, as we have just endeavored to show, which presides over all functions, acne would seem almost a natural consequence.

Pathology.—Acne represents an inflammation of the sebaceous glands and peri-glandular structures, corresponding in a sense to the disease which I described a short time ago as *miliaria*, which represents an inflammation of the sudoriferous glands and peri-glandular tissue. Certain lesions met with in acne, generally embraced under the head of acne indurata, though giving no outward indication of an inflammatory condition, generally contain, deep down in the tissues, a small amount of pus, and are in reality small dermic abscesses.

Diagnosis.—The disease is at once recognized from the age of the patient, the location of the affection, the form of the lesions, its symmetrical distribution, the presence of comedones, and its chronic character. While, however, in ordinary cases a diagnosis may be

made with comparative certainty without considering any differential diagnostic points, there are cases in which it is necessary to differentiate this from other affections of the skin, the most important of which are sycosis, eczema, syphilis, and in some cases variola. By closely observing the following diagnostic tables, a diagnosis can always be made with positiveness:

ACNE.

1. Entire face.
2. Comedones.
3. Generally healthy skin between the lesions.
4. Papules and pustules not penetrated by a hair.
5. Little subjective sensation.
6. Puberty.

ACNE.

1. Little itching.
2. Skin generally healthy between lesions.
3. No scaling or crusting.
4. Symmetrical.
5. May be dry.
6. Comedones.
7. Puberty.
8. Generally confined to face.

ACNE.

1. No syphilitic history.
2. Puberty.
3. Generally confined to face.
4. Comedones and other sebaceous disorders.
5. No ulceration.
6. No crusting.
7. Bright red.
8. Lesions discrete.
9. Aggravated or unimproved by syphilitic treatment.
10. Lesions comparatively short-lived as a rule.

SYCOSIS.

1. Bearded portion only.
2. None.
3. Diffuse redness.
4. They are.
5. Pain and burning.
6. Adult life.

ECZEMA.

1. Intense itching at times.
2. General redness of skin.
3. Liability to both.
4. Patchy.
5. Watery exudation.
6. None.
7. Any age.
8. If on face, ears, scalp, other parts are pretty sure to be involved.

SYPHILIS.

1. Generally able to obtain a syphilitic history.
2. Generally in adult life.
3. May be general.
4. None.
5. May have.
6. There is.
7. Dark red or copper color.
8. May be in groups, arranged in circular or semi-circular manner.
9. Always improves under syphilitic treatment.
10. Lesions more stationary.

A differentiation from variola will perhaps only be necessary in the generalized form of acne which is sometimes produced by the use of the iodide of potassium internally. While this condition is not very common, it sometimes occurs even when a very small amount of the drug is used, and the pustules are so generally distributed and universal that there is in many respects a very striking resemblance between the two affections. In artificial acne we have to guide us a knowledge of the fact that the patient has taken the iodide of potassium or some other similar drug previous to the appearance of the erup-

tion; the more speedy development of the pustules; the absence of a history of exposure to small-pox, and of the fever and other constitutional disturbances which are characteristic of the latter disease.

Treatment.—Inasmuch as acne is a disease which, as a rule, does not respond very readily to treatment, very many remedies have been recommended by different observers at different times. There are certain general principles, however, which it is more important to remember in treating this disease than the numberless remedies said to be useful for it. As the affection is due to both local and constitutional causes, so the treatment must be both local and constitutional in character. As in all other diseases, it is well to keep in mind the cause or the pathological condition to be combated or removed. Acne may generally be temporarily relieved in a short space of time by certain local applications. Perhaps the most important remedies for local use are green soap, sulphur, boric acid, and bichloride of mercury. A plan of treatment, which will be found the most satisfactory, is to wash the face three times a day in water as hot as can be borne by the patient. After carefully washing in the morning and at noon, a soothing ointment may be applied,—as, for instance, ung. aquæ rosæ; or, instead, sulphuris loti, one-half drachm, to ung. aquæ rosæ one ounce; or, instead of the sulphur, four grains of bichloride of mercury may be incorporated, or a half drachm or a drachm of boric acid. After thoroughly bathing again with hot water and plenty of soap at night, green soap may be applied, and allowed to remain on over night. Or it may be applied in the form known as *spiritus saponis kalini*, which is about two parts of green soap to one of alcohol, filtered, and flavored with lavender. This preparation will often be found preferable to the pure green soap, inasmuch as green soap is sometimes too irritating to be tolerated for any length of time.

Since many of the acne lesions are due to a “plugging up” of the sebaceous ducts, it is always advisable in beginning the treatment to remove these plugs with what is known as a comedone extractor. As these comedones are constantly reproduced, or developed in other localities, the same process requires to be repeated every time the patient is seen. In many cases of acne I have found that the cure was much expedited by electricity applied to the affected parts, in the form of the Faradic or the galvanic current, preferably the latter, which, in order to be beneficial, should be carefully and judiciously applied,

at least once in twenty-four hours. Lancing freely with a small, sharp knife, will always be found to expedite the disappearance of the papules and pustules, and this procedure becomes absolutely necessary in the deep lesions of acne indurata. These indurated lesions require to be lanced very deeply, as they are sure to have pus down in the bottom. After lancing them, if the part were left undisturbed, they would immediately heal over on the surface and the pus formation would again go on in this miniature dermic abscess as before. It will, therefore, be seen that something further is necessary in the management of lesions of this character, and it is my custom invariably after lancing and squeezing out the pus to insert with a fine probe a small piece of absorbent cotton saturated with carbolic acid. This not only has a tendency to destroy the tendency to formation of pus in the lesion, but it helps to keep it open until healing takes place from the bottom. In this manner, the lesions are completely eradicated without leaving a perceptible scar, whereas, without surgical interference, they would continue indefinitely as indurated lesions.

The indications for constitutional treatment are numerous and vary with the cases. As we generally meet with digestive troubles, sexual disorders, or an anæmic condition, remedies suited to these conditions must be used. Constipation should never be allowed to continue during the treatment of acne. Among the remedies employed internally, which are supposed to have a direct effect upon the disease, are sulphide of calcium and ergot. The sulphide of calcium may be given three times a day in doses varying from one-fourth to one grain. This remedy is supposed to be useful in most pustular affections. The beneficial effects of ergot are supposed to be due either to an action upon the non-striated muscular fibres of the skin, or upon the vaso-motor nervous system, or to its direct action upon the uterus. Inasmuch as this drug has generally been found more useful in females than in males, it is probable that its efficacy depends more on its local action upon the uterus than upon any of its other ascribed virtues. It may be given in half drachm doses of the fluid extract three times a day, either alone or in combination with other drugs which are indicated by certain constitutional derangements. Arsenic, which has always been so popular a remedy in skin affections, and which has been recommended by some in this disease, I have found in my experience absolutely worthless. Vaginal douches of water as hot as can be

borne seem in many cases to greatly aid in the cure of acne. Likewise the occasional passage of a metallic sound in the male urethra, with a view to overcoming sensitiveness in the prostatic portion, seems in some cases to be a valuable procedure. Candies, pastry, and other sweet articles of diet seem almost invariably to aggravate acne and must always be prohibited.

The patient before you, who first came under our observation about two weeks ago, we have treated only by an ordinary laxative internally, and the passage of a full-sized sound into the urethra every few days, and there seems already a decided improvement. Some of the lesions have been lanced, however, in the manner I have previously described, and this, of course, is necessary in any line of treatment.

In conclusion, I may only add that you must never burden your minds in this or any other disease with a knowledge of specific remedies to the neglect of observation of remote or constitutional disorders, which, though they may not directly produce the disease, almost invariably aggravate or prolong it.

COMMUNICATIONS.

CATARRHAL VULVO-VAGINITIS IN CHILDREN.

BY THEOPHILUS PARVIN, M.D.,

Professor of Obstetrics, Diseases of Women and of Children, Jefferson Medical College, Philadelphia.

Within two weeks there have been presented at the dispensary for diseases of children of Jefferson Medical College Hospital, three girls, the oldest seven years of age, suffering with leucorrhœa. It may therefore be stated that the disease is not uncommon; and possibly a brief consideration of its causes, character and treatment will prove of some value to the general practitioner.

The subjects may be infants at the breast, or older children. It is not restricted to the poor, but may affect the offspring of the rich, or those in comparatively easy circumstances.

In some, the origin of the flow is simply a catarrhal inflammation of the vulva, but more frequently the vagina is also affected, either primarily or secondarily, and therefore the name given as the title of this paper is preferred. The extent to which the vagina is involved could only be ascertained by the use of a speculum, or of retractors; but such examination is impossible in many cases, scarcely advisable in

any, and, if it be required, a Skene's urethral speculum may be employed in some cases. It will frequently be found that the subjects of this affection are not robust, even though there may be no obvious constitutional taint; in many instances they are pale and thin, and there may be elicited by inquiry a history of enlarged cervical glands, or of catarrhal affections of other mucous surfaces than of those now involved.

Probably the mother's attention will be first directed to the disease by finding mucopurulent stains upon the child's underclothing; or, if it be an infant, by observing similar stains upon the diapers, or upon giving the infant its daily bath, the flow may be seen at the vulvar orifice. The child, if old enough to tell its suffering, complains of itching and burning at the vulva; to relieve the former, rubbing the external organs of generation will be employed, a practice which may be the beginning of abominable, injurious and obstinate self-abuse. The inflammation may extend from the nymphæ and the inner surfaces of the greater lips to the external surface, and even to the substance of the greater lips, which then become very much swollen. In some cases, rare, however, an eczematous eruption appears upon the external face of each greater lip, and even extends to the adjacent skin as far as the groins and the upper parts of the thighs. But more frequently a visual examination will show simple excoriation of the parts, and small reddened surfaces upon the vulvar and vaginal entrance. The first condition results from scratching, and the second, possibly, from the irritant discharge, causing a superficial epithelial desquamation. There will also be seen coming from the vulvar orifice a fluid varying in color from a milk-like white to yellow, or even greenish, in consistence from an almost watery character, to the density of thick pus, and in quantity from a few drops to one or two teaspoonfuls, or even more.

Among the commonly alleged causes of the affection is want of cleanliness. But I am sure that in one of the three cases to which reference has been made, there was no such neglect. Self-abuse is also stated to be a cause; and I have recently met with an instance of this kind—the vile practice having been taught a child of eight years, and which no remonstrance, and no punishment could prevent; even when her hands were tied she would gratify the shameless passion with her heel. But let us be charitable, and careful not to attribute in all cases the vulvo-vaginal inflammation if associated with self-abuse to

the latter; for in most cases the relationship ought to be reversed, the onanism being the consequence of the former.

Foreign bodies may be accidentally, spontaneously or purposely introduced into the vagina. Ascarides, for example, passing out of the rectum may enter the vagina. One of the most remarkable instances of a foreign body having caused a vulvo-vaginitis has recently been reported in the *Annales de Gynécologie et d'Obstétrique*, by Professor Rouvier of the Faculty of Medicine, Beirut, Syria. The patient was a girl, seven years old, who had been for some time addicted to onanism, which is very common in Syria. Seven months before the doctor was consulted this girl was amusing herself with a companion of her age, and this companion, in a sudden freak, put the part of the shell of a hazle nut in her vagina. Injuries to the hymen, as in attempted rape, may give rise to the disease. It may have its origin in exposure to cold, if there should be a predisposition to affections of mucous surfaces. All are familiar with the story of an eminent practitioner who found disease of mucous membranes prevalent over others, and regarded the human being as simply a mucous membrane; when he retired from professional work, he remarked, "I have taken my last fee from a mucous membrane." Without being misled by the exaggeration, we all recognize the fact that some individuals are predisposed to mucous fluxes, and let a girl, whether baby or child, have her external genital organs exposed to the action of damp cold, inflammation of the vulvo-vaginal canal, or of a part thereof, may result.

The duration of the disease varies in different subjects, but in general a longer time is required to cure it in a child than in an adult. More frequently, too, in the former constitutional treatment is necessary.

Of course, if it is known that there is a foreign body in the vagina, the first thing in the treatment is its removal. Whether, as asserted by some, thread-worms in the rectum, the worms not passing into the vagina, may cause the disease, is doubtful; but certainly they will aggravate it, and therefore should be gotten rid of by methods too familiar to the profession to need being stated. Another aggravating cause of the disorder is constipation, and of course this should be corrected. Warm hip-baths weakly impregnated with tar soap, or containing two per cent. of carbolic acid, should be used once or twice daily. If the labia are much swelled, a piece of lint dipped in lead water may be interposed. Should these present raw surfaces,

dusting them with iodoform will be useful. Injections of an astringent or alterative character will be required in many cases; one of the simplest of these is borax dissolved in water, three or four grains to the ounce. Corrosive sublimate, or nitrate of silver, will often prove very useful—the one used in the proportion of 1 to 3000; the other, three grains to the ounce of distilled water: the objection to the one is possible accidental poisoning, and to the other the fact of its staining garments or bed clothing with which it may come in contact. Whatever material be the basis of the injection, the latter should be preceded by thorough washing out of the vagina with warm water; and the injection, too, must be warm. There is in some cases a struggle to get these little ones to submit to an injection, but the struggle will be more difficult for the mother or nurse if the attempt is made to inject a cold liquid into the vagina. The child should be lying upon the back, with the hips somewhat elevated, so that the injected fluid may come in contact with the entire vaginal wall, and so that it may be retained for a time. If weakness of action on the part of the mother, combined with wilfulness on the part of the child, prevent or render incomplete the vaginal injections, a partial substitute may be found in free bathing of the vulva with a warm solution of borax. Let the child be recumbent, the hips elevated, and the nurse or mother, separating the labia, squeeze into the opened vulva a stream of the solution, from a sponge saturated with it. But I wish in these cases especially to commend the iodoform pencils first suggested by Pott. A vaginal suppository is made with iodoform, three to six grains, and cocoa butter. It should be about the thickness of an ordinary lead pencil, and introduced into the vagina, one or two being used in the twenty-four hours. Of course, the child must remain lying down for a time after its introduction. In some cases in which injections failed, or were imperfectly used, or could not be employed from the indocility of the child, and the unwillingness of the mother to compel obedience, the results from the suppositories mentioned have been quite satisfactory.

In many cases the administration of a tonic, such as iron, is indicated, and in some cod-liver oil, and in others one of the preparations of arsenic.

—Small-pox is reported to have broken out in Allentown, Pa., four deaths and five new cases being reported from November 26 to December 1.

QUININE AS AN ABORTIFACIENT.

BY NOLAN STEWART, M.D.,

BURDETT, MISSISSIPPI.

The question as to whether or not quinine exhibits an abortifacient action is one which has elicited much discussion, and is one which has not, as yet, been settled. The observations and experiments made by various members of the profession, have yielded conflicting results. I present two cases in support of the view that quinine may justly be classed as an abortifacient:

Case I. On December the 8th, 1886, I was called to see A. A., mulatto, aged 29, well developed and healthy. On my arrival I found her experiencing uterine contractions of considerable violence. I obtained this history. She was the subject of a malarial toxæmia, the paroxysms being of the tertian variety. She had had two paroxysms previous to the present threatened abortion, and had taken of her own accord considerable quinine, though she could not tell the quantity. Upon digital examination I found the os uteri slightly dilated and very patulous. The membranes were not protruding. This was her eighth pregnancy, all the others going to full term, and the labors being perfectly natural and easy. She gave no history of violence, unless washing at the tub may be considered as coming under that category. She had been accustomed to perform such work during her former pregnancies without any untoward results. She did not think she had hurt herself at the tub. The pregnancy had existed for about four months. I succeeded in stopping the contractions of the uterus by giving decided doses of the tincture of opium, and pursuing the usual course in such cases. I enjoined complete rest. By these means the abortion was averted.

I thought that perhaps the quinine had not been the cause of this threatened abortion, and so ordered that it be taken should the chills recur. The malarial paroxysms did recur, and upon the administration of quinine, 20 grs. in 24 hours, the uterine contractions again commenced. She did not send for me, but discontinued the use of the quinine, and repeated the remedies I had formerly prescribed, there being some left from what I had before given her. She followed the directions previously given with the same result, the arrest of uterine contractions. After this the chill continued. I saw her no more, but on hearing of the second threatened abortion, interdicted the

further use of quinine should they recur, and directed her to let me know if she should again suffer from these paroxysms. Although they did continue, she did not advise me of the fact. On the morning of January 11, 1887, her husband came for me saying his wife was about to miscarry, and I learned from him that, contrary to my advice, she had recommenced the use of quinine. On my arrival at her house, I found that a five months foetus had been delivered. The midwife had vainly endeavored to deliver the secundines.

Upon examination I found the difficulty to be due to an hour-glass contraction of the uterus, the firmness of the contraction being increased by the action of the quinine she had taken, and which was now exhibiting its full effect. After much effort, I succeeded in overcoming this contraction and delivering the placenta, which was adherent. There was some hemorrhage, but the uterus contracted nicely, and I gave a full dose of ergot as an additional measure to guard against hemorrhage. After the miscarriage, I repeated the quinine with the result of relieving my patient of the malarial attacks.

It is now ten months since her miscarriage. She is again pregnant, and has followed continuously her occupation, that of a washerwoman, since her recovery. She came to me ten days since, again suffering from malarial attacks. It is needless to say I did not give her quinine, but have controlled the paroxysms by means of arsenic.

Case II.—On April 27, 1887, W. O. applied to me for medicine for his wife. I had been treating him sometime for gonorrhœa, and his wife contracted the disease from him after she became pregnant. She followed my directions closely. On May 7, she was reported as greatly improved, and I sent her more medicine. A few days thereafter her gonorrhœal symptoms were all gone. Two weeks after she quit using the medicine I had given her, she commenced having chills, paroxysms being of the tertian variety. She procured some quinine and commenced its administration. The symptoms of gonorrhœa had entirely disappeared two weeks before she began to take quinine. I knew nothing of her taking quinine, for I should have advised against such a course. After taking the quinine for two days, she began to experience uterine contractions, and then some hemorrhage took place, upon which I was sent for. When I arrived at the house I found that a three months' foetus had been expelled. The flooding had ceased, the uterus firmly contracted, and my patient resting easily.

The above are the details of two cases which are of considerable interest to me, and I hope also to other members of the profession.

Let us first notice some of the physiological actions of quinine. This drug acts as an irritant, a stimulant, a tonic, an antiperiodic, an antipyretic, and as an abortifacient. Eulenburg claims that when brought in contact with a nerve, it will not excite the motor force of the nerve and produce contraction of the muscles which it supplies, but that the drug must be brought directly in contact with the muscle. Hence, he asserts that it is a muscle-irritant, and not a nerve-irritant. One of the properties of muscular tissue is irritability, but very large doses of quinine, toxic doses, lessen the irritability. Quinine certainly produces phenomena through the instrumentality of the nervous system. In small therapeutic doses it produces an acceleration of the pulse rate, which, it is claimed, is due to a paralysis of the inhibitory nerves.

In tonic doses there is an increase in the blood pressure, due to a stimulation of the vaso-motor nerve centres. In large doses, I have noticed a quickening of the cardiac action and a rise in blood pressure temporarily; but, when the full effect of these doses is attained, the blood pressure is greatly lowered and the heart's action depressed. The quickening of the pulse rate has been repeatedly noticed when this drug is given in tonic doses, showing that quinine does exert an influence upon involuntary muscular tissue.

The muscular tissue of the heart is of the striated variety, though it is practically involuntary. The muscular tissue of the uterus is composed of the unstriated variety, and may be acted upon by quinine in the same manner as other involuntary muscular tissue. In tonic or antiperiodic doses, quinine stimulates the nervous centres. In small quantities, quinine stimulates the sympathetic nerves; but, in large doses, or small doses too often repeated, depresses the function of that system. This drug does not always act as an abortifacient for good reasons. When administered, it is to counteract some morbid influence, and its force is expended in this way; and hence does not cause any action in the muscles. I have repeatedly observed this action when administering quinine to counteract a malarial toxæmia: that, in a person so affected, no material influence upon the arterial pressure or heart's action is noticeable until the morbid condition has been almost or entirely overcome. Again, quinine acts as a stimulant

primarily, but over-stimulation results in an exhaustion of vital force; and so large doses of this drug may cause depression of the cardiac action and inertia of the uterus, from the fact that the dose is so large that the stimulant action is too transitory to produce any decided effect upon either the heart or uterus, or in fact upon any involuntary muscle. Uterine actions which might be set up are, so to speak, crushed by the intensity of the action of the drug.

Bartholow, in his *Materia Medica and Therapeutics*, page 174, says: "Very numerous and conflicting statements have been put forth because there is no exact data. The few cases in which uterine action followed the administration of quinine were doubtless due to malarial intoxication or to other causes; and hence the association of uterine action with the effects of quinine was accidental."

Why should he select *malarial* toxæmia as the cause of uterine action, and say that such action being present when the effect of quinine is attained is only accidental? He lays special stress upon "malarial intoxication," because quinine is so universally employed in the treatment of malarial diseases.

Wood, in his work upon *Therapeutics, Materia Medica and Toxicology*, says: "It seems to me incredible, in the face of daily experience, that even the largest doses of quinia are abortifacient in malarial fevers or in health." It is true that quinine is given to women who are pregnant, and they do not miscarry; but there are reasons why it does not produce such a result in all cases.

Drs. Bartholow and Wood both claim that quinine is a valuable stimulant in uterine inertia, and a stimulant to uterine contractions *after* labor has commenced. If it is a stimulant to the uterus after contractions have commenced, why may it not by its action initiate these contractions?

Prof. Wood claims that this action upon the uterus is not through any "specific action of the drug," but that the contractions are induced by the drug "arousing the general nervous forces of the system, or, in other words, by its stimulant action upon the nervous centres controlling such action of the uterus.

If this be the case, quinine must be accorded the credit, for to say that it is not by a *specific* action, but through the instrumentality of the nervous system, is no argument that it does not exert an abortifacient action. Many medicines, upon which we rely as our sheet-anchors in the treatment of certain diseases, exercise a beneficial influence by

virtue of their action upon the nervous system. How could we influence the nervous system so as to produce the desired result, except by the administration of these remedies? Will any one seek to deprive these medicines of the credit of having produced the effects, simply because they do so through the instrumentality of the nervous system? I think not. It matters not whether the effect produced is accomplished by a "specific action of the drug" or by "arousing the general nervous forces." The fact remains that effect is produced by the drug either directly or indirectly.

In this section of our country, the swamp and malaria are, I may say, synonymous terms. Here the decomposing organic matter, the temperature, etc., are especially favorable to the development of the toxic malarial element. Daily we meet with women who are pregnant, and who exhibit the signs of "malarial intoxication." Many have a distinctly established malarial diathesis and yet they go to full term. Abortions are certainly not more frequent here than in other localities. I do believe that malarial toxæmia may cause abortion just as we see an abortion the result of the effect produced by other diseases. I do not think, however, that it shows any *special* tendency towards the production of miscarriages. It is more than probable that many abortions are attributed to malarial and other diseases, whereas quinine, which has been used in the treatment of those diseases, is the true cause. I do not claim that quinine, under all circumstances, tends to produce an abortion. It is given to relieve some pathological condition, and its action is expended in counteracting such, and consequently does not act as an abortifacient. A drug may produce a certain effect through its action upon the nervous system and yet be given in too small a quantity to excite the nervous action, or in too large a quantity, so as to overpower the nervous excitability, and thus in either case defeat an end which might otherwise have been produced.

In the first case it is of course possible that washing at the tub may have excited uterine contractions, but I do not think it at all probable for the following reasons:

First. This woman had been accustomed, in her former pregnancies, to wash at the tub and perform other domestic duties with impunity.

Second. That it can hardly be considered a coincidence that the exertions of washing should have caused the uterine contractions

just at the time when the quinine was producing its full physiological effect.

Third. My patient did not again wash at the tub, or perform any other work; but, notwithstanding this, on two occasions subsequent to the first attack, uterine contractions commenced when the quinine was exhibiting its full effect.

Fourth. That on the two occasions a discontinuance of the quinine, and a resort to the treatment usual in such cases, an abortion was averted.

Fifth. Upon the administration of quinine the third time, the drug was not discontinued when the uterine action commenced, the fœtus having been expelled before I could give anything to prevent the abortion.

These reasons, I think, are sufficient to show that the abortion was not the result of the work which the woman was accustomed to perform when pregnant and when not pregnant.

In regard to the second case:

First. If this abortion had been caused by an extension of the inflammation to the uterus the woman would have suffered from the effects of it. This she has not done, never having had any symptom of uterine inflammation.

Second. If the abortion had occurred as a result of the extension of the inflammation due to the gonorrhœa, the miscarriage would have taken place before the subsidence of *all* inflammatory symptoms.

Third. The abortion did not take place until ten days, or longer, after all injections had been discontinued. So, evidently, injections could not have been the cause.

Fourth. The abortion took place just at the time when the quinine she had been taking was exhibiting its full power.

For these reasons I believe quinine to have been the cause of this abortion.

I never administer quinine to pregnant women now, without taking every precaution to prevent its action as an abortifacient. I believe if physicians will note carefully the effects of quinine, they will find that many abortions attributed to other causes may justly be traced to this drug.

—John W. Brooks, of Detroit, started from Chicago for New York, November 28. In clearing out his valise preparatory to packing it, he threw on the floor some pills taken by him while suffering recently from neuralgia. After Mr. Brooks left his rooms at the Antisdel House, his eighteen months old child found and eat the pills, and died the same evening.

ABDOMINAL SECTION; FOUR CASES.

BY R. S. SUTTON, M.D.,

PITTSBURGH, PA.

Reported by J. H. Williamson, M.D., Pittsburgh, Pa.

The writer of this report was present at each of the following four abdominal sections performed by Dr. R. S. Sutton, of Pittsburgh, Pa. The first operation was performed in one of the suburbs of Allegheny, Pa., and the other three at Dr. Sutton's private hospital in Allegheny, which was closed for repairs and improvement at the time of the first operation.

Case I.—Mrs. —, Grand Rapids, Mich., aged 36 years. History: The patient first menstruated at 13 years. Her menses were regular and painless previous to the birth of her first and only child. She has had no miscarriages. She had fair health, though she was not rugged, until after her confinement. Her labor was a so-called "dry birth," the waters having escaped ten days before. She was delivered with instruments, but she had little trouble subsequently, her physician ceasing attendance in about two weeks, when she left her bed.

The return of her menses was marked by severe dysmenorrhœa. The menstrual periods were regular; but the dysmenorrhœa steadily increased in severity, and there was frequent menorrhagia. She lost flesh, and suffered constantly with sacral pains and general debility.

Four years ago she had a perineal abscess, which was supposed to be caused by riding on horseback over a rough and stony country. The abscess was of moderate size, was evacuated in six weeks, and was followed by an anal fistula.

One year later she had a second abscess, much larger and more severe, which, when evacuated, left a large defect in the tissues. This defect disappeared, but a second anal fistula was formed. The fistulæ persist at this time.

In February, 1887, the patient first noticed a lump in her right side, about as large as a goose egg. May 8, she was suddenly attacked with peritonitis and cellulitis, and was very sick for over two months. During this time the tumor, which had heretofore received very little attention, became more prominent, and her physician's attention was directed to it. A fibroid was diagnosticated by several physicians at the patient's home, and also in Pittsburgh, when she recovered sufficiently to be brought here.

Dr. Sutton saw the case in consultation with Dr. McCready, of Sewickly, Pa., about July 24, 1887. The patient was then very feeble, profoundly anæmic, her pulse and temperature above 100, and she was losing much blood from the uterus. The tumor referred to, lay behind and above the uterus, and both were movable together. There was also much bearing down pain. The indications pointed more directly to a fibroid of the uterus than to ovarian disease. The left ovary could not be felt at this time. Under the use of ergot, viburnum prunifolium, tonics, stimulants, and country air, she improved in every respect until after September 15. Toward the end of September she began to lose ground rapidly. By October 1, she was vomiting incessantly, her pulse was 132, her temperature above normal, and there was pain in the abdomen. On October 2, Drs. McCready and Sutton found a solid tumor behind the uterus, with considerable pain on pressure.

The abdominal features, however, had changed entirely during the ten weeks which had elapsed. The abdomen was now distended, and fluctuation was distinct, and it seemed probable that the tumor was ovarian.

About thirty-six hours after the consultation, in the presence of Drs. McCready, Williamson and others, Dr. Sutton opened the abdomen, and evacuated and removed a large cyst, which was rapidly separated from numerous adhesions. Passing his hand into the pelvis, he found the other ovary as large as an orange and *twisted* on its pedicle. The abdomen was washed out with hot water, a glass drainage tube was inserted, the wound was closed, and the patient was removed to her bed. After recovering from the shock of the operation, she made a speedy recovery.

Case II.—Mrs. —Pittsburgh, Pa. Aged 39 years. History: Patient first menstruated when 13 years of age; and was regular for the first year. During the next two years there was some menstrual irregularity, which subsequently disappeared. She never had dysmenorrhœa. She has one child, 15 years old; and has had no miscarriage. Four years ago she was troubled with cervical catarrh and erosion, which lasted a year. Her general health has always been good. Three years ago she discovered a small lump in her left side, and at the same time suffered with nausea and vomiting, pain under the sternum, and in the region of the lump, and slight feverishness. She was treated at the time for womb-disease, and in about two months had apparently recovered. Six months later, she had a similar, but less severe attack. Her health began to fail during the second year,

after she discovered the lump in her side. She had frequent attacks of nausea, flatulence and pain in the side and back, and was treated for dyspepsia, the tumor in the side receiving no attention. One year ago she was obliged to take to her bed on account of a great aggravation of the symptoms just described.

During this illness, the tumor, which had grown but little, was diagnosticated as ovarian. In July, 1887, it began to grow rapidly, increasing in size for three months, after which it remained stationary until the date of the operation.

The patient was admitted to Dr. Sutton's private hospital November 4, and operated on November 5.

The usual incision revealed a large multilocular cyst, which was rapidly evacuated with a very large trocar. The other ovary was diseased, and both were removed. The abdominal cavity was washed out with hot water, and the wound was closed. The time occupied in opening the abdomen, evacuating the cysts, tying and securing the pedicle, and removing the cysts entirely was four and a half minutes. The patient was on the table only twenty-four minutes. Her recovery was uninterrupted.

Case III.—Mrs. —, Connellsville, Pa., aged 26 years, menstruated first at fourteen years. Her menses were always regular and painless. She has two children, the younger four months old at the date of the operation. Her attention was first directed to her condition by observing that she remained large after her first confinement. She subsequently became pregnant, and was confined at term. She was admitted to the private hospital, November 7, 1887, and was operated on two days later. The usual incision exposed a large parovarian cyst, which was rapidly separated from extensive parietal adhesions, and the pedicle ligatured and divided in five minutes. Persistent hemorrhage from the raw surfaces required the application of solution of iron and protracted pressure. The abdominal cavity was washed out, and a drainage tube was left in the lower end of the wound. Recovery was uninterrupted.

Case IV.—Miss —, Steubenville, Ohio, aged 31 years. The menses appeared at fourteen years; they were always irregular and very painful. Her general health was fair during the menstrual interval. When about twenty-five years of age she was treated for uterine displacement, and some time afterward she had a severe attack of pelvic peritonitis, probably induced by a badly-fitting pessary. Her health has been very poor for

the last five years. She has had excessive dysmenorrhœa, and general debility during the intervals of menstruation. One year ago Dr. Sutton removed her right ovary and tube, and for a time there was great improvement in her condition; subsequently, however, the old symptoms returned. She was admitted to the private hospital, November 9, 1887, and operated on November 17.

The incision was made in the cicatrix of the former one, and was two inches long. The remaining ovary and tube were found glued down to the pelvis by adhesive inflammation. They were torn loose with the ends of the fingers, and drawn through the abdominal incision. Both the ovary and tube were included in the Staffordshire knot, and were then cut away. The pelvic cavity was well washed out, and the wound closed. The time occupied in operating was eighteen minutes. The patient recovered rapidly, her temperature rising but one-half of one degree.

419 Penn Avenue.

DOUBLE UTERUS AND VAGINA COMPLICATING LABOR.

BY E. C. HELM, M.D.,
CHICAGO, ILL.

On Oct. 16, I was called to attend in confinement Mrs. M., 23 years old, a primipara. She had been in labor four hours. The os was about the size of a ten cent piece, and one-half of it was of usual shape and consistence, while the other half was membranous and ill-defined. Even during a pain it did not become rigid. The vaginal passage seemed to be of the usual size, and so a careful examination was made, when I discovered that there was a double vagina. This fact was unknown to the patient, her husband or her mother. The septum was three lines in thickness, and extended from anterior to posterior commissures, and from the vaginal orifice to as high a point as could be reached, and beyond. On examining the other side of the septum, the rest of the cervix was found. The child had been carried on the left side, and the head was presenting on the left side of the septum. A sulcus extended up the front of the body of the uterus, over the fundus, where it was over an inch deep; hence I considered it more than probable that the septum divided the uterus into two complete cavities.

Labor progressed rather slowly until the os was about two inches in diameter, when the septum, becoming tense with every pain,

retarded labor and added to the patient's suffering. Dr. D. T. Nelson was now called in consultation, and with his fingers succeeded in forcing an opening through the septum within the cervix. The pains had considerably thinned this portion of the septum. Labor now advanced with more rapidity, and in an hour the os was fully dilated and the head pressing on the vaginal septum. This was firm and unyielding, so during a pain I divided it with scissors. The hemorrhage did not exceed four ounces, and the advancing head soon checked further bleeding. The case now proceeded rapidly, and the woman was safely delivered of a living child. She made a good recovery, and now the remains of the vaginal septum exist only as a ridge at the commissures.

2159 Wentworth Ave.

SOCIETY REPORTS.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Special Meeting Dec. 14, 1887.

The President, Dr. S. WEIR MITCHELL, in the chair.

Address to the Medical Societies of the United States.

On motion, the following address, Concerning the Dangers to which the Country is Exposed by the Ineffectual Methods of Quarantine at its Ports, and in Regard to the Necessity of National Control of Maritime Quarantine, was adopted, and ordered to be printed and sent to the medical societies of the United States:

"The undersigned, a Committee appointed at the meeting of the College of Physicians, held October 5, 1887, 'to consider the present danger of the importation of cholera into this country, and to secure concerted action among the medical societies of the United States in urging upon the State and National authorities the adoption of a uniform and efficient system of quarantine for all exposed ports,' has the honor of submitting herewith to your Society its report, read October 28, 1887, in regard to the quarantine arrangements at the ports of New York, Philadelphia, and Baltimore.

"The Committee points to the condition of affairs therein described as the outcome of the system of independent municipal and State quarantine which prevails at the ports of the United States, and asks your consid-

eration of a brief criticism of the system, and your aid in an organized effort to establish a more satisfactory order of things by placing the management of maritime quarantine in the hands of the General Government.

"In this country, active consideration by legislators of the dangers which threaten the general welfare by the invasion of epidemic diseases through our foreign communications has, in the past, been fitful in the extreme. From 1698 down to the present moment, it has been only when, goaded by the spur of imminent danger or lashed into activity by the fresh memories of disastrous visitations, the people have with a great unanimity urgently and loudly demanded it, that spasmodic efforts to protect the general health have found a reflex in the statute laws. Whilst our statesmen and law-makers have, with more or less wisdom and constancy, by the enactment of national and local laws, guarded the personal liberties and material interests of the citizen, have established more or less adequate regulations for internal trade and foreign commerce, and have performed the public duty of providing a defence against a common enemy, yet thus far they have, with singular neglect, of their own motion failed to make any attempt to provide against the ever-present danger to the general welfare from the ravages of those epidemic diseases which are brought to our shores. The health laws under which we at present live are, as a rule, such only as emergencies have called into existence. Though many of their provisions may have endured beyond the danger which immediately threatened, they have been framed with an eye single to the present need, and with the expectation that an alarmed public sentiment in the threatened locality would materially supplement their incompleteness. They have seldom or never been drafted with a full recognition of the need of adequate and constant protection of the health of the general public. Imperfect and temporizing as the local health laws have been and still are, the spirit which has inspired them has naturally felt the promptings of local interests only, and their inefficient provisions, as a matter of course, have limited their meed of protection to the local interests involved. Moreover, the commercial interests of rival ports, the partisan struggles of opposing political factions, and the heedless parsimony with which money has been doled out for the execution of such health laws as exist, have rendered their vigorous and fearless administration well nigh impossible.

"We are aware that there are among distinguished sanitarians, even in this country, those who more than question the power of any quarantine regulations which could be devised, however intelligently and thoroughly enforced, to protect efficiently the general public against invasions of contagious and infectious diseases, and who are inclined to advocate the policy that the State should rather expend her energies and money in removing local conditions which favor the development of epidemics and make their spread possible. But the only country where such a policy has been pursued with some measure of success is England, after a decade of expenditure of thirty millions of dollars per annum within her compact, small territory, located as it is out of the line of movement of the hordes of infecting emigrants constantly leaving all ports of Europe, and outside of the latitudes which favor the existence of yellow fever. After the United States of America shall have intelligently spent at least an equal sum, namely, three hundred millions of dollars, in the earnest and persistent effort to improve the hygienic surroundings of the homes of a population already nearly twice as great as that of England, and scattered over a territory thirty-four times as extensive, we may then have reached a condition with regard to public health in which it may possibly be wise to abandon maritime quarantine and to rely mainly upon the protection secured by a perfected local hygiene alone. Meanwhile, under present circumstances, recognizing the enormous cost of radically destroying the conditions which foster the development and prevalence of epidemics by thoroughly removing the filth among which they thrive, and fully appreciating the incalculable benefit which would certainly follow such a wise expenditure of hundreds of millions of the public money, we feel convinced that, with respect to the danger which constantly threatens the public health from abroad, there are at this time only two courses between which to choose, namely, a practical abandonment of the general public to a more or less individual and fruitless struggle with the agents of contagion and infection in whatever localities the movements of immigrants may chance to convey them; or an intelligent, constant, earnest and vigorous effort to stop and destroy them at the ports of entry. Whilst it is true that to remove the local conditions which favor the development and spread of contagious and infectious diseases is to lessen greatly their harmfulness, it is none the less unde-

niable that to destroy the infecting agent or contagium, or to prevent its entrance into the country, is, by a single act, to prevent the implantation of the seed and to render the harvest impossible, let the soil be never so fertile. Furthermore, the cost of preparing to wage a successful combat against the entrance and spread of disease among hundreds of scattered villages, towns and cities is infinitely more than that which would be required to place our ports in a nearly perfect state of defence against those diseases which are now subjected to quarantine; and the loss to the public occasioned by a single widespread epidemic of cholera, yellow fever or small-pox is far greater than would be the cost of the proper maintenance for many years of a perfect quarantine establishment at all of our ports.

The hundreds of thousands of European immigrants who annually reach our country after starting from or passing through localities which are infected with contagious disease, frequently in their persons or in their pestiferous clothing and effects carry with them, often as far as their ultimate destination, the active germs of these diseases; and the herding of these immigrants into the miserably ventilated and frightfully unsanitary quarters usually provided for the steerage passengers on steamships, the modern rapidity of ocean travel, and the great facility with which these swarms of people are soon distributed all over our country, combine to multiply the danger to the public health with which, under the laxity of our laws and the unsatisfactory administration of them, this incessant influx constantly menaces the country.

In their enormous number, their poverty, and their squalor, and in their frequent transportation of all sorts of infections and contagions, these immigrants can be likened only to the oriental pilgrims, in whose track pestilence has so frequently followed. It is, indeed, with the extremest rarity that small-pox or cholera has in modern times been introduced into North America by any travellers other than the immigrant class. To take the proper means to guard the ports of entry against the infected persons and baggage of cholera immigrants would probably keep cholera from our midst; to do the same with small-pox immigrants, with the addition of compulsory vaccination and disinfection of personal effects, as an invariable condition precedent to the privilege of landing, would go far toward banishing that scourge from the land; and the importation of scarlet fever, diphtheria, and like diseases might be prevented by similar measures.

The weighty objections urged against maritime quarantine as a means of protecting the public health from the assaults of preventible diseases imported by sea, are only two: First, the alleged failure to keep out these diseases by this means; second, the alleged injury to maritime trade.

In our opinion the first objection finds a complete answer and explanation in the grossly imperfect state and the maladministration of the the quarantine defences, as shown in the accompanying report; yet it may be truthfully affirmed that the quarantine at the port of New York, in its establishment and administration, is one of the best, in many respects, that will at present be found anywhere in the world. It seems to us, therefore, absurd to argue against the capabilities of a thoroughly equipped maritime quarantine, strictly administered, from the historical failures of those establishments which, with respect to plant, equipment, and direction, have been obviously deficient in the essential requirements of a modern quarantine.

The second objection is always a serious one for a people extensively engaged in maritime trade. But it is met, we think, by a due consideration, in the light of modern knowledge, of the wide and essential difference between the requirements for the proper treatment respectively of the ship's cargo and of the ship's inhabitants. It is the ship's inhabitants, with their personal effects, who almost invariably introduce the infectious germs into the country; the merchandise rarely or never conveys the contagion. Indeed, so far as cholera, small-pox, and scarlet fever are concerned, it is only cargoes of rags that may be looked upon with suspicion as possibly capable of transporting the germs of disease from Europe to America. With this possible exception it is not only unnecessary, but there is absolutely no excuse in the treatment of ships with these diseases aboard to detain the cargoes in quarantine for a prolonged period. With adequate facilities at hand, the proper disinfection of the ship need not require her detention or that of the cargo longer than twenty-four hours, an impediment to trade too insignificant to be taken into account when the paramount interests of the public health are considered.

With reference to the detention at quarantine of those of the ship's inhabitants who are well, it need be prolonged but little beyond the period of incubation of the particular disease against which the quarantine is directed. This detention the traveling and immigrant classes alone suffer, the com-

mercial interests of the general public being undisturbed. In the great majority of instances, it is among the immigrants only that actual cases of disease exist; but when we consider the advantages which the immigrant is about to receive, the necessary detention is but a small sacrifice for him to make for the benefit of the people among whom he seeks a home.

In view of the foregoing considerations, the committee would bespeak your earnest attention to the following propositions:

A. The present methods of independent quarantine provided and regulated by seaboard states or cities are essentially defective and inefficient for the exclusion from the United States of the diseases against which quarantine is directed.

The truth embodied in this statement is abundantly established by the report of the committee in regard to the three ports it inspected. It is fully borne out in regard to the other quarantine stations between the St. Lawrence River and the Rio Grande, by the elaborate official report of Dr. John H. Rauch, Secretary of the Illinois State Board of Health, to that body in 1886.

The defects of local quarantine stations arrange themselves in two principal groups: 1. Inadequacy of establishment. 2. Faults of administration.

1. With regard to the establishment—which term is here used to include the accommodations for the temporary housing and care of immigrants and travelers not sick, adequate hospital accommodations for the sick, appliances for disinfection and the necessary medical, nurse, police, and other attendants for the care of both of these groups of individuals—only four of the many stations upon the Atlantic and Gulf coast may lay claim to anything like adequate provision. These are Grosse Isle quarantine station, on the St. Lawrence River, below Quebec; the Boston quarantine station, on Galop's Island; that in the New York harbor, and those in the mouth of the Mississippi River, below New Orleans.

Of these four, it may be said, first, that the very excellent establishment at Grosse Isle is practically useless as a safeguard against the importation of disease, in view of the fact stated in the report of Dr. Rauch, that during the quarantine season up to October 9, 1885, only thirty-two vessels out of a total of four hundred and twenty arrivals, had stopped at this station for examination: second, that no mention is made in Dr. Rauch's description of the quarantine

station at Boston of any provision for the housing and care of travelers and immigrants not sick; third, that in the last named particular, as well as in several other respects, the quarantine station at New York, hitherto regarded as fully adequate to the requirements of that great port of entry, shows serious defects. According to the official description by Dr. Joseph Holt, President of the State Board of Health of Louisiana, it would appear that the quarantine station at the mouth of the Mississippi is, in respect of establishment, fully up to the requirements of modern science. Of the intervening stations it is scarcely necessary to speak. Certainly, as regards the prevention of cholera, and to a less extent also of yellow fever, the greater number of them constitute quarantine stations simply in name.

2. When we come to consider faults of administration, it is obvious that it is impossible to discover their nature or extent during times of quarantine inactivity: that is to say, during those fortunately more or less prolonged periods in which the absence of disease upon incoming ships narrows the duties of the quarantine officials down to the simple inspection necessary to establish that fact. We have, therefore, at present no criterion by which to judge of the efficiency of the quarantine administration at the greater number of the stations. The fact already mentioned with reference to the quarantine station at Grosse Isle, that during the quarantine season of 1885, up to October 9th, only thirty-two vessels out of the total four hundred and twenty were examined, indicates defects in administration at that station so glaring as to require no further comment.

Faults of administration equally serious, although of a different kind, are shown by the accompanying report of the committee to have recently existed at the quarantine station in the lower bay of New York harbor, at a time when cholera actually existed in the hospital, and was from day to day finding new victims among more than five hundred Italian immigrants detained at the quarantine of observation on Hoffman Island. It is only necessary to emphasize this statement by calling attention to the following facts, brought to light by the investigations of the committee: first, the absence of resident medical officers, both at the hospital on Swinburne Island and at the quarantine of detention on Hoffman Island; second, the absence of anything like an adequate sanitary police force on the latter

island; third, the absence of any effort to separate the well, detained on Hoffman Island, into small groups, and of any proper daily systematic inspection, such as would enable the authorities promptly to discover and isolate new cases of cholera; fourth, the unreasonable detention for a period of nearly two months of more than five hundred immigrants not sick, under circumstances of great hardship, exposure, and deprivation,—a fact which, in view of the present state of knowledge in regard to the nature and mode of transmission of the infecting principle of cholera, in itself bears overwhelming testimony to culpable maladministration; and this was the situation after cholera had continued to prevail in countries the ports of which were in constant, direct communication with New York, for a period of four years, and after the entire public press of the United States had persistently called attention to the ever present danger of its reaching our shores.

B. It is impossible adequately to protect the public health of the country against the importation of epidemic diseases by independent local maritime quarantine establishments.

1. The history of epidemic diseases in this country serves to establish the truth of this proposition. Every epidemic of cholera, typhus or yellow fever, and several important epidemics of small-pox have been directly imported, despite existing quarantine regulations.

2. There is always great difficulty in obtaining sufficient appropriations of public money to defray the expenses of the necessary quarantine establishments and their proper maintenance. It is only possible during periods of threatened invasion to procure the considerable sums of money necessary for these purposes; whilst in the interim the money expended is greatly inadequate, though large amounts are constantly required.

3. Rival political and commercial interests are inimical to the perfect quarantine protection of the general public by independent and local means.

The port of New York, through which three-fourths of the imports and immigration enter the country, is in the following peculiar situation with respect to the relations of local health boards: By the health laws of the State and of the municipality of New York, the principal quarantine officer is a member *ex-officio* of the municipal Board of Health of the city of New York and of the State Board of Health, and he is also a mem-

ber of the Quarantine Commission. Neither the State nor the municipal boards have, therefore, a voice in the control of quarantine. Each of these three bodies consists of a very limited number of members, and each is also entirely independent of any supervision or control by the others. Not only does this anomalous independence exist in accordance with the provisions of law, but there is undoubted evidence of an indisposition of the city Board of Health to inquire in any manner into the management of quarantine at the port, which is not officially under its care.

In a letter dated November 4, 1887, replying to an official communication from the Mayor of New York, making inquiries concerning the dangers to which that city was exposed by reason of the existence of cholera at the quarantine station of the port, and the means of preventing its spread to the city, the President of the municipal Board of Health, after detailing the provisions which had been made for the prompt isolation and treatment of cases of cholera which might develop in the city, explicitly denies official knowledge of the condition of affairs at the quarantine, and further states that he would regard it as unbecoming for him to discuss it; this, notwithstanding the fact that the quarantine officer is a member of that same Board.

4. The last statement illustrates one of the most serious dangers to which the general public is exposed through local maritime quarantine organizations; namely, the possibility of bodies of immigrants with infected baggage being transferred directly from the quarantine station to distant inland communities by rapid railroad journeys, without any prolonged sojourn, or without any adequate inspection or precautions being taken by the authorities of the seaboard cities through which they pass. In point of fact this danger was realized in regard to cholera in 1873, when epidemic outbreaks of that disease occurred in Ohio, Minnesota, and Dakota, which were "caused by cholera poison packed up, in the household effects of emigrants, in Holland, Sweden, and Russia, respectively. These emigrants sailed from healthy ports, in healthy vessels, and were subjected to the usual sanitary requirements of the period. They passed through New York and the intermediate territory without injury to the public health; but when their infected goods were unpacked in the interior of the continent, they liberated the poison which gave rise to the local outbreaks." (Report of Dr. Rauch).

5. It is but natural that municipal organizations should, in looking after their own interests, pay little regard to the welfare of distant communities.

In this connection may be noted the indisposition and failure on the part of local quarantine officers to notify the authorities interested of the arrival of emigrants from infected localities. Notwithstanding the frequent paramount interest of inland communities in the efficiency of the establishment and administration of quarantine at the seaboard, the local authorities of the latter frequently evince an unreasonable jealousy of any sort of investigation or suggestion looking to the general welfare.

6. In the absence of any general regulation or supervision, local quarantine measures must, in the nature of things, be exercised with varying degrees of efficiency; the most complete establishment and perfect administration at a few ports might, therefore, fail to protect the country if defective or inadequate measures of quarantine were practised elsewhere.

C. A national system of maritime quarantine is necessary.

1. It is only by this means that the necessary protection against the importation of epidemic diseases in all our ports can be continuously secured.

2. It is the only practical means by which uniformity of establishment and administration, regard being had to the modifications made necessary by difference of latitude and other circumstances, can be assured. Such necessary uniformity can be obtained by no other arrangement, for the reason that the National Government is alone able to defray the expense of complete quarantine establishments at every port according to the requirement of each, and without regard to the revenue derived from the shipping of any.

3. The benefits of quarantine inure to the welfare of the whole country; therefore, it is just that money should be as freely expended when necessary at one port as at another, without respect to their relative commercial importance. It is manifestly unfair that the seaboard cities and states should, as at present, be obliged to bear the entire expense of quarantine establishments designed to protect the inhabitants of every region of the vast territory of the United States.

4. A national quarantine, properly administered and conducted by trained officials accustomed to deal with contagious and infectious diseases, would tend to prevent panic, to allay undue anxiety, and to favor a reasonable sense of security.

5. Experience has shown that much needless alarm, as well as preventable danger, arises upon the appearance of an unfamiliar epidemic disease at quarantine stations; as when cholera has shown itself at New Orleans or New York, or yellow fever at Philadelphia or Boston. A national quarantine would do away with the necessity for vexatious temporary interstate quarantines.

6. A national quarantine system, directed in such a manner as fully to meet the requirements of existing sanitary knowledge, would not adversely disturb any commercial interest. It would, on the contrary, do away with many of the embarrassments incident to maladministration of existing local regulations. For example, the healthy passengers of the Italian steamship "Alesia" were detained at quarantine in New York harbor for a period of fifty-eight days, while under an efficient system uninfluenced by needless fears, those of them who were free from disease could have been safely liberated in ten days at furthest.

7. A national quarantine would not necessarily supersede any existing arrangements regarded as expedient by local authorities. It should be conducted wholly without cost to shipping, and would thus work no additional pecuniary hardship, even if the present fees were to be still exacted.

8. The ability of the National Government, by an existing act of Congress, to come to the aid of local quarantine authorities in answer to the appeal of the Executive of any State in time of grave danger, implies a function of very narrow scope and uncertain application. Appeals of this kind are apt to be deferred until the emergency is extreme, and the aid obtained from the Government is, therefore, likely to be rendered too late to accomplish its purpose.

D. A national organization would secure advantages not attainable by independent local quarantine establishments however complete.

1. Suitably arranged and commodious buildings, provided with necessary furniture and appliances at all ports.

2. An efficient corps of trained officials and assistants always on duty.

3. The practicability of the concentration of force, money, and attention at any threatened port without loss of time.

4. Officials under control of the National Government, and free from local political and commercial influences.

5. The objects of quarantine would be furthered by full and reliable consular reports and sanitary inspection of emigrants at ports

of embarkation, functions properly belonging to officials of the General Government.

The organization of a national maritime quarantine system in the United States would require the enactment of laws by which—

1. The whole matter would be placed under an appropriate department of the General Government.

2. A central bureau of control established at Washington.

3. A sufficient corps of medical officers and assistants, with nurses, sanitary police, laundrymen, engineers, and officers and crews for boarding tugs, organized at every station. Among the requirements for the medical service should be a speaking knowledge of at least two modern languages besides English. The establishment of a school and laboratories for sanitary instruction and research in connection with this service would be an advantage. In addition to the men on duty at the respective stations, there should be a sufficient number of medical and other officials fully trained in quarantine duties and familiar with contagious diseases, unattached and available for immediate auxiliary service at any threatened port.

4. The erection of necessary hospital, and other buildings, wharves, disinfecting apparatus, wash-houses, latrines, etc., in suitable localities, when possible upon islands at or near the entrances to harbors, and at some distance from the main channel.

5. These stations must be organized and fully equipped at every port of entry of the coast, in such a way as to meet the requirements of each port in the measure of its commerce and immigration, and the especial diseases to which it is most exposed.

6. The cost of the establishment and maintenance of the National maritime quarantine should be provided for by appropriation from the National treasury, and not from fees exacted from vessels.

SUMMARY.—Under the present system of local and independent maritime quarantine, the necessary quarters for the detention of large numbers of immigrants arriving in a suspected vessel, are either entirely wanting, or, if at hand, are deficient in equipment or administration or both. It is possible, however, that one port well governed and rich from prosperous commerce, may make up these deficiencies; yet what would this avail even to that community itself, if a neighboring port, only a few hours distant by rail, failed to exclude epidemic diseases. The front door might be doubly barred and bolted, but the enemy would find an easy passage through the defenceless rear.

This want of uniformity in the quarantine defences along our coast must necessarily exist when different authorities supply the money for maintaining the several stations, and the purse of one port is longer than that of its neighbor. Another money difficulty is found when the appropriation for the same station comes, as it may, from the coffers of both city and State; possible difference of opinion in the municipal council and the State legislature is likely to endanger the sufficiency or change the direction of the funds to be expended. In any case, the danger to a single port of entry, or even to a single State, is by no means the same as that which threatens the country at large, and communities are not likely to make a larger expenditure than is needed for their own defence. As an illustration of a difference in the conditions of danger which may exist between a port of entry and the interior of the country, may be mentioned the passage of immigrants with infected baggage. The immigrants may come from a healthy port and in a healthy ship, and with the poison securely imprisoned in their baggage, will pass through the port of entry with perfect safety to its inhabitants; the danger will begin in that far interior where the baggage is opened. It is of no interest to that port to have the baggage disinfected, and it is carried on to some uncertain place unhindered to do its fatal work. And here may be pointed out the rather peculiar position in which America finds itself, in attracting to its shores hordes of immigrants from the older countries. There is in municipalities little disposition to spend more even than is called for to satisfy immediate wants; remote necessities are seldom provided for. A quarantine that is not always in use, is not always ready for use. It is only when danger is at its gates, and when, perhaps, it is too late for protection, that a city wakes up to its defenceless state. Municipalities are selfish, and knowing that with the trader quarantine is not a favorite institution, and that it is his tendency to sail into that port where the quarantine is most lax, they are assailed with a sore temptation to wink at the neglect of proper precautions, if, by so doing, they may circumvent a possible commercial rival.

In the opinion of the committee the difficulties mentioned can only be overcome by the adoption of a maritime quarantine under the control of the National Government.

The danger from immigrants would not be entirely banished, however, though the quarantine of the coast of the United States were perfect; for the way through the British

provinces would still be open to these travelers. In the absence of efficient quarantine inspection in the St. Lawrence River, the attempt thoroughly to protect ourselves from importations of epidemics, would necessitate the doubtful and difficult expedient of a land quarantine. The more efficient plan would be to have the same precautions taken at the ports in the British provinces as should be practiced at those in the United States, but this course could only be assured through treaty, which our local authorities are not competent to make.

It appears that our Canadian neighbors have already evinced their desire for uniform quarantine laws for the two governments. The Provincial Board of Health of Montreal, recognizing a community of interest in the question of maritime quarantine, have deemed the presence of the Canadian Fish Commissioners in Washington opportune for the adoption of resolutions requesting them to urge upon the American authorities "the necessity of establishing uniform quarantine regulations for both countries." In connection with an efficient system of national quarantine, a harmony in the provisions of law in the United States and in Canada seems indispensable for the full protection of our extensive northern frontier, and our national government should be strongly urged to respond actively to the expressed wishes of the Canadian authorities relating to such an important matter of common interest.

In conclusion, the College of Physicians of Philadelphia, through its committee, earnestly asks your prompt consideration of the matters herein set forth, and your active coöperation in an organized effort to obtain this winter such national legislation as will efficiently and with reasonable security protect the public health, not only from the danger of the importation of cholera and yellow fever while they are epidemic in countries with which the ports of the United States are in communication, but also from the at present almost incessant conveyance into the interior of the contagion of scarlet and small-pox by emigrants. The disappearance of cholera from the quarantine station at New York, without the development of the disease anywhere in the country should be regarded as a fortuitous occurrence, but at the same time a serious warning. This country has never yet escaped an epidemic of cholera when it has visited Europe. Sooner or later, the disease has invariably been introduced and has spread more or less widely throughout the country. We should, therefore, profit by the cold season, during which we are

comparatively safe from the ravages of two of the most dreaded of our imported epidemic diseases, to prepare against a possible, and, as some believe, even a probable, advent of cholera with the return of warm weather. We should use the present opportunity to arouse public sentiment and our national legislators to the necessity of wise, deliberate, far-reaching, and prompt action in behalf of the general welfare, by the establishment all along our coast of a thoroughly equipped and efficiently directed maritime quarantine.

In the case that your Society determine to coöperate in securing the ends in view, we would respectfully suggest that you at once notify the committee of the fact, and, without delay, authorize a member of your body (whose name and post-office address should accompany the notification) to confer with the committee either by correspondence or in person, for the purpose of deciding upon the details of a bill to be introduced in Congress early in the present session.

If your coöperation be agreed upon, we would further suggest that, as a body and as individuals, you assist in influencing legislation by the following means:

1. The passage of formal resolutions recognizing the necessity of National control of maritime quarantine, and urgently recommending the matter upon the consideration of your representatives in Congress.

2. Strenuous efforts to enlist popular sentiment in support of such legislation.

3. The enlistment of the influence of the local medical and secular press.

Finally, in view of the necessity of inaugurating, at the earliest moment possible, the effort to secure the proposed legislation, we would earnestly request prompt action on the part of your Society and early notification thereof.

J. C. WILSON, *Chairman.*

E. O. SHAKESPEARE,

R. A. CLEEMAN.

Communications on this subject may be addressed to

DR. J. C. WILSON,
College of Physicians, Philadelphia.

—Dr. Heneage Gibbes, who is Lecturer on Physiology and Normal and Morbid Histology at the Westminster Hospital, London, has been appointed Professor of Pathology at the University of Michigan. Dr. Gibbes formed, with Dr. Klein, the English commission to investigate cholera in India.

REPORTS OF CLINICS.

BELLEVUE HOSPITAL, NEW YORK.

MEDICAL CLINIC—PROF. A. A. SMITH.

Aneurism of the Aorta.

On November 17, Prof. A. A. Smith presented two patients to the class. A patient with an aneurism about the junction of the ascending with the transverse portion of the aorta. The patient was a truckman, aged twenty-five years, who had been perfectly well until eight weeks ago, when he was struck upon the head by an elevator. Soon after this accident his throat began to get sore, and the soreness, as he described it, gradually increased in severity, and he became hoarse. He is now, said Prof. Smith, unable to swallow, not on account of the soreness of his throat, but of his inability "to get it down." Inquiry revealed the fact that he is able to swallow milk. The difficulty in swallowing came on *before* the hoarseness set in. He gives a history of syphilis. Upon auscultation, a decided diminution of the respiratory murmur on the right side is noticed; and an examination of the heart reveals a loud systolic murmur. The left radial pulse is stronger than the right.

This case is interesting from the fact that a young man should so rapidly develop a syphilitic disease of the blood vessels leading to aneurism. The prognosis is grave. An aneurism developing with such rapidity is likely to end fatally before long. As regards treatment, we shall give him good nourishment, and continue the "mixed treatment" of iodide of potash and mercury.

Dilatation of the Stomach.

The patient felt well up to six weeks ago, when he complained of a painful point in the right hypochondriac region. Upon inquiry it is ascertained that he has had vomiting also. Three weeks later he had cramps in the stomach, which lasted nearly the whole night, and were relieved by a hypodermic injection of morphine. He has had no fever, no chill, nor any chilly sensations. He has lost flesh, and indulges moderately in stimulants. He presents a great prominence in the epigastric and umbilical regions.

The causes of dilatation of the stomach are various. Weakened conditions of the muscular layers, paralysis of the same, obstruction of the duodenum, and, especially, obstruction of the pylorus, give rise to this condition; and the result is the production of fermentative changes, evinced by tympan-

itic distension and vomiting. This affection is very frequently confounded with other diseases, and, unless with the vomiting, emaciation and variable appetite, we can find an induration of the pylorus, it will be hard to diagnose the trouble exactly. Physical examination reveals in this case tympanitic resonance on percussion. In doubtful cases you might give the patient a few mouthfuls of water to swallow, and while applying the

ear over the distended organ, shake him, when a spashing sound will be heard. As regards the treatment: foods in small quantities, frequently repeated, of the lightest kind, such as beef-tea, digested meat, etc., should be given. Foods that are likely to undergo fermentation should be given very sparingly, or avoided as much as possible. Washing out the stomach with alkaline solutions is also recommended.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Actinomycosis which was Cured.

At a meeting of the Society of Physicians of Vienna, on November 4, 1887, Ullmann presented a man, who, for a year had begun to grow thin and to suffer from loss of appetite and pain in passing his water. Fever and great turbidity of the urine, which contained pus, were present. Subsequently, a tumor formed at the lower part of the abdomen, which was repeatedly opened, and much pus evacuated from the abscess which had developed. Upon his admission to Professor Albert's clinic, there was found a tumor of bony character, occupying the right hypochondrium. A wound in the neighborhood of Poupart's ligament, as well as the bluish-violet coloration of the skin, induced Ullmann to diagnose actinomycosis. A microscopic examination of the pus, which contained the characteristic granules, confirmed the diagnosis.

Ullmann thinks, with reference to the above described symptoms which preceded the disease, that the case was one of actinomycosis of the bladder.

The patient was operated on in Albert's clinic, and recovered in four weeks. Examination of the pus, which the author has carried out in several cases of actinomycosis, has induced him to think that suppuration in this disease is not occasioned by the actinomyces, but is produced by other micro-organisms (staphylococci).—*Deutsche Medizinische Zeitung*, November 14, 1887.

Hypnotism in Court.

The London *Chronicle* gives a strange account of a trial in Solax, a village in Malaga, Spain, of some religious fanatics, of strange practices. They originally went naked, like Adam and Eve before their fall, but the authorities interposed. Since then they have inflicted wounds upon themselves

in imitation of the Crucifixion, and burned all their goods, believing that a higher power would provide food. A strange part of the affair is, that when put on trial they were hypnotized in court by a medical specialist, and proved good subjects. It is alleged that on being ordered to perspire they broke out in a profuse perspiration. Others were pricked with pins, but gave no sign of pain. This is the first time such a scene has been witnessed in a court of justice in Spain. It is difficult to see the object. Probably the result of the trial will be a nominal punishment.—*Philada. Evening Telegraph*, Dec. 1, 1887.

Operation for Nephritic Colic; Recovery.

At the Sixtieth Congress of German Naturalists and Physicians, in September, 1887, Von Bergmann reported the case of a man who had had attacks of nephritic colic for eight or ten years. Residence at Carlsbad and at Vichy relieved him for a long time of his attacks of pain. Then a fresh attack occurred, the pain starting from the left kidney, and being followed by the expulsion of a calculus. The pain ceased after a while, and was succeeded by anuria. It was found, by passing the catheter, that the bladder was empty. The anuria persisted for six days, and during this time the patient perspired profusely, the skin being oedematous. In other respects the patient did not suffer great inconvenience. On the sixth day, he was seized with vomiting. Von Bergmann's diagnosis was occlusion of the pelvis of the left kidney or the left ureter by calculus, coincident with functional suppression of urine on the part of the right kidney, caused by lesions of long standing. He proceeded to do nephrotomy, and having found the pelvis of the left kidney clear, located the calculus in the ureter, about two and a half inches from its origin. It was then removed by dilating the ureter with forceps.—*Gazette Médicale de Paris*, November 5, 1887.

A Case of Tetanoid Constriction of the Uterus.

In a paper read before the Gynæcological and Obstetrical Society of Baltimore, November 8th, 1887, Dr. H. M. Wilson describes the case of a woman of about 24 years of age, whom he saw first four years ago, just after her marriage. She was of fine physique and healthy appearance. Her trouble at that time was uterine neuralgia. Each catamenia was attended by distressing pains, lasting from one to two days. Stenosis was suspected and an examination advised, but she declined this, giving as a reason her great sensitiveness to pain, and her nervous dread of it. Nothing of special note occurred during the two years following, except a small subcutaneous abscess in the right iliac fossa, which was lanced and soon healed. This reappeared in a smaller form—about the size of an almond—two months ago. At the end of three years, she became pregnant. Her gestation was accomplished without special distress, except on several occasions after moderate exercise she had slight attacks of syncope—the last, about four days prior to her confinement. Five days before labor, whilst in bed, and without any exertion on her part, her water was discharged. Dr. Wilson was called to see her on Wednesday, October 19, and found her bright and cheery, free of headache, with pains described as sharp, at intervals of about ten minutes. Upon examination the soft parts were found to be in much better condition than had been feared. The bowels were twice moved; the kidneys acted freely. The os was entirely closed. Upon his return in two hours the os had opened to the size of a dime; the edges were soft and thin, and, as far as could be made out, the head presented in the right occipito-anterior plane. The patient now commenced to complain of nausea to the extent of emesis, which was frequently but not inordinately repeated. The further progress was slow, but did not seem to require either bleeding or medicine. At 5.50 in the afternoon, he deemed the os sufficiently dilatable to admit a careful application of Simpson's forceps, the head being within easy reach. No difficulty was encountered in their adjustment, but in the effort to deliver no advance could be made. Thinking the funis might be abnormally short or tightly wrapped about the neck, he substituted the Tarnier instrument. He could cause the head to appear at the vulva so as to be seen, but it instantly would disengage itself from the blades and fly back to its former position. While he dispatched a messenger for Prof. Milten-

berger, Dr. Wilson for the first time observed the pallor of the patient, and, putting his finger on her pulse, found it a mere thread. Instantly suspending the anæsthetic, he administered brandy freely by the mouth and requested Dr. Pole, who was quickly at hand, to kindly assist him in repeated hypodermics of brandy. The patient never rallied, and died within thirty minutes. The fœtus was dead, but, seeking for some solution of this terrible and inexplicable result, Dr. Miltenberger effected the post-mortem delivery. Upon introducing his hand he found a band embracing the shoulders, which, to use his own words, "gave the impression of a band of steel." It was only after a prolonged and most persistent effort, and that coupled with the occasional fear that the trial would have to be abandoned, that version was finally accomplished.

Chloroform was used occasionally, in small quantities, for probably an hour, just at the completion of a pain, "to blunt its edge," as the patient expressed it, but not carried to its full effect; indeed more as a placebo. This was thought proper on account of the patient's highly sensitive organisation, and to quiet, as far as possible, her urgent demands for relief. When instruments were used chloroform was inhaled freely, but, as before stated, instantly abandoned upon the appearance of dangerous symptoms. She came from under its influence speedily, asking questions, complaining of the strength of the brandy, demanding water, requesting to be fanned, etc.; her intellect remaining unclouded to the last.

The author does not believe that chloroform was the cause of death, and says that he cannot recall an absolutely certain death from its use in obstetrical practice. If such result has happened, it is an exception to the general rule. In this case the patient passed from its influence quickly, and, so far as he could observe, entirely. As for the forceps, they were applied without difficulty and used with discretion. In nothing did the manipulation differ from their constant and ordinary use.

A Case of Poisoning with Cocaine.

H. Schnyder, in the *Correspondenz-Blatt f. Schw. Aertze*, No. 15, 1887, reports a case of cocaine poisoning, which occurred under the following circumstances: A young apothecary, of somewhat nervous habit, was advised by a friend to take one-third of a grain of cocaine, repeated in three-quarters of an hour, for violent headache. As he lost

the muscular sense in his extremities, and developed oppression in breathing, he took as an antidote to the poison twenty drops of tincture of *nux vomica*. After about half an hour, his extremities, which were icy cold, began to tremble violently. His pupils were immovable, moderately dilated, pulse thready and one hundred and fifty to the minute. The action of the heart was strikingly feeble, and in addition there was violent excitement, and at times delirium. Strong coffee was administered, warmth applied to the extremities, and chloroform sprinkled on cotton and inhaled.

In an hour respiration became freer, pulse fuller and one hundred and twenty to the minute. On account of the violent headache, cold applications were made to the head and a mustard plaster to the chest. After four hours had elapsed, the pulse sank to eighty beats, but sleep was not obtained for some time.

Cysticercus in the Anterior Chamber of the Eye.

Dr. Robinowitsch reports in the *Westrick Ophthalmologie*, III., p. 196, the case of a woman, thirty-five years old, who had had an iritis a year before. He found, in the anterior chamber of her right eye, a hemispherical, grayish swelling, of the size of a pea, which concealed the lower third of the pupil. At the lower part of the tumor was noticed a small continuation, which was capable of changing its size; and at times there could be seen wave-like contractions of the cyst, upon which it somewhat changed its position. The iris and the vitreous were unaltered; vision was $\frac{3}{80}$. The author removed the tumor by an incision through the cornea, and established the diagnosis by a microscopic examination.

Castration in Epilepsy.

In the *Berliner klin. Wochenschr.*, No. 3, 1887, J. Schramm reports two cases in which he performed castration for epilepsy. In the first case the ovaries were healthy, and the operation was done on account of the coincidence between the epileptic attacks and menstruation; in the second case the ovaries were cystic, but the connection between the epileptic seizures and menstruation was not so positive. Immediately after the operation repeated convulsions occurred, but subsequently ceased entirely. In the first case there was no return of the disease within eighteen months; in the second within a year after the operation.

A Method of Antisepsis for the Urethra and Bladder.

At the meeting of the Academy of Medicine of Paris, October 29, 1887, M. Lavaux read a paper upon a method of antisepsis for the urethra and bladder, and its application to the treatment of strictures of the urethra. The following is a summary of his conclusions, as contained in the *Progrès Médical*, November 12, 1887: 1. Continuous *lavage* of the anterior part of the urethra and intravesical injections without a sound, constitute a simple and harmless method of accomplishing complete antisepsis of the urethra and bladder. 2. This method is applicable to the treatment of most strictures of the urethra. 3. Thanks to this complete antisepsis and the antiphlogistic action of hot injections into the bladder without a sound, complications due to rapid dilatation of the urethra are now very uncommon. 4. In the treatment of simple strictures which are easily dilated, rapid dilatation ought to be substituted for slow temporary dilatation, which is of but little value. 5. Intra-vesical injections made without a sound are sufficient to maintain the calibre of the dilated urethra. 6. Indications for the performance of internal urethrotomy become extremely restricted. 7. This method of treatment by securing antisepsis of the bladder and urethra ought to render divulsion and internal urethrotomy much less serious operations.

The Value of Strophanthus in Diseases of the Heart.

Dr. C. W. Suckling, professor of therapeutics in Queen's College, Birmingham, writes to the *British Med. Journal*, November 19, 1887, that he has been using strophanthus for several months at the Birmingham Workhouse Infirmary, and with little success. At first he thought that it might be due to a badly prepared tincture; and to some extent this was the case. In all his cases hitherto he has found that, though tincture of strophanthus has done some good, yet the substitution of an equal quantity of tincture of digitalis has been attended with marked benefit, and he has ceased to prescribe strophanthus where it is important to obtain immediate improvement. He has also found that vomiting occurs from strophanthus quite as frequently as from digitalis; and concludes that strophanthus, at any rate in the dose and preparation in vogue, is decidedly inferior to digitalis in its action in heart affections.

THE
Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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IMPURITIES IN ICE.

Early in the year 1887, DR. PRUDDEN, of New York, published a paper in the *Medical Record* (March 26 and April 2), on the subject of Impurities in Ice, which attracted a great deal of attention. The substance of this paper was a description of the varieties and numbers of micro-organisms which he found by experiment to be capable of resisting the temperature of ice, and of preserving in it the power of development and multiplication. Especially striking was the discovery that the bacillus of typhoid fever survived freezing for more than 103 days; although repeated freezing and thawing caused them to disappear in three or four days. Certain kinds of ice were found to contain more bacteria than others, the most prolific being snow-ice and ice containing bubbles. Clear ice was much freer from them.

The same subject is discussed in a more general way by DR. LEWIS BALCH in an interesting paper in the seventh annual

report of the State Board of Health of New York. In this paper Dr. Balch cites indisputable proofs that ice may contain impurities, not only theoretically but also actually, dangerous to health. In 1875, an epidemic of bowel disorder occurred at Rye Beach, which, on investigation by that well-known sanitarian, Dr. A. H. Nichols, of Boston, was found to be due to the use of ice cut from a shallow pond containing a large quantity of decomposing organic matter. In 1878, Dr. C. Smart, of the U. S. Army, traced the origin of mountain fever to the snow-water of the Rocky Mountains. In 1879, an epidemic of dysentery occurred in the village of Washington, Conn., and was found to be limited to persons using ice from a small and polluted stream. In 1880, the Connecticut State Board of Health reported several cases of inflammation of the bowels, due to the use of sewage-polluted ice. In 1882, the same Board reported a case of typhoid fever in a person who had a private ice supply, cut from a pond which had received the dejecta of a typhoid fever patient. In 1884, Prof. Leidy reported to the Academy of Natural Sciences, of Philadelphia, that he had found a number of living worms and animalcule in a specimen of ice used for cooling drinking water. In 1885, a destructive epidemic of typhoid fever occurred in Plymouth, Pa., and was traced to the dejecta of a typhoid fever patient, which froze in the snow, and afterwards thawed out and passed into the water supply of the town.

The facts just cited, and the result of investigations made by a number of competent observers, leave little doubt that the ingestion of ice is probably more dangerous than that of water which has not been frozen. It is possible that some of the effects which have heretofore been attributed to drinking-water may have rather been due to ice used to cool it with. In this city, for example, where the water-supply has been thoroughly studied and much discussed, no investigation, so far as we know, has ever led to the detection of well-recognized disease germs in the water; and it may be that

cases of disease charged against the Schuylkill water may have been caused by bacteria preserved in ice brought from a great distance.

However this may be, it is well for those to whom the health of the community is entrusted to be aware of the fact that there is good reason to believe that ice may contain the sources of disease. We do not believe that ice is a very important factor in the propagation of disease, or that what is known of its power of preserving the life of bacteria justifies any great alarm. But, in an age when disease germs are supposed by intelligent men to play such an important rôle, it would appear wise to warn the public that the use of ice may not be altogether free from danger.

In some European cities—Vienna, for example, where most of the ice is obtained from the muddy Danube—the inhabitants never think of putting ice into water to cool it, but accomplish this by putting vessels of water into ice. Such a plan we should think advisable in our own country, wherever it is feasible; especially as some of the bacteriological investigations, made in connection with ice, indicate that to reduce the temperature of water to the freezing point by an extreme application of cold will reduce the vitality of any germs which it may contain, without running the risk of adding to it others which may be present in a state of suspended animation in the ice itself.

OVER-EXCITEMENT OF CHILDREN.

It was one of the sayings of Goethe that whatever has proved valuable in the past will come up again for consideration, and this idea is illustrated in the fact that our attention has recently been called for a second time to a paper on what the author calls Emotional Prodigality, by DR. C. FAYETTE TAYLOR, of New York. This paper was published in the *Dental Cosmos*, July, 1879, and it contains some truths which deserve to be brought again to the notice of thinking men and women.

Dr. Taylor's experience has made him fa-

miliar with the conditions in which many children live who suffer with wasting diseases, and especially diseases of the spinal column and joints; and it is his deliberate opinion that many of these diseases are largely fostered by undue mental and psychical stimulus. This is a fact which is, in a general way, well recognized by physicians, and to some extent appreciated by intelligent parents; but, as Dr. Taylor says, this idea is too indefinitely held to produce much good. To be of real service it must be made more precise. Many hygienists are just now trying to secure a better regulation of the studies of children, and a greater amount of wholesome recreation for them; and the dangers of too much study are not altogether ignored. But the damaging effect of the competitions and rivalries at school, or even of the ambition of a child to learn for the love of knowledge, is more clearly shown and more vigorously denounced by Dr. Taylor than by any other writer with whose work we are familiar.

Again, he points out a source of danger which we believe is not half appreciated by the community, namely, the soliciting of demonstrations of affection with which almost all little children, and especially vivacious children, are so often tormented. It is to this form of excitement that the significant term, "Emotional prodigality," is especially applicable. The effect of such kissing and hugging as most children get cannot but be injurious to the health of their minds, and Dr. Taylor has seen instances in which it was disastrous to their very bodies. As he justly remarks, these solicitations of emotion, or of a pretense of it, are exhibitions of selfishness on the part of those who make them. Parents or grand-parents, and more particularly female relatives, may be blind to this fact; but it is a fact to which their attention ought to be called; and they ought to be taught that very serious consequences may result to the little ones whom they sincerely love if they will not restrain the temptation to indulge their selfish desire to kiss and be kissed. Emotional prodigality of a dangerous sort is sometimes provoked when demonstrations of affection are lavished upon and solicited

from older children; and even in the earliest years emotional prodigality may give rise to serious disorders of the mind or body.

This is a somewhat homely subject, but one which, as we have already remarked, is of great importance, and worthy of being brought to the attention of physicians, who have it in their power to warn and instruct those who have the care of children, and who often sin against them unwittingly.

AN APPEAL FOR A NATIONAL QUARANTINE LAW.

The College of Physicians of Philadelphia appointed a special committee, Oct. 5, 1887, "to consider the present danger of the importation of cholera into this country, and to secure concerted action among the medical societies of the United States in urging upon the State and National authorities the adoption of a uniform and efficient system of quarantine for all exposed ports." This committee has just made its report to the College of Physicians in the form of an "Address to the Medical Societies of the United States," which has been approved and adopted by the College, and is now issued under its sanction.

The substance of this address, which is published in another part of the *REPORTER*, is that the present methods of quarantine, resting upon local authority and depending upon local support, are not sufficient to protect the interior of the country from the invasion of contagious and pestilential diseases. And all the members of the profession, especially organized medical societies, are urged to lend their influence to induce Congress to pass a proper Quarantine Law to be enforced by the National authority, and to be supported by Government funds. The need for a uniform plan of protecting the whole of the United States from the importation of disease will appear to any one who will study the subject; and it is no less clear that such a plan can be properly carried out only by the National Government.

We, therefore, heartily commend to the thoughtful consideration of our readers the address of the College of Physicians, and hope that they will take an active interest in

securing for it the endorsement of the societies to which they belong.

HYDROPHOBIA.

In the last number of the *REPORTER* we published a clinical lecture, by Prof. Whittaker, on a case of so-called hydrophobia. We have had access to some sources of information about this case other than that supplied by Prof. Whittaker's lecture, and have come to the conclusion that it was one of what is known as *lyssophobia*. The evidence shows that it is a pure assumption to suppose that the man was bitten by a dog at all; the fact being that he himself for awhile believed that the little wound in his lip was caused by a blow from the dog's nose, driving the lip against a tooth. The man seems to have done well enough until he had an attack of dyspnoea while leaning over a tub of scalding water. At this time an officious neighbor informed him that this was the way in which hydrophobia began, and at once he became alarmed, and passed through stages perfectly familiar to those who have made a special study of hydrophobia, and finally died. What share in his death is to be attributed to the treatment he received, it would be hard to say. But we warn our readers that they need never expect to cure a patient supposed to have hydrophobia, if they watch him very closely, expose him at a public clinic, offer him water, inject morphine and chloral into him; and, above all, if they add the administration of curare to these measures. A careful study of the literature of hydrophobia shows that morphia, chloral and curare—drugs recommended in most of the books—are useless and probably dangerous, given, as they usually are, in cases called hydrophobia.

These remarks are prompted by the fact that such teaching as is contained in the lecture of Prof. Whittaker, is, in our opinion, calculated to do much harm, if it be allowed to pass unchallenged.

In another part of the number of the *REPORTER* will be found the result of our investigation of a case of so-called hydrophobia, reported recently from Chicago—a case

which was published all over the country as a remarkable instance of the disorder. As will be seen by our report of it, it was not hydrophobia at all; but no daily paper which dilated on its horrors has published a correction of its mistake.

The last case in New York—with the points of which we cannot burden our readers—was as clear a case of delirium tremens as one would want; and yet hospital physicians there regarded it as one of hydrophobia, treating it with brandy, chloral, digitalis, and curare; confining the man in a straight-jacket, and having several men to hold him. The patient died, as might have been expected; but there is no evidence whatever that he had hydrophobia.

Let our readers take note that hydrophobia does not seem able to bear the face of skepticism; that it disappears where it is not talked about; that it flourishes where it is cultivated, as in France, and does not exist among savage and enlightened peoples. And let them sift carefully any case which seems like hydrophobia, as to its history and symptoms; let them eschew violence of act or of medication in treating it, and see what the result will be.

ILL-NATURED CRITICISM.

We regret to observe that the *Medical Press and Circular*, of London, has published, Nov. 16, 1887, with the heading, "A Gem from the American Congress," a paper which it says came into the hands of its representative at Washington. This paper, as published, contains many errors in spelling and in grammar, and the object of the *Medical Press and Circular* in printing it seems to be to hold up to public contempt the writer, and the Congress at Washington. A careful reading of the paper discloses the fact that its author had had under treatment a case of obstinate neuralgia, and desired the advice of the medical men attending the Congress as to the best way in which to treat it. The difficulties of the case are described somewhat inelegantly; but the whole paper is deserving of serious consideration, and not to be mocked at; and there is no

warrant, in the circumstances connected with it, for the way in which it is made to figure as a disgrace to the medical profession in America.

We hope that the regret we feel at this act of the *Medical Press and Circular* will be shared by it on second thought; and that it will make what reparation it can for an unkindness which we trust was the result of want of reflection rather than a want of kindly disposition toward the medical men of this country.

PLUGGING.

"Plugging" is a term used in Scotland for the process known in most countries as "tamponing." At a recent meeting of the Glasgow Obstetrical and Gynæcological Society, Dr. Tindal asked what Dr. Pollock would do in a case like this: "A lady out walking is suddenly seized with hemorrhage. She faints and becomes almost pulseless. She is plugged, etc." This term sounds ludicrous and almost gross to those who are not accustomed to it; and we think it not only less elegant, but also less exact than the one with which we are more familiar.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

A COMPLETE HAND-BOOK OF TREATMENT. By WILLIAM AITKEN, M.D. (Edin.), F.R.S., etc. Edited, with notes and additions, by A. D. Rockwell, A.M., M.D., etc. 8vo, pp. 444. New York: E. B. Treat, 1887.

It is hardly necessary to say much of the general merits of this book, which is composed of the chapters on treatment taken from the seventh edition of Aitken's Encyclopædic work on the practice of medicine.

Wherein the notes and additions of the American editor consist, it is not easy to see from the book itself; and it is to be feared that the way in which they are incorporated will not be appreciated very highly by Dr. Aitken. We are sorry also to find no evidence that this book has been published in this country with due regard to the rights of authorship and publication, which the much needed international copyright law would enforce. Furthermore, it contains marks of carelessness, like the repeated use of "ce" for "æ," and of an endeavor to make the book cheap at the expense of good paper, good printing and good binding, which does not commend itself to our approval, and which we fear will not gratify the original author, if he ever sees a copy of it.

HYGIENIC PHYSIOLOGY, WITH SPECIAL REFERENCE TO THE USE OF ALCOHOLIC DRINKS AND NARCOTICS. PATH-FINDER PHYSIOLOGY NO. 3. By JOEL DORMAN STEELE, Ph.D. 8vo, pp. xii, 276. New York and Chicago: A. S. Barnes & Company. Price, \$1.25.

This book is an amplification of the two others of the same series which we have already reviewed, and is intended for older children. It has the defect and the merits which we pointed out in speaking of them. The same strained effort is made to prove that alcohol is an unmitigated curse to mankind as is made in its predecessors; and the same attempt to instil the principles of physiology and hygiene. We are glad to be able to speak highly of most of the teachings of this book, which is handsomely printed and well illustrated. It contains a good chapter on "Hints About the Sick-room," and on the treatment of emergencies.

MINER'S NEW INDEX REVIEW FOR STUDENTS AND PROFESSIONAL MEN, Pocket size. From 18... to 18... Published by JOEL A. MINER, Ann Arbor, Mich. Price, \$1.25.

This is an exceedingly well arranged book, with pages ruled and printed in such a way that it will be easy to find any reference recorded in it. It is the kind of a book which every medical man might well have in his pocket or on his table, so that he can jot down at once any matter which he may wish to refer to afterward.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—The *Sacramento Medical Times* announces that, with the January number, which begins the second volume, it will be enlarged to 48 octavo pages, and undergo other improvements. We are glad to note these and other evidences of prosperity in a journal which has secured our respect for the way in which it is conducted, and which has our hearty good wishes for the future.

—The holiday number of *Wide-Awake* is a very handsome and interesting number; but its suitability for children is ruined, in our opinion, by a characteristic story by H. Rider Haggard, illustrated by a dreadful picture of two lions in desperate combat, and with their faces are carefully turned toward the spectator, as if they were posing to be photographed. It is a pity to spoil what otherwise would be a very good thing by putting such a story and such a picture in it.

—At the last meeting of the Medical Society of the County of Kings, N. Y., the society authorized the publication of a monthly medical journal to be known as the *Brooklyn Medical Journal*. This journal is to be edited by five members of the society, appointed by, and under the control of, the council. It will contain the transactions of each meeting, together with the papers read and the discussions thereon. It is expected that it will also contain the transactions and papers of several other societies, and items of general and local medical interest. The first number will be issued January 1, 1888. The price is to be \$2.00 a year.

CORRESPONDENCE.

Intercostal Neuralgia Cured with Antipyrin.

EDS. MED. AND SURG. REPORTER:

Sirs:—I was called, on Nov. 26, to see Samuel Crawford, aged 50, who was suffering with severe intercostal neuralgia. He had been bedfast for three days, and was getting worse. He lay in one position, flat on his back, and dare not take a deep inspiration or move his body in the least. The pains, he said, "felt as if a bomb exploded in his side and tore it out." During an explosion the sweat ran off his face. There was no fever, but the heart's action was feeble and accelerated. The patient lives on the edge of a large, wet meadow, where malarial diseases are common. He told me that two years ago he had an attack of sciatica, which lasted six weeks. I never saw so bad a case of intercostal neuralgia before. I ordered for him half a grain of morphine every two hours until his pain was relieved, and six grains of quinine every four hours. I saw him the second time after sixteen hours, and his symptoms were not improved. I then ordered a teaspoonful of "Tongaline" every hour until relieved; then every two hours.

The next day the pain was gone; but the following morning he was worse than he had been at all. I found him in great pain, and learned that he had had diarrhoea for over twelve hours. It occurred to me that the Tongaline had purged the patient, and on account of the frequent evacuations had ceased to be absorbed, thus failing to keep control of the disease. I now gave a hypodermic injection of morphine and prescribed ten grains each of bismuth subnit. and tannic acid, every two hours, until the diarrhoea was controlled. I ordered, also, ten grains of antipyrin in hot water, three times a day.

I saw the patient again the following morning, and found him comfortable, but weak. I ordered antipyrin in ten grain doses, thrice during the day, and for the next two days twice daily. He has had no pain to speak of since the evening of the first day when he took the antipyrin.

Yours truly,

C. H. SHIVERS, M.D.

Haddonfield, N. J., Dec. 6, 1887.

Pathological and Biological Work.

EDS. MED. AND SURG. REPORTER:

Sirs:—I beg to call your attention to the fact that this Laboratory has been established for original research into the nature and

causes of the contagious and infectious diseases of animal life. It has a general working room, supplied with all the necessary instruments and books of reference, a cultivating room, an autopsy building, and a room for raising and keeping the small animals generally used in experimentation.

It is my desire to make the Laboratory as useful to the country as possible; hence its advantages are offered to Boards of Health, Live Stock Commissioners, and Educational Institutions that may desire to have some *attaché* instructed in these especial branches. This Laboratory offers better advantages for such work than any other in the country, as we are constantly busied in investigations upon a number of diseases, and can give those desiring it an opportunity of proceeding at once in such work. We will supply workers with animals and everything necessary, except a microscope, slides, and covering glasses. In order to cover the expense of material used, a fee of \$100 will be charged. The time of attendance will not be limited; but as our rooms were originally intended for personal use, we can accommodate but two persons at once. No one but graduated physicians or veterinarians will be admitted, and such persons must have the endorsements of a Board of Health, a Live Stock Commission, or the President of a University or College with which they are connected.

Yours truly,

FRANK S. BILLINGS, M.D., *Director.*
 Patho-Biological Laboratory,
 State University of Nebraska,
 Lincoln, Neb., Nov. 28, 1887.

Spurious Hydrophobia.

[On November 22, it was reported from Chicago that a man named Bruno Mueller, of that city, was suffering with hydrophobia, and that his case presented some features which made it peculiarly interesting.

In June last, it is said, Mueller and his ten years old son were in a saloon in the neighborhood of his residence. The boy began playing with a small cur which had strayed into the place. The dog bit the lad in the hand, and while attempting to rescue his son from the animal's attacks the father was also bitten. Six weeks later the boy died, and his physicians had no hesitation in pronouncing the case one of well-defined hydrophobia. Last Saturday the father was stricken down with the same disease. On November 22, four prominent physicians were in attendance, and friends of Mueller were constantly with him to care for him in

his spasms. Mr. Mueller realized his condition, and, during lucid intervals, disposed of his property.

In order to get at the facts of this case, we wrote to our correspondent in Chicago to investigate it for us, and received the following reply]:

EDS. MED. AND SURG. REPORTER:

Sirs:—Answering yours of recent date, I have carefully investigated the Mueller hydrophobia case, and there is nothing of special interest in it. It is true the boy was bitten by a supposed rabid dog, and died a short time afterward; but the animal, as is usually the case, was killed immediately afterward, which certainly buried the evidence as to whether the dog was mad or not. It is reasonable to presume, however, that the animal *was* rabid, on account of the speedy, fatal termination. That the father is now stricken down with the same disease is false. The dog's teeth simply penetrated the father's clothing, and did not leave even a perceptible impress upon the skin. The case, I find, was much exaggerated by the newspapers, and the fact of the father being sick for one day only led to the publication of the item which you sent me. I had hoped to glean information of more than ordinary interest for you in this case, but it amounts to comparatively nothing.

Yours truly,

WM. WHITFORD, M.D.
 146 Warren Ave., Chicago, Ill., Dec. 1,
 1887.

EDS. MED. AND SURG. REPORTER:

Sirs:—In the REPORTER of December 3, in your very valuable article on the Treatment of Typhoid Fever, you mention antifebrine. Will you kindly say how you prescribe it? I can find no satisfactory solvent. It requires too much alcohol to dissolve it. This has been my trouble with antifebrine.

May I suggest that you ask your contributors to be more explicit in some of their statements? For instance: in the REPORTER for Dec. 3, Dr. John Aulde speaks of cannabis Indica as being valuable in certain cases, in half drop doses; but fails to say what preparation he means. The fluid extract is probably meant; but, for accuracy, it should have been stated. I do not mean this for idle criticism. Correspondents would make their articles more valuable by stating more explicitly how, and in what doses, they use drugs, especially the newer ones.

This note is not designed for publication.

I am anxious, though, to know about antifebrine.
Yours truly, F. H. VAN EATON.
Clear Water, Kansas, Dec. 10, 1887.

[The letter of Dr. Van Eaton, though not intended for publication, deserves this, for the sake of our readers.

His questions may be answered as follows:
1. The best way to give antifebrine is to use the powder in wafers or mingled with some syrup, like sarsaparilla. If it is to be given in solution, there is no better solvent than alcohol, or a tincture. 2. Exactness and clearness are graces which few writers possess; and, with the best endeavor to attain them, even editors do not always succeed. So we will take to ourselves, and recommend to our contributors the practical and kindly criticism of our present correspondent.—EDS. REPORTER.]

Treatment of Hemorrhoids.

EDS. MED. AND SURG. REPORTER:

Sirs:—Could I ask for information, through the columns of the REPORTER, regarding the use of carbolic acid injections in hemorrhoids? What are the details of procedure, and what has experience taught as to the efficacy of the treatment in this common and troublesome affection?

Yours truly, SUBSCRIBER.
McConnellsburg, Pa., Dec. 8, 1887.

[This subject is well described in "The Diagnosis and Treatment of Hæmorrhoids," by Charles B. Kelsey, M.D., published by Geo. S. Davis, Detroit, Mich.; price, 25 cents. It is also thoroughly discussed in "Rectal and Anal Surgery," by Edmund Andrews, M.D., published by W. T. Keener, Chicago, of which we made a review in the REPORTER, Nov. 26, 1887.—EDS. REPORTER.]

—The proposition of Health Officer Patterson, to send Philadelphia lepers to Louisiana, has not been well received in that State. President Holt, of the New Orleans Board of Health, says: We are amiable to a fault, but we are not so inconsiderate of ourselves as to permit the perpetration of a high-handed outrage of the kind proposed by Health Officer Patterson, of Philadelphia. We have no settlement for lepers, and perhaps very few more lepers in Louisiana than there are in Pennsylvania; and, even if we had such a settlement, we would not permit Philadelphia or any other place to unload their lepers upon us in the abrupt and impudent manner proposed by Health Officer Patterson.

NOTES AND COMMENTS.

Three Cases of Resection of the Intestine.

In a paper read before the Detroit Medical and Library Association, and reprinted from the *Medical Age*, September 26, 1887, Dr. H. O. Walker, of Detroit, Mich., reports three cases of resection of a portion of the alimentary canal. The first case was that of a baker, 48 years old, who always enjoyed good health until two or three years ago, when his appetite began to fail with no appreciable loss of flesh. This condition continued up to about a year and a half ago, when he observed a sense of weight in the lower part of the sacrum, and an occasional dull and aching pain in the lower portion of the rectum. In July, 1877, he had an attack of diarrhoea, with severe, acute pain at every movement of the bowels. He also passed blood and pus at times. These attacks of diarrhoea became more frequent until it became a permanent affair, necessitating the use of the water closet as often as twenty times in the twenty-four hours. He was treated all this time, by various physicians, for piles. In May, 1878, Dr. Walker, with the patient's physician, Dr. J. H. Carstens, who suspected syphilitic or malignant disease, made a thorough examination of the patient and found several rounded tumors, varying in size from a filbert to a pea, around the verge of the anus, simulating very much old external hemorrhoids with no ulcerated surface. These were also found within the rectum, but were more or less ulcerated above the internal sphincter. The disease extended up anteriorly three inches, and posteriorly about four inches, with considerable of a constriction of the bowel, admitting with difficulty a Sims' speculum. The diagnosis was encephaloid cancer, which was verified by the microscope.

On Aug. 10, 1878, Dr. Walker placed the patient in the lithotomy position, when an examination revealed a decided progress of the disease since the last examination; so that it extended in front about four inches, and behind fully five inches. The anterior wall of the rectum was quite movable, while the posterior wall was apparently adherent to the coccyx. The external incisions were elliptical, extending below to the tip of the coccyx, and about an inch above the verge of the anus, entirely encircling the diseased tissue. After cutting above the sphincters, he enucleated the remaining portions with his fingers and the aid of blunt-pointed, curved scissors. Being satisfied that all of

the disease was enucleated and pulled down, an incision was made through the healthy part of the gut, and, by means of a silver suture, made fast at the medium line above; then cutting off the remainder of the diseased portion, other sutures were introduced, stitching the healthy rectum to the integument. As it was necessary to remove a V-shaped piece from the posterior wall of the gut, no sutures were used at that point. All disease adhering to the lower part of coccyx was thoroughly removed with a pair of curved scissors. A perforated drainage-tube was introduced behind the sutures and above the rectum, the ends coming out at the lower part of the external cut.

There was but little hemorrhage, and only the middle sacral artery had to be ligated. Time of operation, one hour and ten minutes. All instruments, sponges, ligatures, etc., used during the operation, were taken from carbolyzed water. The wound was thoroughly washed out with carbolyzed water, and compresses of lint (carbolyzed) were applied with a T-bandage.

The patient passed a comfortable night, with slight nausea, the result of the anæsthetic. On the next day, the wound was thoroughly irrigated with warm carbolyzed water at intervals of every three to six hours. The temperature at 4 P.M. was $102\frac{1}{2}^{\circ}$, pulse 90.

On the tenth day succeeding the operation, some of the sutures pulled out and were removed. About the fifteenth day all the sutures were removed, the gut receding about an inch, with a healthy granulating surface everywhere apparent. The patient continued to gradually improve, and six weeks from the date of operation he was allowed to leave the hospital with the wound nearly healed, and able to care for himself.

Dr. Walker made a careful examination, November 1, 1878, and could not discover any evidence of return of the disease. A circular cicatricial band of half an inch in width, just within the anal orifice, served the purpose very satisfactorily of a sphincter. He had very little trouble in controlling the bowel except when the fæces were lax, and as a matter of precaution he wore a small compress of oakum, kept in place with a T-bandage. He was then working at his old trade, namely, that of baker, performing his duties as well as he ever did. His general health was good, and his weight had increased twenty odd pounds. Dr. Walker saw him at intervals until October, 1879, when he came to him complaining of pain in the region of the stomach with frequent vomiting. He was not

seen again, but Dr. Walker was informed that he died some months afterward with cancer of the stomach.

The second case was that of a Canadian Frenchman, twenty-seven years old, who came under Dr. Walker's care, February 26, 1880, at St. Mary's Hospital. When first seen he presented an extremely forlorn condition, with the following history: Six days previous, while calling upon his sweetheart, his hernia, right (direct) inguinal, which had existed for four years, and was readily kept in place by a truss, came down, and, owing to the situation, he did not reduce it. On attempting reduction several hours afterwards, he found it impossible. When brought into the amphitheatre his temperature was $103\frac{1}{2}^{\circ}$, pulse 130, and he was delirious; so much so that it was impossible to get from him at the time an intelligent history of his case. In the right groin there was an immense black swelling extending well up the abdominal wall and down into the scrotum. It was subsequently learned, that for two or three days previous to his entering the hospital he had vomited stercoraceous matter. Using ether as an anæsthetic, Dr. Walker proceeded to operate, first drawing off with an aspirator over a pint of fetid serous fluid. He made no attempt at reduction by manipulation, but proceeded at once by an incision of several inches in length to lay open the parts. On reaching the intestine, it gave way, discharging a quantity of fecal matter. The whole of the cæcal convexity was sphacelated, and was removed. After cutting the constriction and removing all necrosed tissue in the vicinity, which was considerable, he stitched to the abdominal wound the ends of the colon and ileum, leaving the ilio-cæcal valve in view at the opening of the wound, through which the fecal discharges afterward took place.

The after-treatment consisted in constant irrigation of the wound with carbolyzed water, by means of a rubber siphon. Dr. Walker provided for keeping the patient dry by means of a large sheet of oiled silk, with an opening made through it large enough to expose the wound, and by fastening it near its edges with sticking salve. By this means he succeeded in keeping the wound clean. The recovery was tedious, and the patient became very much emaciated, although he received large quantities of nourishment in the way of milk, eggs, and beef. It will be remembered that the function of the alimentary canal was entirely cut off below the ilio-cæcal valve.

On May 1, 1880, he attempted to close the opening, by uniting the ends of the

colon and ileum, but failed. He then resorted to the method of the late Dr. Wm. A. Byrd, of Quincy, Illinois, and described by him in the *Philadelphia Medical and Surgical Reporter* for October 25, 1879, which consists, first, in destroying the spur with a steel wire enterotome shaped like a pair of tongs, with the blades fenestrated. He introduced one blade of the enterotome into the colon, and the other into the ileum for about three inches, holding them in apposition by strong rubber bands. On the fourth day following the introduction of the enterotome there was a free evacuation from the rectum—this being the first that had occurred since his entrance to the hospital. On the sixth day he removed the enterotome. From this time on the evacuations were all from the rectum, with exception of a small quantity occasionally from the ilio-cæcal opening. On June 2, he was partially successful in closing the opening. The failure to do so entirely was due to the large amount of sloughing in the vicinity. The mucous membrane which exuded was destroyed by means of the thermo-cautery, and, finally, the whole thing cicatrized. He left the hospital in July, 1880, well and in good health. When heard from, three years ago, he was reported to be performing the work of a farm hand.

In the third case, Mrs. C., aged 32, had a slight femoral hernia that existed for several years. Dr. Walker saw her first with Dr. C. G. Jennings, June 20, 1885. The night before the Dr. had been called and treated her for what he deemed a simple case of diarrhœa and vomiting, no mention having been made to him of a hernia. In the morning, being no better, he made a thorough examination and discovered a slight femoral hernia about the size of a walnut. He made considerable effort to reduce it, but failed. In the afternoon both physicians again attempted reduction (the patient being anæsthetized), but failed. The seriousness of the case was explained to them, and the necessity of surgical interference; but they refused, wishing to wait awhile. Ice was ordered to be applied constantly to the swelling. The next morning they were sent for again, when the family consented to an operation. Cutting down and opening the sac a knuckle of ileum protruded about the size of a walnut; it was partially gangrenous. The constriction was divided and the intestines sufficiently drawn forward to expose the healthy portion.

After excising the gangrenous portion, about an inch and a half in length, Dr. Walker hesitated whether to make an artificial anus or coapt the resected ends with catgut.

Hesitation, he says, undoubtedly, in this case, caused the death of the patient; yet Dr. Walker confesses that his knowledge and practice of antiseptic in this case was bad. He united the divided ends with the continuous suture of catgut and returned the bowel into the abdomen.

The patient seemed to do well for forty-eight hours (the temperature about 100°), when general septic peritonitis set in, and she died on the fourth day after the operation. An autopsy was not permitted.

"Surgeons are not agreed as to the advisability of excising a portion of the rectum for cancer—it is generally condemned. I have been chief assistant at a number of such operations, and they all died within a few days, or as many weeks, although my case might be, according to Dr. Kelsey, classed as a 'literary curiosity.' I shall not hesitate to give my patient the benefit of an operation in this class of cases; for, if the operation does not kill the patient, it certainly does make life more tolerable as long as the patient lives.

The conclusions to be deduced from the report of case No. 2 would be that I did the best that could be done for my patient under the circumstances. Any attempt at union of the resected ends would have been disastrous, owing to the large amount of necrosed tissue. I would have certainly had septic infection that I could not have controlled. I feel confident, that had my antiseptic precautions been perfect in case three, that the result would have been different."

Gonorrhœa in Young Children.

Dr. J. S. Prettyman, Jr., of Milford, Del., in a letter to the *Med. Record*, November 12, 1887, says that on August 25, D. L., nine years old, was sent to him by a physician from a neighboring town to be operated upon for phimosis. Upon examination an acute urethritis with balanitis was discovered, and no operation was performed. He admitted having several times in the previous three weeks attempted sexual intercourse with a colored girl, seventeen years of age. Two days afterward an older brother, aged eleven, came with the same disease, and acknowledged infection from the same source. They were both treated for gonorrhœa and are now entirely well.

On Aug. 15, he visited Miss —, aged nine, the youngest member of a family of excellent social position, and found her with a severe urethritis and vaginitis. She had already been treated three weeks by external applications to the vulva, her physician think-

ing she had a cutaneous disease. Not wishing to humiliate the girl, Dr. Prettyman refrained from interrogating her in regard to the source of infection, but diagnosed gonorrhœa and put her under treatment. At present she micturates without pain and the discharge has entirely ceased. In these cases the physicians had failed to diagnose the disease, because they did not expect to see gonorrhœa in children so young.

Anæmia or Chlorosis of Girls.

At the meeting of the Medical Society of London, on November 14, Sir Andrew Clark read a paper on this subject, which is published in the *Lancet*, November 19, 1887. The author stated that many years ago, when studying the effects produced upon the body by the undue retention of the excretions and of the products of their decomposition, he came to the conclusion that the anæmia or chlorosis of girls was brought about for the most part by fæcal poisoning; and his later experience has given increased probability to this view. The girl who is the subject of this anæmia, while often declaring herself perfectly well, looks extremely ill. She is plump, but pallid; her countenance has a wistful or sad expression; the face is so puffed that its finer lines are effaced. The eyes are large and prominent, the conjunctivæ are white and watery, the pupils dilated, and the eyelids swollen; the lips are full and of a pale purple color. In addition, it is found, on cross-examination, that she suffers from various nervous symptoms and has digestive disturbances, with inadequate or irregular discharges of fæces. The genital disorders of chlorosis may be summed up by saying that the menstrual period is usually regular; that the discharge is scanty, pale and otherwise altered; that sometimes there is amenorrhœa; that on rare occasions the menstrual flow becomes excessive and irregular; and that almost always there is a leucorrhœal discharge. He further said that the condition was one which was not confined to any particular class of society; it occurred in the underfed and the overfed, in the rich and the poor alike. The alleged special causes which have been put forward with respect to the causation of anæmia by Virchow, Germain Sée and others, are all inadequate to account for it. In speaking of his own opinion as to the cause of the disease, he said that girls at puberty began to think more about their personal appearance; they ceased to take the same active exercise as before; they pinched in their waists and developed a self-consciousness in all their

acts which led to their being very shy about going to the closet. He quoted the researches on the subject of the formation of alkaloids in the intestines, and urged that everything pointed to a toxic absorption. In collateral proof of his assertion he instanced the almost invariable success which attended the administration of aperient mixtures, which unloaded the bowels and restored things to their normal condition. He discussed the dietetic and medicinal treatment of such cases in detail, and pointed out that aperients were even more essential than ferruginous preparations. In patients who had been treated without success for months a cure was rapidly effected if these principles were borne in mind. To maintain the cure it was of course essential to prevent the recurrence of the condition of things which had given rise to it.

The following is a prescription which he very commonly uses for this disorder:

R Ferri sulph. gr. xxiv
Magnesie sulph. ʒvj
Acid. sulph. arom. f ʒj
Tinct. zingiberis f ʒij
Inf. gent. co. *vel*,
Inf. quassie. f ʒviij

M. Sig.—One-sixth part twice daily, about eleven and six.

In the discussion which followed the reading of his paper, in answer to the objection that if fæcal accumulation caused this form of anæmia it ought to be as frequent in boys as in girls, Sir Andrew Clark said that it was not accumulation of fæces in the rectum which caused the disease, but accumulation of fæces in the colon.

Fluid Extract of Pichi in Vesical Catarrh.

Dr. H. S. Dalamere, of Lubec, Me., in a letter to the *Med. Record*, referring to the use of pichi in the treatment of catarrh of the bladder, relates the following case:

A. B—, aged twenty-eight, had been suffering for two years from vesical catarrh. He had had gonorrhœa, but a No. 21 (French) bougie passed without difficulty, causing, however, considerable vesical tenesmus. When called to see him Dr. Dalamere found that he was passing urine every hour during the day, and four or five times during the night. The urine was alkaline, ropy, and ammoniacal, and the microscope revealed pus. The usual remedies prescribed in country practice, such as buchu, uva ursi, etc., were used, but without benefit. The bladder was then washed out by means of the double-channel catheter, with the effect of relieving the patient slightly. The least exposure, however, aggravated all

the symptoms and caused as much suffering as ever. After about a year and a half of constant treatment, with no other result than to keep the disease at bay, fluid extract of pichi was tried. After the patient had taken it a few days he expressed himself as feeling better, only getting up twice during the night. But, while obliged to wait for a fresh supply, the patient grew worse, being obliged to get up three or four times during the night. As soon as the drug arrived it was given him, in doses of twenty drops four times a day, which dose was subsequently increased to thirty drops. In a few weeks the patient was so much better that washing out of the bladder was abandoned, and at the time of the report he was at work, the urine being clear, free from mucus and pus, and with no ammoniacal odor. He slept well and did not have to get up more than once during the night. Although he recently suffered from a severe cold, the bladder trouble did not return. The man's general appearance is healthy, appetite good, and he seems well.

News Items.

—An epidemic of measles has broken out in Lille, France, and is reported to be making great ravages.

—The Newark Medical and Surgical Society has been organized by twenty physicians for the purpose of discussing scientific, medical and surgical subjects.

—Dr. M. Allen Starr is to succeed Dr. E. C. Seguin as Clinical Professor of Diseases of the Mind and Nervous System, at the College of Physicians and Surgeons, of New York.

—Dr. Asa Gray, the eminent botanist, lies ill at his home in Cambridge, suffering from a stroke of apoplexy, from which it is feared he will not recover. Dr. Gray is 77 years old.

—Diphtheria of a peculiarly fatal character is prevalent in Montreal, Quebec. In the last week in November there were thirty-two deaths from the disease, and the death-rate shows no signs of decreasing.

—The Department of Public Safety, in Philadelphia, has directed the police in various districts of the city to procure specimens of milk from dairymen, in order that they may be tested by Dr. Cresson, a public analyst.

—Malignant diphtheria has broken out in the Orphan Asylum connected with St. Joseph's Convent, at Marquette, Mich. There were four deaths on December 2, and over

twelve more alarming cases were reported among the children.

—Louis C. Schulmeyer, a druggist who was supposed to have dropped dead from heart disease in a wholesale drug store in Indianapolis, the last week in November, committed suicide by hydrocyanic acid, of which he swallowed nearly an ounce.

—A telegram from Little Rock, Ark., dated December 5, says: Alarming reports continue to come in of the spread of black diphtheria in Clay and adjoining counties. Local physicians are unable to control the disease. There have been over fifty deaths within three weeks.

—Dr. Van Reuterghem is authority for the statement that there are no less than eight different kinds of aconitine in the various European markets, differing from one another to such an extent that some samples are several hundred times more poisonous than others.

—Arsenic is said to have been discovered by Scholvien in many samples of chloroform. Its presence may be accounted for by supposing that arsenic was in the sulphuric acid or the manganese used in the manufacture of the chloride of lime, with which the chloroform had been made.

—Some friends of the late Dr. T. R. Varick are getting up a memorial of his devotion to his profession and long and arduous services at St. Francis' Hospital. The memorial will be in the form of a complete case of surgical instruments and sick-bed appliances, which will be presented to the hospital.

—A Babies' Hospital has been incorporated in New York City, and has purchased a house, and now appeals to the public for support. The statement is made that, out of 10,000 beds in the various New York hospitals, only 27 are devoted exclusively to children under one year of age. This statement cannot be held to mean that 9973 hospital beds in New York are used exclusively for persons over one year of age, and that only 27 babies can be treated in the hospitals of New York at one time. But it certainly justifies an effort to provide a special hospital for infants. As the managers of the new corporation say, infants require a sort of care which is hard to get in a general hospital, and we have no doubt that a hospital for infants especially, under the care of such medical men as are connected with this new enterprise, will prove beneficent to many little sufferers, and provide a valuable place for instruction in the treatment of the diseases of infancy and early childhood.

HUMOR.

AS DIRECTED.—Old lady (in drug store to small boy): "What am I to take this medicine in, sonny?" Sonny: "Take it in your mouth, mum."—*New York Sun*.

THE editor of an agricultural paper wrote to one of his subscribers that he would be glad to receive something from his pen. To his surprise, the farmer at once sent him—a pig!

AN emetic was prescribed by a physician to a patient, who replied, "Doctor, there's no use in giving me an emetic. I've tried it twice before, and it won't stay on my stomach."

AS SOON as you forget to pay a man a small sum you owe him, tell him so and he will be satisfied. It is the putting off, and putting off, of such payments, and not telling the man you have forgotten it, that makes him mad.

HYPochondriac: "I am feeling very blue this morning." Doctor: "What's the matter?" "Every time I feel my nose it hurts me." "But you are not obliged to feel your nose." "But how can I tell whether it hurts unless I feel it?"—*From the German*.

"DOCTOR," said a wealthy Boston patient, "I want you to be thorough, and strike at the root of the disease." "I will," said the doctor; and brought his cane down with a smash on a decanter standing on the side-board. It was his last professional visit at that house.

—Dr. Holmes, on being asked when the training of a child should begin, replied: "A hundred years before it is born." Unborn parents should remember this and commence in time. There would be fewer duds and Anarchists in existence 100 years hence."—*Norristown Herald*.

ENTER Irishman (picking up a 6-oz. bottle from counter): "Good marning, yer honor! What would be the price of a bottle this size?" Druggist: "Two-pence; but if you are going to have anything put in it, it will cost one penny." Irishman: "Faith, then, yer honer, shove a cark in."—*Chemist and Druggist*.

ROBINSON—Are you off for a trip, Brown? Brown—Yes, I'm going to take a four-weeks' run over to London, Paris, and some of the German capitals.

Robinson—Business?

Brown—No, health. My physician says my system is all run down, and that I need absolute rest.

AN editor, who does not mind a joke at his own expense, says he went into a drug-store recently and asked for some morphine. The assistant objected to giving it without a prescription. "Why?" asked the editor; "do I look like a man who would kill himself?" "I don't know," said the assistant; "if I looked like you I should be tempted."

REPORTER (to eminent physician)—"Anything new this morning, doctor?"

Eminent Physician—"Oh—um—ah, yes—an operation at the Cheek and Chin Hospital, one of the most wonderful known to science. I took out a man's pericardium, put three stitches in it, and restored it. The patient lived twenty minutes. A most rare and successful case."

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Dec. 11, 1887, to Dec. 17, 1887:

First Lieutenant W. B. Banister, Assistant Surgeon, ordered to proceed at once from Fort Lowell, Ariz., to Fort Wingate, N. M., and report to the Commanding Officer for duty. S. O. 128, Dept. Ariz. Dec. 11, 1887.

First Lieutenant H. S. T. Harris, Assistant Surgeon, ordered from Fort McIntosh to Camp Pens, Colorado, Texas.

First Lieutenant Paul Clendenin, Assistant Surgeon, ordered from Camp Pens, Colorado, Texas, to Fort McIntosh, Texas. S. O. 143, Dept. Texas. Dec. 12, 1887.

First Lieutenant J. M. Cabell, Assistant Surgeon, ordered for duty at Fort Niobrara, Neb. S. O. 286, A. G. O. Dec. 9, 1887.

Changes in the Medical Corps of the Navy, during the week ending Dec. 17, 1887:

Medical Inspector A. Hudson, ordered to the "Trenton."

Medical Inspector N. L. Bates, detached from the "Trenton," and put on waiting orders.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ended Dec. 19, 1887:

R. D. Murray, Surgeon, granted leave of absence for 14 days. Dec. 8, 1887.

J. M. Gassaway, Surgeon, granted leave of absence for 15 days, to take effect when relieved. Dec. 17, 1887.

Fairfax Irwin, Surgeon, relieved from duty as Acting Chief Clerk, Office Supervising Surgeon-General, and to await orders.

S. D. Brooks, Passed Assistant Surgeon, granted leave of absence for 30 days, to take effect when relieved. Dec. 15, 1887.

W. P. McIntosh, Assistant Surgeon, to proceed to Wilmington, N. C., for temporary duty. Dec. 13, 1887.

G. M. Magruder, Assistant Surgeon, granted leave of absence for 21 days. Dec. 19, 1887.

* P. M. Carrington, Assistant Surgeon, ordered to examination for promotion. Dec. 14, 1887.

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ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

INFANTILE BRONCHO-PNEUMONIA.

A Clinical Lecture delivered in the Hôpital des
Enfants Malades.

BY DR. JULES SIMON,
PARIS, FRANCE.

Gentlemen:—Acute broncho-pneumonia is a disease whose symptoms and whose course vary according to circumstances. Sometimes the march is one of great rapidity (galloping broncho-pneumonia). Two or three days after the onset of the attack, the disease has spread throughout the entire bronchial tree to the extremities of the bronchioles, and the little patient dies asphyxiated. The cardinal symptoms are the intense dyspnoea and the high fever, which often mounts up to 104°F., and even higher; the oppression is excessive, the lips and face turgid and cyanotic, the extremities cold, the pulse small and feeble, and the patient is in the utmost distress till death ends the struggle.

Sometimes, on the other hand, the disease is less rapid in its progress, although still of the greatest gravity, and does not come to a fatal termination till after a week or ten days. It is only by degrees that asphyxia manifests itself. The extreme oppression is shown by the increasing frequency of the respiratory movements, by the restlessness of the patient, by the coöperation, in the act of respiration, of all the accessory breathing muscles, and by the livid color of the skin and nails.

This bronchial affection, whose gravity is almost sure to increase from day to day, reveals itself to auscultation by the presence of numerous subcrepitant and crepitant râles, which are heard in spots all over both lungs; sometimes also by the signs of a more or less limited hepatization, the foci of lobular pneumonia becoming confluent, and constituting that variety of broncho-pneumonia which has been called *pseudo lobar*.

These two forms—the galloping form and the slow form—are almost always associated either with a previous morbid state of the lung—a bronchial catarrh, for example—or with a general disease, like measles and whooping-cough, which affect principally the respiratory passages.

Broncho-pneumonia in its most rapid form is a formidable disease, and when once established, the physician can do but little to stay its progress. It will not do, however, to lose sight of the fact that, if suitable precautionary measures are adopted, this dangerous complication may often be averted. This is especially the case with measles and whooping-cough, where careful attention to the hygiene of the patient will not seldom prevent those pulmonary engorgements which are so much to be dreaded.

The third form of broncho-pneumonia is, at least from a therapeutic point of view, the most interesting. Its onset, like that of the other varieties, is almost always insidious and unexpected. If it be a case of whooping-cough, for instance, at a certain stage of the disease, when you happen to be examining your little patient in the evening, you are surprised to find the skin hotter than natural, the cough a little less paroxysmal

than ordinarily, but more frequent, and the throat red and congested. The child has taken a fresh cold, the parents say, and at first you think that this is actually the case, for you find nothing out of the way in the lungs, either by percussion or auscultation, unless it be a few slight râles scattered here and there. These symptoms, trifling as they seem to be, are often the precursors of serious mischief. There will be still greater reason for anxiety if the temperature rises rapidly to 104° , if the fits of coughing (to the delight of the parents, who do not know the evil import of this sign) are suddenly suppressed; and, unless there is reason to believe that an attack of measles is being ushered in—for measles and whooping-cough sometimes occur simultaneously—you may make up your mind that you have before you broncho-pneumonia in its incipency.

The next day the whole bronchial tree is involved; the dyspnœa is intense; the dusky, pale color of the skin, with the swollen and livid lips and the hurried respiration, indicate that asphyxia is already present.

Examination of the thorax presents exaggerated resonance, almost a tympanitic percussion sound in certain places, while in others there is a shade of dulness; auscultation discovers fine bubbling ronchi (crepitant and sub-crepitant), more audible in certain points than in others, and predominating at the basis of the lungs; coarser râles are heard higher up. The respiratory sounds, weakened or even suppressed in the tissue communicating with the inflamed tubes, are exaggerated on the confines, and elsewhere in the thorax. The temperature is high (103° – 105° F.), and the pulse frequent and small (130–140 per minute).

But there is one thing which is peculiar to this form of broncho-pneumonia: after three or four days there is a lull in the symptoms, and a deceptive promise of amendment; the temperature falls a degree, the pulse is less frequent, the suffocation and the restlessness less pronounced; and physicians and attendants hope that the dangerous crisis is passed. The next day the child is worse, and the asphyxia more imminent than ever; the abdomen is now tympanitic, and this adds to the respiratory distress. Again, after one or two days, there is another lull in the storm, and the parents take renewed hope; the cough is less troublesome, the dyspnœa less intense; and then the symptoms assume a more aggravated form.

The bronchial tree is thus taken by successive islets, and while the disease in certain points enters upon defervescence, it pro-

pagates itself elsewhere, invading regions hitherto healthy. We might compare its course to that of erysipelas, pursuing its march by successive invasions, each new region attacked presenting the invasion of a new pulmonary lobule by the disease which we are considering; and no respite is possible till the malady has spent itself.

The duration of this third variety of broncho-pneumonia is generally from three to four weeks, and during this long period of relapses and amendments the physician finds himself in a very anxious and trying position.

Under the influence of the general congestion, the kidney imperfectly performs its function; and to the phenomena of pulmonary asphyxia are added symptoms due to retention in the organism of urinary salts. Along with the general enfeeblement of function, the brain is congested; and although at times the condition of the lungs improves, the dyspnœa continues, from debility of the respiratory centre. Sometimes, moreover, there are accessions of suffocation and paroxysms of coughing resembling pertussis, provoked by the hypertrophied mediastinal glands pressing upon the cardio-pulmonary plexuses.

In cases which end favorably, after a prolonged fight of many days and even, it may be, weeks, the fever falls; the vomiting ceases; the dyspnœa, little by little, subsides; the urine becomes more natural in quality and quantity; and there is a general lull. But convalescence is slow and tedious, and recovery may not be completed till after a month or two of constant care.

As to the ratio of fatal cases to cases of recovery in this disease: while in hospitals where, as a rule, it is impossible to give as good care to the sick child as in private practice, the mortality is eighty per cent.; in private practice it is only fifty per cent.; but this affirmation is only true in its application to children above three years of age, for below that age the mortality is certainly much greater.

The differential diagnosis is not always as easy a matter as one might suppose. Simple pneumonia—which is, by the way, very rare in children—has its onset suddenly, without prodromes and is ushered in by a chill; while broncho-pneumonia always succeeds a previous attack of bronchitis, of influenza, of whooping-cough, of measles, of typhoid fever: in a word, follows upon some general disease, or some affection of the air passages.

How is it with the functional signs—are they sufficient to establish the diagnosis? In simple pneumonia there is pain in the side,

dyspnœa and cough; but the latter symptoms are much less pronounced than in broncho-pneumonia, where the cough is imperious and persistent, and the dyspnœa intense. I do not allude to the expectoration, which is a valuable symptom for purposes of diagnosis in the adult, but which is wanting in young children. In frank pneumonia, the face is flushed, while in broncho-pneumonia it is of a dusky pale or livid color.

In ordinary pneumonia, the physical signs are limited to one side; you have there percussion dullness, and, on auscultation, you note at the onset absence of the inspiratory murmur, and slightly blowing expiration: the latter bearing some resemblance to the puffing sound of a steam engine. You will not find fine crepitant râles as in the adult, but after several days you will detect a veritable tubular blowing sound, which is followed shortly by large returning crepitant râles.

Broncho-pneumonia is seated in both lungs; percussion gives in certain points an exaggerated, almost tympanitic resonance; in other places, especially at the bases, a slight dullness.

In simple pneumonia, you may have over the affected region exaggerated thoracic vibrations; there is nothing like this in broncho-pneumonia. Note, also, the different character of the auscultatory signs in the latter disease; you will, for instance, hear, scattered over both lungs, numerous unequal râles, dry and moist, crepitant and sub-crepitant. If you hear a souffle, it has not the true character of the tubular souffle, but seems a feeble imitation of the latter; is also very circumscribed, and changes its position in the thorax. The next day, on auscultating your little patient, you no longer hear the souffle of the day before, or it has changed its place,

To sum up, in broncho-pneumonia you have an abundance of signs furnished by auscultation; these signs are diffused, fugacious, mobile; while in true pneumonia they are confined to one place and persistent. Simple pneumonia, moreover, unless improperly treated, is not a dangerous disease in children; defervescence comes on from the sixth to the ninth day spontaneously and abruptly. I, of course, except infants under one year of age, in whom the disease is one of great gravity.

In acute phthisis, the diagnosis is still more difficult. Like broncho-pneumonia it begins insidiously, and generally in the course of some general disease; the dyspnœa is very marked, and the asphyxia and cyanosis are in direct relation to the extent of the lesions.

The aspect of the little patient is very similar in both cases; the pallor of the complexion, the violaceous coloration of the lips and extremities, which are the signs of approaching asphyxia, are as marked in the one case as in the other.

The physical signs are the same. And when it is a case of acute phthisis, running its course in a few weeks, I defy any one to name a differential sign of any value. There are the same crepitant and sub-crepitant râles disseminated over both lungs, the same blowing sounds especially audible over the roots of the bronchi. Therefore, I never feel so sure, when I have these signs and symptoms, that I have before me a case of acute phthisis, that I deem myself warranted in pronouncing an absolutely unfavorable prognosis. I have so often made the diagnosis of acute phthisis in desperate cases, and seen the little patient get well after several weeks of treatment, that I have learned the necessity of caution in pronouncing a definite opinion concerning such cases.

But now and then there are instances where the diagnosis is clearer. The examination of the apices, as compared with the bases of the lungs, discloses a predominance of lesions in the sub-clavicular or in the supra-spinous fossæ; the percussion dullness is greater in those upper regions of the chest, and râles, cavernulous bruits, and blowing sounds are more numerous in those points. In short, the morbid sounds decrease as we go from apex to base, and this is a sign which is almost peculiar to phthisis.

What shall be the treatment of infantile broncho-pneumonia? First of all, I insist that the little patient shall be kept in bed. If the child be less than a year old, you may find it difficult to enforce this requirement; the child is restless in bed, and insists on getting up. In such cases, you will do well to make a woollen sack and keep the little patient in it, covered with a thick shawl, and the legs wrapped in cotton batting. You can then take the child up and hold it on your knees, keeping it in a vertical position, which is better than the dorsal. But if the child is more than one year old, you can insist on it being kept in bed, the head and trunk elevated on an inclined plane. You will perhaps be surprised to see me urge upon you a requirement which seems to you so simple; but I deem it of great importance, and indeed the first condition, if your treatment is to have any real efficacy.

At the very onset of broncho-pneumonia, and when the fever is high, you may administer an emetic; but this is the only emetic

that I allow during the course of the disease. Later on, when the child is depressed by the disease and vomiting is difficult, you ought especially to guard against the exhibition of emetics, which will certainly do more harm than good, increasing the dyspnoea and general prostration. Nor would I advise you to give kermes, tartar emetic, or other antimonials which debilitate the vital forces. If in ordinary bronchitis you may employ with advantage—as you have seen me do—opiates, belladonna, aconite, codeia, do not think of prescribing them in broncho-pneumonia, where they cannot but be mischievous.

You should give your little patients stimulants to arouse the respiratory centre and pneumogastric nerve, whose functions little by little are depressed. Alcohol, in some of its forms, is indicated; so also is acetate of ammonium in the dose of four or five grains, or the carbonate of ammonium in such dose as can be borne without emesis. A good alcoholic preparation is Malaga wine, of which two or three teaspoonfuls may be given to a child under one year of age, and a proportionately larger quantity to older children. If the Malaga wine seems too sweet and disagrees, or the child refuses it, you may use Marsala, port, or brandy; and from the judicious use of these alcoholic preparations you will derive great benefit.

I add to the treatment by alcohol the sulphate of quinine. Morning and evening I give to a patient four years old three grains, and half that quantity to a child of two years of age, while for a child one year old a grain is sufficient. Both alcohol and quinine, under these circumstances, are antithermic and sustain the nervous system and heart; but it is particularly in enforcing and regulating the action of the heart that they do good.

This is about all I have to say relative to internal treatment. You should at the same time watch the state of the digestive organs; for distention and meteorism of the abdomen count among the causes which augment the dyspnoea; hence you will administer from time to time a little senna or magnesia to keep the bowels clear, while taking care not to provoke diarrhoea.

It has been said that the revulsive treatment in pneumonia and broncho-pneumonia is a thing of the past, without any proved action whatever on the state of the lungs. I am certain that this is a mistake, at least as far as broncho-pneumonia is concerned. I am, in fact, in favor of mustard sinapisms to the chest at the onset of the pulmonary affection, and am sure that I have often seen marked relief follow their use; after that I

apply dry cups to the thorax morning and evening.

I am also so old-fashioned as to believe in the efficacy of small fly-blisters about the third day, but they must be small—not more than an inch in diameter for older children, and less even for those that are younger. Not more than three or four should be put on at a time, and should not be left on more than three hours, whether they draw or not; then they should be followed by a potato-poultice, and afterwards dressed with vaseline and lint. Two days after the application of the first series, you may apply a second series over another region, and in the course of two or three days, still a third series, thus pursuing the disease in its different stages, and shifting localizations. You must take care that the blister be not left on too long; and you must not forget to apply the poultice in order to moderate the cutaneous irritation; and if you are particular to carry out this direction, you will never see ulceration, sloughing or suppuration follow these vesicants.

From the point of view of hygiene, see that the room in which your patient is kept is never hotter than 64° or 65° F. Support the strength of the child by broths, gruels, milk, egg-nog, etc.; and, if vomiting follows the fits of coughing, give a small quantity of the potion of Rivière (which may be replaced in American practice by plain soda water, or any ordinary effervescent mixture), a little Vichy or Vals water, or a few sips of coffee, made without any sweetening.

Lastly, if the restlessness be too great, and the nights too much disturbed, a lavement (enema) of chloral (starch water, two ounces; chloral, seven and one half grains) may be administered, or a grain or two of chloral may be given by mouth.

Do not forget that broncho-pneumonia is a disease of long duration, which demands of you much patience and careful watchfulness. You should then not readily yield to discouragements, and you will often see your efforts crowned with success in the recovery of patients whose condition long seemed desperate and even hopeless.

—Dr. Middleton Goldsmith, who recently died at Rutland, Vt., was one of the founders of the New York Pathological Society. A short time ago he gave the society \$5000 for a lectureship on nervous diseases. He is said to have been the first physician to introduce the use of bromine in cases of gangrene.

COMMUNICATIONS.

REMARKS ON SENDING PHTHISICAL
PATIENTS TO THE ROCKY
MOUNTAIN REGIONS.

BY L. HUBER, M. D.,

ROCKY FORD, COLORADO.

From the first settlement of certain parts of the Rocky Mountain region down to the present time there has gone forth a deserved reputation of these localities for the palliation and cure of certain pulmonary diseases. Year after year patients are sent westward to gain the hoped-for health which they unsuccessfully struggled after in the low damp climate of the East. Now, as this influx of invalids goes ceaselessly forward, may it not be well to consider the conditions which justify a physician in sending his patients into this western country? In other words, the circumstances under which it is advisable to recommend the high dry climate of Colorado and New Mexico to consumptive and asthmatic sufferers?

This is a matter which the medical profession in the region specified has often discussed. How repeatedly do physicians in the leading towns and cities of this section find persons sent here simply to have their symptoms aggravated, and death greatly hastened! How often do they find patients recommended to resort to this climate without any definite or adequate conception of the effect it has upon the human system? Either this climate has, or has not, peculiar qualities. If it has, it is necessary to know their effect on the healthy individual. If it has not, then it matters little whether it be recommended and resorted to or not?

The first inquiry is: When and how did the Rocky Mountain region gain its reputation for pulmonary diseases? Years ago, when there were no transcontinental railroads; when the lines of traffic and travel terminated in Omaha, St. Joseph, Leavenworth, and other like points, it meant much more to reach Denver, Pueblo, Santa Fé, and similar situated cities. The health-seeker came westward on the railroad to one or another of the former places, and then completed the rest of the journey over the plains in a stage-coach or on an emigrant train drawn by oxen. The inconvenience of this plan of transportation was more apparent than real, and it often proved of much practical advantage, and contributed greatly to the preservation of life and the subse-

quent improvement or recovery of the patient. It is obvious why this was so when we consider the different circumstances involved then and now-a-days. In patients suffering from pulmonary disease, a feeble digestion or actual dyspeptic condition is often an insurmountable hindrance to recovery. Often, too, the matter of occupation and exercise cannot be regulated. Overland transit obviated some of these difficulties. The invalid, conveyed in a laboring ox-team over the sunny, dry plains, or in the open stage-coach, had only the substantial provisions of the camp or garrisoned government stations. He was exposed to the air and sun, and soon acquired an insusceptibility to taking colds; and his system became better oxygenated, if I may use the expression; and his power of assimilation increased. Occasionally, the sight of wild beasts, the presence of herds of antelope and buffalo, or the onset of marauding Indians served to excite the circulation better than any physic, and broke the monotony so common to invalidism. These and other attending circumstances contributed ultimately to the welfare of the health-seeker. Moreover, on reaching his destination, he found no luxuriantly-equipped hotels, where he could confine himself away from sunlight, fresh air, and exercise, as is the case now. He found no crowded resorts where his society was largely, if not exclusively, among sufferers like himself, with whom the chief topic of conversation was bewailing their sad condition. The subjugation of the wilderness, the conversion of the prairie or unsightly sand-plain into a succession of homes and farms, and the building up of cities gave him occasions for mental occupation. He was forced among hardy pioneer classes, whose vessels were full of red blood, and whose life teemed with vigor and strength. Amid these surroundings the invalid was encouraged to live, not to repine; to hope, not to despair.

The next fitting inquiry is, what peculiarities are perceptible in healthy individuals within the Rocky Mountain region, and what changes take place in invalids who improve and recover here? That there is a fuller chest development in the natives and old inhabitants of elevated regions is an accepted observation. That the rarity and pureness of the atmosphere in high altitudes necessitate a greater expansion of the thorax is evident. Even in certain domestic animals this difference is noticeable. The native horse of Colorado and New Mexico has fuller measurements, as compared with the native

stock of the low prairies of the Mississippi valley. A horse capable of hard service in the latter regions is comparatively worthless in a great many instances, when brought to the mountains, and shows deficient respiratory power. Healthy men, who have never had their lungs impaired in any way, find themselves incapable of much or hard exertion on first coming here, and readily become "winded," and pant rapidly.

This being the case, how are individuals with impaired lungs and respiration affected on coming to the mountains? This is an important inquiry, and one which the medical man should comprehend, before he can intelligently advise patients to come here. After quite a number of observations, the writer has been led to several conclusions:

First.—If the patient is still well within the first stage of pulmonary disease, there may be slight hemorrhages at the first, unless he ventures cautiously into elevated localities. If he is in the second stage, when considerable areas of the lung tissue are softening or approaching this condition, there will be more rapid breaking down of the parts for a time. If the patient's energies are yet unexhausted and capable of offering resistance to these more rapid destructive changes, he may pass over this first aggravation and recuperate, with a temporary or permanent arrest of the disease. Under these circumstances cavities form and remain in an uncurable condition, and the vital powers improve.

Second.—If the disease is well established, has gone nearly through the first stage or reached the second; if the patient's constitution has not offered considerable resistance to its inroads—shown a *tolerance*, according to Prof. Flint; if there be any marked derangement of the circulation, and a tendency to weakness or exhaustion of the organs thereof, little good can be expected from his going to a high altitude. Indeed, such cases generally grow rapidly worse, and often quickly prove fatal.

Third.—Patients who have been vigorously medicated until agents have ceased to effect the system uniformly and readily, are not in good shape to seek health in a new country and climate, no matter what stage the disease is in. Newcomers undergo a process of acclimatization in this Western country, and are for a time susceptible to certain atmospheric and teluric influences, the effect of which must be averted or remedied by proper medication. If the stomach is already disordered by much medicine taking, or the nervous system is unresponsive to

remedial agents, the chances are that the physician is left powerless to benefit the case, in certain critical stages.

From these observations it is plain what advice the physician should be prepared to give those who seek his counsel about a change of climate. The time to counsel a patient to come to this Western country is at the earliest onset of the disease. The less of inroad it has made, the greater the certainty of improvement and recovery. In seven cases out of every ten, the writer believes it would be greatly to the benefit of the patient, and contribute largely to the permanent arrest of his disease, to send him into the dry, elevated climate, just as soon as the premonitions of pulmonary disease are ascertainable. In families in which a tendency to pulmonary disease is known to exist, it is advisable to counsel early removal. Prevention is better than cure, and that such a change would be prophylactic few can question.

In counseling patients to come to the West, it is unwise to urge a visit for only a few weeks or months, until improvement sets in and the patient becomes strong. It is a fact beyond dispute that phthisical patients, who improve in this high and dry climate, are incapacitated for return to the Central and Eastern States. On their return they rapidly lose what they have gained, and not only does this take place, but also they lose the power to recuperate on a second resort to the West; and their chances of improvement and recovery are immensely reduced. It is such a frequently repeated event to see a patient who has responded to the climate grow strong, then return, and lose all he has gained, that it cannot be too strongly urged upon physicians in the East to insist that with improvement the patient should reside permanently in the locality he has found helpful to him.

The selection of some one point, and remaining there, is far better than traveling from place to place, and should be insisted upon. The altitudes of different resorts vary considerably, and a person with impaired lungs is not able to change from one to the other without loss, indeed, often not without danger. It is best to begin with an elevation not exceeding 5000 feet. Even such an elevation as this should not be resorted to at once. It is a common occurrence for patients who have made a quick transit from the seacoast, or from the Central States to suffer from hemorrhages upon arrival, and his impoverished lung is still further deprived of nutrient fluid. There are not a few cases

on record in which sudden death has resulted from this cause. The better plan, therefore, is for invalids in moving westward to stop a week or more at intermediate points, where the elevation is less than 3000 feet. In this way the lungs adapt themselves, to some extent, to the rarified atmosphere from which they must take oxygen for the system. At such a point, a patient can move about more easily, and more safely inure himself to a certain amount of out-door exercise, than in a more elevated locality.

Another duty incumbent upon the medical attendant is the careful classification of his patients. Allowing for a necessary and excusable number of mistakes, it nevertheless seems that proper care is not taken to discriminate laryngeal, bronchial, asthmatic, and phthisical cases in the adoption of treatment by climate and elevation. If a chronic laryngitis or a chronic bronchitis has its cause largely in sudden weather changes, in a damp, vapor-laden, cold climate, then there can be no mistake in sending the patient to some part of the Rocky Mountain region, between a point as far north as Denver, and one as far south as Albuquerque, New Mexico. Within this range every variety of altitude can be found, and a winter climate of any degree of intensity or mildness. The prevailing advantage of all is a dry soil and a dry atmosphere for the greater part of the year.

In the case of asthmatics, less care need be exercised as to altitude. It is to altitude that they owe much of their relief. The difference of atmospheric pressure in elevated districts has a mechanical relation to the disease, in not a few instances. It is not best, in many cases, to recommend these patients to the older cities or older settled regions, for *atmospheric dust* is more likely to keep up the disease in such places.

The want of uniformity of results in patients sent West is largely due to disregard of the precautions I have enumerated. Much has been written and spoken about the climatology of the region specified, and its relations to the pulmonary diseases. Unfortunately it has often been in a way that helped but little to guide the physician in his advice to patients. Unless the observations herein set forth be used as a guide to some extent, the sad experiences will continue of *persons sent to these regions only to have their death hastened*. So frequently are these ill-advised cases brought to the notice of the busy physician in this Western country, that he is forced to entertain the suspicion that it is one method his Eastern

co-laborer adopts of escaping the inevitable termination of his treatment. It is cruel to elate the hopes of an advanced consumptive by the history of brilliant recoveries, and in this mood incite him to leave his home and friends, to have his death precipitated in a region in which he has no capacity to live. The profession has gathered much valuable knowledge about the natural history of consumption, and it readily recognizes the premonitions of the disease in many instances. Why, then, hold on to cases with the hope of curing them, when climate and country are antagonizing every effort made, and when all means of combating the disease, and all recuperative power are expended, send the patient West for a new lease of life. Is it a mere fancy, a mere chimera, with our Eastern colleague, that somewhere in this distant *terra incognita* there is a "fountain of youth," whose delectable waters will restore the wasted and devitalized tissues and make the dying man live? We give him more credit for knowledge. Let him consider that with the favorable influence of climate and country and the same scientific measures that are at his disposal, we can achieve results greater than he has achieved only when we can take hold of patients early. This should be the guiding thought in sending consumptives to this region for cure.

THE CONJUGAL BURDEN.

BY JANET E. RUNTZ-REES.

The carelessness with which responsibility is assumed in life is very remarkable; in no case more so than in the conjugal relation. Young men and women, and indeed older persons, enter upon matrimony with the scantiest idea of its meaning, and with no regard at all to its obligations.

Marriage as a civil relation is a mere contract. Its esoteric meaning is not in the least degree important in the law, and this is possibly one reason of the flippancy with which the institution is regarded. Many a man pays more regard to the making of his will than to the issues of his daughter's marriage; and the real meaning and importance of the marriage ceremony has been very little, if at all, emphasized by the religious service which many persons look upon as more binding than the legal aspect of the affair.

Regarded as a civil institution, marriage, as consummated among ourselves, is a fair bargain. Yet very few of its participants

realize in what degree and measure it is so. The fact stands thus: The husband on his part assures the wife of a home (bed and board, as the law has it) in return for what? Vulgarly speaking, he expects from her possession of her body, and (should he set a value upon it) of her soul. He expects her to bear him children. And this, so far as it goes, is perfectly legitimate and right. Both parties to the contract know, or ought to know, what they are undertaking, and so long as the man affords a home and his careful protection to the woman, so long by the terms of contract he has a right to her maternal possibilities. So far it is a mere matter of business. If, in carelessness, ignorance, or from an inherent lowness of nature, either party break the contract, he or she is responsible, and the other partner has a perfect right to demand compensation. The man is fairly aggrieved if the wife refuses him his legitimate rights; the woman is rightly angered if in return for her maternity she does not receive consideration, affectionate solicitude, care and kindness.

But there is another, and a far more serious side, to the marriage question. One, alas! rarely considered, yet one upon which hinges the entire happiness of generations, their physical, mental and spiritual well-being.

It is the question of questions to-day—for the old reverence for marriage, as marriage is dying out, and public regard for it as a mere business contract is small.

The burden of conjugal union should justly be borne equally by both participants. Its objects should be plainly understood by them before its responsibilities are incurred, and once understood neither has a right to object to any sacrifice or suffering they may entail. If motherhood on the woman's part is her share of the contract, she may not justly object to bearing children, while the man, desirous of parentage, has it certainly laid upon him to sacrifice all else, even his amorous passion for the sake of or even for the advantage of those whom he protects. When, from ignorance or malice, either party to the contract fails to carry out his or her obligations, serious results must ensue.

The woman who shrinks from motherhood upon the ground of physical discomfort and suffering, or because the bearing of children impairs her beauty, is so clearly in error that she deserves only contempt; but she is less blameworthy if, during the period of her gestation and motherhood, the husband fails in caring for and tending her, or forces upon

her the unacceptable evidences of his passion, and exacts a return of ardor which physical discomfort often renders impossible, or at least irksome.

It is incumbent upon him to do his part, *to cherish* his wife. If this entails some sacrifice, is not sacrifice the delight of all true love? It is an unjust thing upon his part to expect in a mother, or an expectant mother, weighted with the cares of offspring, the jubilant compliance of early nuptial days. And, too often, he lays upon her an added burden in the shape of anxiety as to means and many petty household cares. These, he says, are her province. True, but it is his duty to see that in ruling her kingdom she is provided with all requisites and spared all possible exaction. When this is done, he has in some measure fulfilled his obligation to cherish her, but by no means to its full extent. It is clearly his duty to partake as much as possible in the burden of child-bearing. This does not mean that he is to be the slave of every whim of an exacting woman; but it does mean that he is to live above mere animal gratification of passion or desire, and consider, before he indulges his manly wishes, how far his doing so is conducive to the well-being of the wife, who for his sake is facing her responsibilities cheerfully, and whether or not in exacting marital privileges he is in the remotest degree affecting by it, the child which, if it has any right to be at all, has it as evidence of love.

The question of sexual indulgence, its extent and claims, can never be definitely settled, because it varies in isolated cases. No two men, nor women, probably, are moved in precisely the same way by its claims; to some it is all powerful, to others scarcely existent. But there is one truth in connection with it which, recognized and accepted, would clear the conjugal question of all difficulty. It is very simple. It is only this: The man or woman who cannot subordinate passion to love is little better, if indeed any better, than an animal. The distinction between man and brute lies in the possession by the former of the higher instincts of morality. Moral affection lives in a region in which passion, as passion, claiming indulgence for mere indulgence sake, does not exist; in which *continence* in the man answers to purity in the woman; in which unselfish, self-sacrificing love alone controls desire.

When we reach a higher standard of morality, the myriad difficulties of the conjugal relationship will disappear in the light of unselfish love, and with them will also dis-

appear that blot on all civilization, *prostitution*. Men are often held wholly responsible for the outcasts on our streets, and no doubt in the beginning they were so, but they are no longer the only offenders. Every woman, married or single, is in her way also responsible, if she accepts of her husband or lover a lower morality than the highest, if she condones looseness of conduct either in lover or husband, if she fails, as a wife, to render all that is justly his, or to exact, on the other hand, the care and consideration which is justly hers. Men do not love their wives less, but more, for taking thought for them; and this thought naturally includes consideration in the sexual relationship. They often err through ignorance, so do wives; but both would *find knowledge* if both lived in purity and continence subordinating passion, and its unreasonable demands to prove unselfish self-sacrificing love.

SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting December 15, 1887.

The President, A. JACOB, M.D., in the chair.

The Modern Treatment of Strangulated Hernia.

DR. T. HERRING BURCHARD said that his paper would be a review of the modern treatment of strangulated hernia, as he had nothing new to offer. Some of the facts brought out by modern experience with strangulated hernia were cited. There was now more general recognition, on the part of the profession, of the value of time in the early stage of strangulation. He contended against the habit on the part of some to procrastinate until important pathological changes had taken place in the strangulated tissues. Taxis should be employed with care, and not persisted in for an undue length of time; twenty to thirty minutes was usually long enough. When it had proven useless, an operation should be resorted to. Antisepsis was, of course, to be observed. Regarding the treatment of the sac, free and impartial judgment was required; but no operation for strangulated hernia could be regarded as properly performed which did not finally close the hernial canal. By this means we obtained isolation of the peritoneal cavity, prevented inflammation extending to it, and offered the patient a chance for permanent

relief against hernia. Dr. Burchard gave a brief review of seven cases of strangulated hernia upon which he had operated; five of these were in males and two in females. In combating stercoraceous vomiting and collapse, he had found nothing equal to the stomach douche with hot water. As a factor in the treatment of acute peritonitis, he mentioned the fact that concealed hernia, as the cause of such peritonitis, was apt to be overlooked.

How should the Sac be Treated in Herniotomy?

DR. R. F. WEIR read a paper with this title, in which he dwelt principally upon three questions: First. Did this additional surgical procedure for the prevention of a return of the hernia increase the mortality? Second. How is this additional operation to be performed? Third. How reliable is this procedure?

For the solution of the first question, only incomplete figures could be furnished. The statistics at hand of cases treated for radical cure of the hernia gave a lessened mortality over previous operations of from fifteen to twenty per cent. But it should be remembered that there had come to be a feeling, both among the laity and the profession, of the necessity of operating early, which rendered the chances of recovery greater. The treatment of the pedicle varied among different operators; but all agreed at present as to the necessity for closing the mouth of the sac. Dr. Weir had resorted to Nussbaum's method in five cases, and to MacEwen's in one; and he gave his preference for the former as being the simpler and more quickly performed. In his first cases he employed a flat truss just after the operation, but his own impression, and that of many others, was growing in favor of a simple bandage.

Regarding the third question, does this procedure give permanent relief from the hernia? Statistics showed a sufficient number of relapses to lead us to say, at least, that the operation is not yet perfect.

The Conservative Treatment of Irreducible and Incarcerated Hernia.

DR. W. B. DE GARMO said that in treating of this part of the subject he would make no reference to strangulated hernia. He would maintain that the abandonment of these cases (cases of irreducible and incarcerated hernia), after a hasty examination, was entirely unjustifiable, and that to decide upon operative measures after a few moments consideration was equally unjustifiable, for the reason that a good percentage of them

could be relieved by safer methods. In illustration of these views, Dr. De Garmo read the histories of ten cases in which he practiced a form of long-continued taxis. He began at the bottom of the tumor, and made gentle manipulation of the contents as if freeing them from their adhesions, repeating the operation perhaps daily for a week or more if necessary, until finally the tumor became reducible. He would not give a case up as hopeless until this method had been tried for two weeks. It was better that the patient should keep the bed during the treatment, although several of his patients continued about their business. Nine of his ten cases had inguinal hernia, the contents being almost invariably omentum and intestine. The duration of the hernia had been in five cases ten years, in four cases five years, in one case one year. The result of the treatment had been seven reductions and two failures. In one case it was abandoned because of a diabetic condition. Mechanical support should be employed after reduction.

Strangulated Hernia in Children.

DR. A. G. GERSTER, in speaking on this subject, said he would consider only those points in the operation which differed from the operation in adults. The difference of treatment in the two classes of cases related to the treatment of the wound. It was of the greatest importance to avoid inflammation of the wound in children. It had been suggested by Dr. Weir and Dr. Abbe that the ordinary operation for hernia would be the better if the external wound were not closed, but was allowed to heal by granulation; the idea being, that by the formation of a dense and massive external scar, intra-abdominal pressure would be resisted. In cases of grown persons, Dr. Gerster did not share their opinion, but in cases of children he would certainly advocate the open treatment of the wound. His opinion was based on the fact that in all the cases which had come under his observation, five in number, in which the wound had been sutured primarily, union of the external wound did not take place. Soiling of the wound by the clothes, urine and fecal matter could not be avoided. He believed that it was, therefore, better to pack the external wound with iodoform gauze and treat it as an open wound, just as one would treat a wound in the vicinity of any of the natural orifices.

Dr. Gerster related one case in particular, because of an error in diagnosis which had been committed. The child, two years of age, had a fluctuating tumor of the scrotum

which had existed for some time, but which could not be reduced by taxis. The tumor was translucent, and hydrocele was diagnosed. To make sure of the correctness of the diagnosis, he punctured the tumor with the hypodermic needle and withdrew fecal matter with serum. The child had no symptoms of strangulation, and was sent home; but next day symptoms of a strangulation developed, and an operation was performed. A second case was interesting from the fact that the child was subject to attacks of eclampsia, and during the attacks would develop strangulated hernia, which the family physician had always been able to reduce under chloroform. Dr. Gerster was called upon in one of these attacks, and after they had reduced the strangulated hernia in the usual way with chloroform, he performed a cutting operation, which resulted in a cure of the hernia.

In the discussion which followed the reading of these papers, DR. GIBNEY said it was the custom, in case the surgeon's operative measures proved unsuccessful, to lay blame on the general practitioner for having employed taxis for too long a time; but he had known many cases of reduction to take place after the employment of taxis for a considerable length of time. He had never seen a case of hernia in a child under two years of age which he could not reduce under chloroform, and when reduction had been effected the case could be cured by the use of a truss.

Dr. Gerster said, as bearing upon the paper of Dr. De Garmo, that in twenty-four operations of hernie of different kinds, he had found adhesions in the scrotum in only one case, that being a case of congenital hernia in an adult. He understood Dr. De Garmo to say that in several of his cases there were adhesions in the scrotum which he felt give way under manipulation.

Dr. De Garmo explained that in only one case did it seem that adhesions could be felt breaking down in the scrotum.

The discussion was participated in by DRs. JONES, FRUITKNIGHT, W. GILL WYLIE, and the President.

—The Rotunda Lying-in-Hospital, of Dublin, one of the largest hospitals of its kind in Europe, has been left without funds by the action of the town council. It seems that the Board of Governors of the hospital is largely Protestant, and that the council desire to have some representatives of their own religious persuasion on the board.

BRITISH GYNECOLOGICAL SOCIETY.

Meeting of Wednesday, Nov. 23, 1887.

G. GRANVILLE BANTOCK, M.D., President,
in the chair.

Retained Products of Conception.

DR. EDIS exhibited the placental portion of an ovum, which he had removed from a patient three months after a miscarriage. There was no feter, the placenta having apparently retained its attachment, at least partially, to the interior of the uterus. Hemorrhage had persisted on and off the whole time, and the anæmic condition of the patient was evidence of the severity of the loss. The uterus was found to be very bulky, and a portion of the placenta protruding from and tightly gripped by the cervix. The case well illustrated the necessity of examination in all cases where uterine hemorrhage persisted.

DR. AVELING believed, when the uterus was sufficiently dilated to admit the finger, it could be used to clear out the cavity far better than any ovum forceps yet invented. By pressing the uterus down from above he had never met with a case in which he was unable to reach the fundus.

DR. HEYWOOD SMITH found the following method generally successful: The cervix was rapidly dilated with graduated sounds, and then, after having removed with small uterine forceps any fragments of placenta that could be reached, he freely applied the solid nitrate of silver to the interior.

DR. GRIGG, DR. CHALMERS, and others also made remarks.

Tumor with Twisted Pedicle.

THE PRESIDENT exhibited a small, dermoid, ovarian tumor, which he had removed the same afternoon. He had previously pointed out that the condition of twisting of the pedicle might frequently be diagnosed from the history of the case, as in this instance; that, when rotation occurred, the symptoms were in proportion to the rapidity and completeness of the strangulation.

The Nature of the Hymen.

MR. BLAND SUTTON pointed out that the vagina was formed in the same manner as the rectum by an invagination of the epiblastic layer, termed the proctodæum, coming into contact and fusing with the posterior segment of the primitive gut. The distinction between the two parts remained throughout life; for, in the rectum, a ridge of adenoid tissue marked the situation where

the squamous epithelium of the anus joins the columnar cells of the rectum. In the vagina the corresponding spot was indicated by the hymen or its remains.

The mode by which the proctodæum and the gut became fused was as follows: When two cul-de-sacs came into contact and exercised pressure upon each other, the edges gradually cohered and joined organically. At this stage the lumen was yet obstructed by a thin septum. This gradually became thinner from pressure, and ultimately perforation took place. The hole gradually increased, and the septum slowly disappeared until a complete channel was the result.

In the case of the anus, it was clear that, if the invagination failed to reach the gut, an imperforate rectum would be the result. From a study of these conditions, he was convinced that the hymen was merely a thin septum resulting from the imperfect coalescence of the proctodæum with the uro-genital section of the cloaca. Should the septum be complete, it was termed an imperforate hymen. Occasionally the perforation was multiple, eccentric, or cribriform.

Similar evidence as to the nature of the hymen was obtained from the opposite end of the alimentary canal. The mouth and pharynx, with the associated structures, were derived from an involution of the surface epiblast named the stomodæum. This met the blind anterior end of the foregut at a spot eventually corresponding to the cricoid cartilage. Should these parts fail to unite, an imperforate pharynx was the result; when the coalescence was imperfect, then a hymen-like diaphragm might be found. So far as the alimentary canal was concerned, diaphragmata of this nature occasionally existed between the pharynx and the œsophagus, in the duodenum immediately above the entrance of the bile-duct, and in the rectum at the point of union of anus and gut.

Thus the formation of a diaphragm, sometimes complete, but more commonly perforated, at the entrance of the vagina, was only in agreement with what occurred in other parts of the body when two cul-de-sacs coalesced to form a continuous passage. Lastly, abnormalities of the vaginal orifice were not infrequently associated with defects of the alimentary canal, as might be expected, taking into consideration its embryological relations with the cloaca.

Enucleation by Electrolysis of a Large Uterine Fibroid.

DR. HOLLAND read notes of this case. Mrs. C., aged thirty-eight, mother of seven

children, was admitted into the Hospital for Women for uterine hemorrhage, which resisted all usual remedies. The uterus was much enlarged, reaching to the level of the umbilicus, and the sound passed to a depth of seven inches. There was no cervix available for a stump, and electrolysis was considered a legitimate procedure. The current was applied in the usual way on several occasions, the strength being gradually increased to three hundred milliamperes. Necrosis of the tumor resulted. This, with the help of the ecraseur, was successfully enucleated. On the second evening after this operation the temperature rose to 104° ; but was quickly subdued by quinine and the intra-uterine douche. The patient made a satisfactory recovery, and the uterus was found to have returned to its normal size. Dr. Holland remarks that the tetanoid contraction into which the uterus was somewhat persistently thrown by the electrical excitement on each occasion, led him to anticipate necrosis and enucleation as possible and probable contingencies. He also draws attention to the diagnostic importance of the galvanic current in tumor of uterine constitution, as by its means such tumors are so hardened and defined as to at once isolate them from any others with which they could reasonably be confounded.

DR. IMLACH said that Apostoli's treatment was almost as full of promise as were the electropathic belts so freely advertised at present. There was scarcely any pelvic disease it was unable to cure, and that it caused uterine fibroids to slough out was the only thing as yet unclaimed for it. Dr. Holland

has now shown that it would do even this. It was doubtful, however, what part electrolysis had played in this case. It was possible that the fibroid was lying in the uterine cavity ready at any moment for extrusion, and that any irritant or cautery would have acted as well.

DR. MANSELL MOULLIN thought the operator was much to be congratulated on the successful result of his case. He could not help thinking that the element of good fortune had been largely present throughout. His patient had been fortunate in escaping the dangers of septicæmia, which every one knew was a very imminent danger in the case of a sloughing fibroid. It was to be trusted that the operator's explanation of the reason necrosis had taken place was the correct one, thereby presupposing a strong uterine wall outside the tumor. It would be most undesirable when employing the current to establish necrosis in a tumor which was either subperitoneal or interstitial. Dr. Mansell Moullin thought that in suitable cases of submucous fibroids the electric current would be found of much service in connection with the operation of enucleation. Its action was to hasten the process which nature was in many instances already attempting to effect. It forced the tumor downwards and through the cervix, thus dilating the passage and bringing the tumor within reach of the operator. There was no evidence of any diminution in bulk as claimed for the electrolysis by Apostoli, and, in the numerous instances in which he had seen the treatment carried out with that view, failure had resulted without exception.

EDITORIAL DEPARTMENT.

PERISCOPE.

Therapeutics of Salol.

Three papers upon salol have lately appeared in the *Therapeutische Monatshefte*, 1887, Nos. 47, 51, 52. The first of these is by Bielschowsky, on the treatment of acute articular rheumatism with salol; the second is by Rosenberg, on salol as an anti-rheumatic; the third by Feilchenfeld, on experiences with salol. From a review of these papers in the *Centralblatt f. d. med. Wissensch.*, November 5, 1887, we learn that Bielschowsky treated twenty-seven cases of acute articular rheumatism with salol; and that nineteen of these cases were promptly and completely

that fourteen of them had the disease in a severe form. In two of the remaining eight cases, salol had only a slight action, and the patients were cured with salicylate of sodium; while in six, in spite of subsequent treatment with salicylate of soda, the disease assumed a chronic form. Relapses were observed eight times. The author thinks that even if salol has no greater anti-rheumatic activity than salicylate of soda, it is still to be preferred to the latter, inasmuch as large doses of it do not produce toxic symptoms. Only one patient had slight ringing in the ears, and one other eruptions at times. Skin eruptions, sweats, and stomachic disorders were entirely absent. The author generally gives seventy-five grains of the drug in five hours, but in a cured by the drug, notwithstanding the fac

few cases one hundred and twenty grains in eight hours.

In the second paper, Rosenberg notes the action of salol in articular rheumatism as in general very prompt. Relapses, however, seem to him, in spite of active treatment with it, to be more frequent than after treatment with salicylate of soda. Complications are not wanting. In opposition to the statements of Bielschowsky, the author frequently saw ringing in the ears and sweats: more rarely nausea, eructations, and vomiting. On the other hand, persistent disturbances of digestion, such as occur after the use of salicylate of soda, were not observed.

In the third paper, Feilchenfeld states that he has used salol for catarrh of the bladder, in doses of fifteen grains, two or three times a day, and has obtained good results. Alkaline urine became acid, the quantity of pus contained in it was diminished, and the quantity of urine increased. In some cases the drug had to be discontinued on account of causing too frequent micturition. Other disagreeable effects were not noticed. The characteristic color of carbohc urine, which frequently occurs, soon disappeared in spite of repeated use of the drug. The author thinks that salol can also be profitably employed in the treatment of leg ulcers. In one patient who had had a bubo removed, which was the result of a chancroid, the wound subsequently became chancroidal. In this case, after other remedies had been used without success, salol effected a cure. On the other hand, he saw no good results follow its use in tuberculous ulcers.

On the Treatment of Cerebral Hemorrhage.

Dr. Leonard Bradden, discusses in the *Lancet* the treatment of apoplexy, and recommends immediate compression applied to the nearest arterial trunk. If the seat of the hemorrhage is diagnosticated, the carotid upon that side ought to be immediately compressed, and the pressure should be kept up for several hours. If it should be impossible to determine the site of the lesion, both carotids might in grave cases be compressed. If continued pressure cannot be applied efficiently, the carotids on the side of the lesion ought to be tied.

In some grave cases, when the mechanical pressure of the hemorrhage is the principal element of danger, Dr. Bradden believes that trephining is indicated, to give issue to the effused blood. He insists on the sitting posture (less blood going to the head in sitting than in the recumbent position), and

the internal administration of nitrite of amyl and the nitrites generally, pilocarpine and the tension-decreasing remedies. Warmth to the hypogastrium, and hot baths, act similarly. He would eschew the external application of cold, "for cold externally, means congestion inside." In short, the time-honored treatment is, he thinks, all wrong; and even the utility of purgatives is, he believes, a moot question.

A Case of Chyluria.

An interesting case of chyluria was reported by Rossbach at the Sixth Congress for Internal Medicine, held at Wiesbaden in the preceding spring. The patient was a "fat anæmic," of twenty-one years, with a compensated mitral insufficiency. Day and night she passed a milky, cloudy urine, the amount of which fell in an extraordinary manner just before the menstrual period to as low as 14 ounces, then rose and was not seldom above normal. It showed moderate coagulation, and, microscopically, numerous fat-drops of various sizes. The amount of fat varied between 1.5 and 10 grains. There were, beside, a few white blood corpuscles, fibrine generators, and several varieties of albumin. Careful examination showed that the albumin and fat must have entered the urine through the kidneys, and that the fat came partly from the body itself, partly from the food albuminates. Fasting for several days had no effect in increasing the amount of fat excreted. By excessive feeding with albuminates and carbohydrates and withdrawal of fat the excretion of fat increased fourfold, but fell on the addition of fat to the food.

The patient had an abnormally small area of liver dulness, and it is not impossible that all the symptoms depended on some morbid condition in the liver.—*Schmidt's Jahrb.*, October, 1887.

A Case of Raynaud's Disease.

At the meeting of the Midland Medical Society, held October 19, 1887 (*Lancet*, November 12, 1887), Dr. Suckling showed a strumous-looking girl, twelve years old, who was suffering from symmetrical gangrene of the fingers and toes. When two years old she was bitten on the right forefinger by a rabbit, and three months after this the fingers began to be blistered. Since that time she has never been free for a month from a sore finger or toe. She suffers from paroxysmal attacks of inflammation in the fingers, accompanied with severe pain. The terminal phalanges, with the distal half of the middle

phalanges, are lost in the fore, ring and little fingers of both hands; the fingers themselves are swollen red, and ulcerated at their extremities. The thumb is inflamed and the terminal phalanx is necrosed. There is no anæsthesia and no pain. The skin of the legs is bluish and thin, and ulcerated in several places, the slightest injury causing an intractable ulcer. The terminal phalanx of each little toe has been necrosed. The knee-jerk is present, the plantar reflex is lost. The condition of the extremities is always worse in cold weather. There is no history of struma in the family, but the girl herself is weakly and ill-nourished.

Resorcin in the Treatment of Venereal Warts.

A new method of using resorcin in the removal of venereal warts is recommended by Boech. of Christiana (*Monatshefte f. prakt. Dermat.* v, p. 93, 1886). After removal of the warts by the scissors or sharp spoon, a four to six per cent. watery solution of resorcin is applied, and removed every four or five days. If the disease returns, a powder—eight parts of resorcin to one of sugar, bismuth, or boric acid—is sprinkled over the wound, and absorbent cotton applied over it. As the remedy is very irritating, it cannot be used long in strong solutions, but must be alternated with a weaker solution of the same, or of nitrate of silver. It can obviously not be left in the patient's hands.

On the Etiology of Tetanus.

Giordano reports the following interesting case (*Giorn della accad. di med. di Torino.*, 1887, No. 3, 4): A man of 40 years fell from a hay-loft to the frozen ground, and was admitted to the hospital twenty hours later with a complicated fracture of the forearm. The wound was very dirty. It was dilated, cleaned with sublimate solution, drainage applied and partially sutured. On the fourth day trismus appeared; on the seventh death from tetanus. Giordano at once removed some blood from the wound, and placed it, as well as pieces of thrombosed vein and median nerve, at once in sterilized bouillon. A fragment of necrotic tissue contained microbes, but not the bacillus of Nicolaier. Inoculation had a negative result, as had also inoculations and cultures of blood and median nerve, medulla, spleen and pus from an abrasion on the lip. On the contrary, pus from the sheath of a vessel in the wound, and that from a thrombus in a vein, produced tetanus in rabbits and guinea-pigs.

Particles of straw from the place the man struck on falling, when inserted under the skin, produced tetanus in a rabbit in three days. The pus from this animal contained a few specific, and many other bacilli, and caused tetanus in two other rabbits. From the latter, other rabbits were successfully inoculated. Infusion of the medulla did not produce tetanus. An infusion of the dust from the locality had no effect, but inoculations of a culture of it six days old caused tetanus, and the culture contained a few specific bacilli.

Giordano emphasizes the fact of material from the surface of the wound being sterile, while that from the deep part and the thrombus were effective. He believes that as the other organs did not contain the tetanic poison, it could be assumed that the lethal effect depended on substances absorbed from the wound. He very properly ascribes the sterility of the superficial materials to the antiseptic used, while the thrombus and deeper lying pus were not reached by it, and therefore capable of exerting their wonted effects. The practical conclusion to be drawn from the latter fact is evident.

Severe Blow on the Loin followed by Copious and Long-continued Hæmaturia.

The *Lancet*, Nov. 19, 1887, reports the case of a well-grown, muscular laborer, who was admitted into Middlesex Hospital, December 14, 1886, under the care of Mr. Hulke. He was suffering, at the time of his admission, from concussion of the brain and a scalp-wound, and, in addition to these injuries, he had a bruise on the left loin. He was said to have fallen headlong off a scaffold twenty-eight feet above the ground, and to have struck his left side on a projecting beam. The first urine which he voided contained a very large admixture of blood, and the hæmaturia continued, with slight variations in the quantity of blood, until December 25, 1886, when an evident decrease was first noted, coincidentally with the exhibition of acetate of lead in doses of three grains every three hours. Traces of blood did not finally disappear from the urine until January 3, 1887, about which date a small quantity of pus was noticed in it, and a few hyaline casts.

With reference to the cause of the hæmaturia, Mr. Hulke remarks that it hardly admits of doubt that the source of the hemorrhage was the kidney, which had sustained some degree of laceration; for the amount of blood was too great to have proceeded from the ureter, and there was not anything

to suggest an affection of the bladder. That such lacerations of the kidney are not necessarily fatal without operative intervention is, he believes, abundantly established by experience; and they do not necessarily demand nephrectomy, which should probably be restricted to the severest forms of injury. In this and in other similar cases, acetate of lead has appeared to him to be decidedly useful.

Quiet Iritis.

At a meeting of the Ophthalmological Society of London, on November 10, 1887, Mr. Johnathan Hutchinson, Jun. (*Lancet*, Nov. 19, 1887), related several cases of quiet iritis in which the attack, sometimes leading to extensive adhesions to the lens, and involving much deterioration of sight, was from the first unaccompanied with the typical features of inflammation. It was, perhaps, not sufficiently known that iritis in certain cases did not reveal its presence by the characteristic frontal pain, and was practically unattended by congestion or photophobia, though this fact had been pointed out by various ophthalmic surgeons. He had tabulated thirty-seven examples of quiet or insidious iritis, and from these deduced the following conclusions:

1. Sympathetic inflammation, congenital syphilis, and inherited arthritic (gouty or rheumatic) tendency are probably the most frequent causes of quiet iritis.
2. This form is very rare in the iritis of acquired syphilis, that of the ordinary rheumatic type, and in traumatic or herpetic iritis.
3. Sex and age have little or no influence in modifying the severity of the symptoms accompanying iritis.
4. That a constitutional tendency cannot always be invoked as the reason for the fact that iritis takes on an insidious form, is shown by the occasional occurrence of two attacks in the same patient, one being accompanied by violent inflammatory symptoms, the other perfectly quiet throughout.
5. The absence of the ordinary symptoms of iritis by no means always implies a mild course of the disease, some of the cases going on to complete blindness of the affected eye.

Cystic Tumor of the Cerebellum and Right Adrenal.

At the meeting of the Pathological Society of London on November 15, 1887 (*Lancet*, November 19, 1887), Dr. Charlewood Turner exhibited a specimen of cystic tumor of the cerebellum and right adrenal, which was taken from a man forty-four years old, who had been a policeman for ten years, and had been subjected to a good deal of knock-

ing about. Eight years before his death he was struck on his forehead with a brick. Eighteen months before his admission to the hospital, when his symptoms commenced, he began to complain of headache, referred to the occiput and forehead, accompanied with failure of sight, deafness of the right ear, and vomiting. He subsequently had incoördination of movements, with a tendency to fall to the right side. He became dull and torpid, and died in coma. At the autopsy, there was found a tumor on the right side of the cerebellum, and another on the upper surface, contiguous to the anterior part of the middle lobe, which it had compressed. The centre of each tumor was occupied by a cyst. The growth consisted of a fine reticulum, with round and elongated nuclei, traversed by a network of vessels, some of which presented varicose dilatation occupying much of the field. The right adrenal was converted into a tumor of the size of a fist, which consisted of a large cyst, surrounded by a wall of growth, having an adenoid structure resembling that in the cerebellar tumor, but more fibrous. There was also a cyst in the liver, containing clear fluid and cholesterine, and there were several cysts in the left kidney. Mr. Pye Smith has recorded a case in vol. xxxvi of the *Transactions*, in which there was a simple cyst in the cerebellum, associated with small cysts in the pancreas and kidneys.

Venesection in Sthenic Inflammations.

C. G. Wheelhouse, F. R. C. S., in the course of a lecture on the Surgical Treatment of Diseases of the Chest, which is contained in the *British Med. Journal*, November 26, 1887, says that modern physicians, in some cases at least, miss their way in the early treatment of such diseases as sthenic pleurisy, pneumonia, or acute pleuro-pneumonia, in which one good bleeding would often suffice, at the very commencement, to give command over the whole remaining course of the attack, and would often cure it altogether.

Many cases in which a patient, gasping for breath, with flushed yet livid countenance, motionless ribs, the side held as in a vice by pain, and a hard, incompressible pulse beating at 120, were in the author's experience at once restored to comfort, rest and refreshing sleep by one good bleeding, and it may be the application of a few leeches afterwards. He says he has seen the frequent repetition of this heroic measure make the last stage of a patient worse than the first; but in these days of moderation, of temperance in

all things, and of sound physiological knowledge, "we may surely learn to accept the useful, without being tempted into the dangerous portions of ancient practice."

Predisposition as a Factor in the Etiology of Facial Paralysis.

According to E. Neumann (*Arch. de Neurol.* xiv, p. 1, 1887) facial paralysis of so-called rheumatic origin depends on a "nervous" or neurasthenic diathesis. This rather novel view is defended by a series of clinical histories showing that patients with facial palsy, or their relations, present some neurosis. In one interesting observation, three of one family had paralysis, one of them having had two attacks.

New Treatment of Periuterine Inflammation by Electricity.

At the meeting of the Section on Obstetrics of the British Medical Association, held at Dublin last August, Dr. G. Apostoli, of Paris, read a paper on a new treatment of periuterine inflammation by electricity. A translation of this paper by Dr. W. Woodham Webb is published in the *British Medical Journal*, November 19, 1887. The following are the conclusions arrived at by the author:

"1. Electricity, in the form of Faradic currents of tension, can and ought to be made to calm the pain at the outset of an acute attack of perimetritis, and is a sedative of the first importance in abridging the first stage of inflammation.

"2. The continued current is a power which we use in two ways: first, in the form of intra-uterine chemical galvano-cauterization, to cut short the acute stage; second, as vaginal, negative, galvano-punctures, to get rid of the chronic condition in all its forms and stages.

"Is the restoration *ad integrum*, complete and definitive, the prevailing result of my treatment? I do not pretend that such is the case; I do not even expect it; and I content myself with offering for trial a method of relief and cure which I believe to be more speedy than others.

"Again, we may force electricity into our service in another way. Given a case of actual suppuration, or of threatening suppuration, we have only to use our negative galvano-puncture, form an eschar, open up a sinus, and direct the exit of the pus to the nearest point of the vagina. And this we can do at will, when it is most fit to do it, and in the most convenient way.

"We have, then, in the galvano-puncture an effective means of arresting an inflammation, and of dispersing an inflammatory deposit. Or, we may use it as a sure and direct way of opening a profound and ready formed collection of pus. No plan of setting up a vaginal drainage, controllable as to amount and duration, can be more simple; and this we may associate with any local and antiseptic treatment that may be desirable, as I have shown elsewhere in relation with the subject of hæmatocle.

"The subject, of which I have just jotted down the salient points for your consideration, is new and undeniably full of interest. You must not suppose that I think I have done much for it, as I may fairly claim to have done for fibromata and endometritis, but what I have seen and watched with painstaking anxiety is so rich in clinical results, so fertile in unexpected therapeutical consequences, that I feel I cannot too earnestly urge you to study the subject for yourselves, and to fathom it to the utmost, if possible."

The Value of Creolin in Surgical Practice.

The great disinfecting powers of creolin were first demonstrated by the investigations of Dr. E. von Esmarch, who showed that creolin was a more effective disinfectant than carbolic acid, or at the least was of equal value. Its germicidal powers and its antiseptic properties were tested on animals by Prof. Fröhner, who also gave it internally, and found it to be efficient against zymotic diseases of the digestive tract. The same experimenter proved that creolin is not poisonous, as animals to which he had given 750 grains of a pure preparation exhibited no disturbance of their general health. The results obtained by Fröhner induced Kartüm to experiment with creolin to determine its uses in surgical practice. From the *Deutsche Medizinisch-Zeitung*, December 5, 1887, we learn that he first used it in a severe case of puerperal fever, with extensive suppuration and ichorous infiltration of the joints. The genital organs, as well as the opened joints, were bathed with a one per cent. solution, with the immediate result that the horrible odor which stuck to all the patient's secretions and excretions was completely lost. It was next employed in the form of creolin bandages in a series of large leg ulcers, with excellent results; and, finally, in fresh cases soon after operation. In these cases iodoform and corrosive sublimate were purposely not employed, and the course of

the wound was so conspicuously favorable that the author urgently recommends a similar use of it to other surgeons. In leg ulcers the first dressing (consisting of gauze compresses, soaked in a one to two per cent. solution of creolin) was removed after four days, when a complete change was seen in the base of the ulcer. Ulcers, which before had been treated in vain with iodoform and other approved remedies, healed rapidly under creolin, with exuberant formation of granulations.

Solutions of creolin are also markedly styptic, so that the author was able to check parenchymatous hemorrhage with it very satisfactorily. As the result of his experiences with creolin, Kartüm believes that he can predict for it a prominent place among antiseptic agents; for it has both the favorable properties of iodoform and those of corrosive sublimate, without being poisonous, as these latter are. He believes that the introduction of this drug to surgical practice is a great step in advance, as it accomplishes what nothing has accomplished heretofore, being non-poisonous, disinfectant, capable of checking secretion, favoring the formation of granulations, and styptic to a certain degree.

Abscess of the Lung, Probably Caused by the Stump of a Tooth Passing into Right Bronchus.

Dr. William Stranger, senior physician to the Worcester General Infirmary, reports the following interesting case in the *Brit. Med. Journal*, November 26, 1887:

E. M., a robust young woman, 23 years old, with well-developed chest and fine physique, and in good health, although in infancy she had been the subject of scrofulous abscesses of the hands and feet, took chloroform, for the extraction of several stumps of teeth, on February 17, 1887. A few days afterwards a troublesome irritative cough came on, with slight muco-purulent expectoration. This condition continued until the month of June—four months. During this time she was never entirely laid up, although frequently confined to her bed for two or three days; nor did she lose very much flesh or appetite. The cough continued to annoy her greatly; the expectoration increased, and the strength began to fail. She was first seen by him as an out-patient at the Infirmary on June 8, and on June 15 her case appeared to be so serious that she was placed under treatment in a private house.

There was almost incessant cough, preventing any sleep, except by the use of nar-

cotics; large muco-purulent expectoration, which was very offensive; coarse *râles* over a large area of the centre of the right lung, extending from the upper third of the scapula down to the ninth rib vertically, and from close to the spine to just above the nipple transversely. In front, there was great tenderness over the third, fourth, and fifth ribs, but no pointing or bulging of the intercostal spaces. Over the other parts of the lung respiration was free and normal, with the exception of some dulness at the base. The left lung was rather hyper-resonant. The paroxysms of coughing continued unceasingly for several hours at a time, almost abolishing sleep. There was not very much loss of flesh; the appetite was good; the pulse 110; temperature 102° F.

From the account given by a young friend who accompanied the patient to the dentist, it appeared very probable that a stump had escaped the operator, and had passed down the trachea into the right bronchus. This idea was confirmed by the friend stating that there was great searching of the mouth for a stump, and some alarm expressed. Further, she stated that before the patient came to the Infirmary, rings of cartilage, showing necrosis, were found in the sputum, which was horribly offensive. From June 15 to July 18, the case continued to increase in severity and urgency. The cough was almost incessant; bad bedsores formed from the continuous sitting posture; the temperature, however, only varied between 101.4° and 99°, and was often normal.

The pulse on June 16 was 146, on the 19th, 160, then it fell gradually to 120 on the 26th, again rose to 140 or more, and finally dropped, under large doses of brandy, to 120, where it remained until July 18, the thirty-third day of treatment, and five months from the date of the tooth drawing. During the whole of this time hectic fever continued to consume the patient's strength. The expectoration was putrid to the last degree, the room, and also the house itself, being only rendered bearable by chlorine gas freely used, with deodorants to the sputum. For some time past the sputum had contained a large quantity of broken down pulmonary tissue which settled in quantities to the bottom of the vessel. From two to three pints of this stinking stuff were expectorated daily. Occasionally it ran in a stream from the patient's mouth, and this caused a very tiresome aphthous condition. Large amphoric breathing with metallic tinkling was now heard in the centre of the lung over a space of over four inches square.

Having now, on July 18, five months from the access of cough, to deal with a gangrenous abscess of very large dimensions, with continuous destruction of lung tissue, which abscess had certainly existed for thirty-four days, if not longer, Dr. Stranger came to the conclusion that nothing but puncture of the lung, reaching the abscess, and draining it, would give the patient any chance of surviving, even for a few days.

On July 18, the operation was performed. The needle of an aspirator was pushed quite home into the chest, just below the ninth rib, and at one inch behind the axillary line. A drop of pus appeared almost at once. Free vent was given to the pus, and a drainage tube inserted, the wound being dressed antiseptically. Recovery was slow, but by October 29, the patient had gained fourteen pounds in weight, and all signs of the immense abscess and its cavity had disappeared.

The Part played by the Nose and the Anterior Respiratory Passages in Respiration.

R. Kayser reports in *Pflüger's Archiv* some investigations upon the part played by the nasal cavities in the warming and vaporization of the inspired air. In these he differs from the results obtained by Aschenbrandt. From the *Centralblatt f. d. med. Wissensch.*, November 5, 1887, we learn that Kayser regards as incorrect the assertion that a vital rôle attaches to nasal respirations, which cannot be accomplished by mouth and throat breathing. By means of a series of experiments, similar to those employed by Aschenbrandt, he established the most essential results of the latter's researches. He finds that air passing through both nasal cavities (five liters in 30 seconds), when the temperature of the outside air is from 50°-54° F., is warmed to about 88° F., and is completely saturated with vapor; and this occurred although he was careful to hermetically seal the nasal cavities by firm pressure of the palate against the posterior nasal fossæ.

This result is not changed if the rapidity of the current of air is increased upon both sides. If the temperature of the outside air is lower, the degree of warming obtained is less, but is always decided; air at a temperature of 32°-39° F. is warmed to a temperature of 81.5° F. If the experiment is so conducted that the current of air, instead of passing through the nose, passes through the mouth and throat, then the degree of warming obtained is only slightly less, while the saturation with moisture is just as complete. The author also thinks that the deeper respiratory passages must play a rôle similar to that of

the nose or mouth and throat, if the air which reaches them is not already warm and moist. But in normal nasal breathing, the greater part of the work devolves upon the nasal cavities.

The opinion of Aschenbrandt with reference to the purification of the air from dust as it passes through the nose, Kayser does not find verified in his own experiments. He thinks, moreover, that a certain quantity of particles of dust must penetrate even into the lungs.

Foreign Body in the Right Bronchus; Tracheotomy; Recovery.

R. M. Simon, assistant physician to the General Hospital, Birmingham, reports the following case in the *British Med. Journal*, November 26, 1887:

A boy, six years old, was admitted on the night of Tuesday, October 11, suffering from cough, and with a history of one attack of very urgent dyspnoea. It appeared that on the preceding Sunday he had been unwell and had a cough. He was well enough to go to school on Monday, but in the afternoon, whilst hanging up his cap, he swallowed a damson stone, which he had in his mouth since dinner. A violent attack of choking came on, and he was sent home. A medical man was called in, but, though he passed an œsophageal bougie, he was unable to find the stone. The patient remained at home pretty well until late on Tuesday night, when, his breathing having become stridulous, and a bad attack of dyspnoea having occurred, he was brought to the hospital.

On admission he was found to be suffering from occasional cough. His voice was stridulous and his breathing noisy. Beyond slight impairment of resonance at the right base and a few coarse bronchial râles, nothing was revealed by physical examination. He remained pretty much in the same condition until the next morning, when there was very complete dulness at the right base, and a total absence of breath sounds over the same area. He had had only one slight attack of dyspnoea since admission. It was thought that he was suffering from collapse of the lower portion of the right lung, owing to the impaction of the damson stone in the lower division of the right bronchus. At 4 P.M. he had a most violent attack of dyspnoea, which lasted about six minutes. He became black in the face, and was very much distressed. At 5.30 P.M. there was found evidence of œdema of the left lung, in addition to the signs of collapse at the right base. It was thought inadvisable to defer operation, and tracheotomy was at once

performed. Nothing was to be seen, but the introduction of an oiled feather was followed by a violent expiratory effort and the expulsion of the stone. Owing to the accompanying laryngeal catarrh it was decided to leave a tracheotomy tube in. The boy's condition at once improved, and next morning, when the tube was removed, he was quite comfortable. Air entered the right base freely, and all dulness had disappeared. There remained only slight evidence of catarrh, and in a fortnight he was sent out quite well.

The author remarks with reference to this case that diagnosis of impaction of the stone in the right bronchus was rendered easy by the signs of collapse of the base of the right lung, and the only question to be considered was that of operation—whether it was wiser to operate at once or to wait. Most of the published cases record operations months after the accident, with at times good results, but more often with bad, owing to destructive changes in the lung. Many cases are recorded in which the foreign body has been expelled during a fit of coughing. In this case it was judged wise not to defer the operation, owing to the rapid changes in the lung; and it is noteworthy how quickly the lung recovered itself after the stone was removed. No doubt the attacks of dyspnoea were occasioned by coughing up the stone to the glottis. Had the boy been older, it might have been advisable to have inverted him, but the difficulty of teaching so young a child to take a deep inspiration at the moment of inversion was an obstacle to this procedure. In any case it seems the best plan to perform the harmless operation of tracheotomy at once, rather than to wait until the foreign body is imbedded in mucus and fixed by inflammatory exudation.

Statistics of the Results of Intubation of the Larynx.

In the *British Medical Journal*, November 19, 1887, Dr. C. J. Symonds, Surgeon in charge of the Throat Department of Guy's Hospital, London, after a brief summary of the history of the operation and its dangers, gives the following statistical statement of its results:

Dr. Ingals has collected 514 cases, with 134 recoveries, or 26.7 per cent. The greater number of these cases occurred in his own practice and in that of O'Dwyer and Waxham, all skilled operators. Dr. Waxham reports 136 cases of his own, with 37 recoveries, of 27.2 per cent.; and of these 72 were three years of age or under, with 16 recoveries, or 22 per cent., the youngest to recover being

nine months; 64 were over three years, and of these 21 recovered, or 32.8 per cent. It is stated that in every case membrane was observed before operation, and it is clear from the reports of the cases that in the vast majority death would have speedily occurred had not the operation been performed. The suggestion, therefore, that the success is due to early operation must, in the face of the reports, be silenced. Dr. Waxham concludes that 25 per cent. will be saved, and that, for his part, he will never perform tracheotomy again. So great a measure of success has not attended the practice of others. Thus Dr. Strong, in the discussion on Dr. Waxham's paper, reported 32 cases, with 31 deaths, the fatal issue being attributed to traumatic pneumonia, extension of membrane, and actual starvation. Another speaker, Dr. Hatfield, recorded 10 cases, all fatal. If the results obtained by Ingals and Waxham are contrasted with tracheotomy, the new operation stands first as a means of saving life. Tracheotomy under four is admitted to be, on the whole, successful. Dr. Ingals estimates the recoveries at 15 to 20 per cent.; Trousseau for all cases, 20 per cent., or 1 in 5. Individual operators can, no doubt, show better results than these; thus Dr. Mudd, in contrasting intubation and tracheotomy, gives as occurring in his own practice and in that of his firm 171 cases, with 46 recoveries, or 26.9 per cent. His later cases did better, for out of the last 32 no fewer than 16 recovered. This success he attributes to the milder character of the disease, and to the fact that the operation was performed earlier. Those who see much of tracheotomy know well how the results vary with the character of the disease, and the same influences act, of course, for or against intubation.

Dr. Symonds states that he remembers a series of 19 tracheotomies at Guy's hospital with 1 death, followed by another series in which they nearly all died.

An Epidemic of Typhoid Fever Traced to a Dairy.

Ali-Cohen, in a communication to the *Weekbl. van het Nedrl. Tijdschr. voor Geneeskunde*, reports 63 cases of typhoid disease which came under his observation during three months in Groningen. From the *Centralblatt f. d. med. Wissensch.*, November 5, 1887, it is learned that, two months before the outbreak of the epidemic, there were some mild cases of typhoid fever in a dairy which was situated in the suburbs of the city. In the yard of this dairy was found a large dung-heap, which was en-

tirely uncovered; the well lay close to the cess-pool. The dejecta of the patients were brought to the dung-heap or to the cess-pool. All the water which was used was drawn from that well. Of 58 patients who lived in different parts of the city, 43 obtained their milk from this dairy, and three used water from the well; 10 had used neither; while in two it was uncertain whether the milk or the water had been used or not. Without counting five patients at the dairy itself, about 80 per cent. of the cases were traceable to this source of infection. Of 43 persons who had used the milk, 23 drank it without having boiled it, 14 boiled it, and 3 used it with coffee. Moreover, in many houses in the city there were cases of typhoid affecting those who obtained their milk from that dairy, while others, who lived in the same house, but obtained their milk from other places, were not taken sick. The very same thing was noticed with regard to people living in the same house, some of whom took water from the infected well and others did not; those who did not remained healthy. A chemical examination of the well-water gave the following result: Reaction, neutral; no ammonia or hyponitrous acid; traces of nitric acid, much sulphuric acid (about 149.1 mgrm. per litre); organic matters, 25.1 mgrm. The investigation of the water for typhoid bacilli did not establish their presence; possibly because the methods used were imperfect, or because of the late time at which the investigation was undertaken. Nevertheless, the common infection through the milk is in this instance to be regarded as positively proved, as the 43 patients, who were scattered all over the city, had nothing in common except that they were exposed to the same injurious influence in drinking the milk.

Etiology of the Acute Nephritis of Childhood.

In the *Charité Annalen*, xii, 1887, S. 638, E. Henock has a paper upon the affections of the kidney in childhood. From a review of this paper in the *Centralblatt f. d. Med. Wissensch*, November 5, 1887, we abstract those parts of it which refer to the etiology of acute nephritis.

Acute nephritis of children, says Henock, as every one knows, is in the vast majority of cases the result or the attending symptom of an infectious disease; nevertheless it is an undoubted fact, that children may acquire acute nephritis without having passed through an infectious disease, but from the application to the skin of certain substances,

such as balsam of Peru, carbolic acid, and tar. Examples of nephritis arising in this way have been previously reported by the author; to these he now adds two new observations. In the latter, two children, seven and eight years of age, respectively, had been treated at the Charité for itch withunctions of balsam of Peru, and were taken sick with acute nephritis in immediate connection with this treatment. Both cases resulted in recovery. Henock also thinks, as a result of his experience, that cold, either in the form of sudden drenching, or a more continuous and persistent action of the cold, is a more frequent cause of this disease than is commonly supposed. The combination of inflammatory diseases of the air passages with acute nephritis, with complete integrity of other organs, which Henock has frequently observed, he regards as further testimony to the connection existing between cold and acute nephritis. As proof of this assertion, he reports four pretty decided cases, in which the disease was introduced by a more or less diffuse bronchial catarrh, and at the time the patients were admitted to the hospital, all the symptoms of broncho-pneumonia; while the nephritis, as was proved with certainty, did not develop itself until some time later. The nephritis, he says, cannot be regarded as the cause of the bronchial affection, but both the latter and the former are to be referred to one and the same cause, namely, cold. In a fifth case, a girl nine years old was taken sick, immediately after a severe chilling, with purpura rheumatica, to which an acute nephritis was soon added. There remain, however, a number of cases in which cold as the etiological factor of the nephritis is as good as excluded, and in which the mode of origin of the disease is completely shrouded in obscurity. In a case of this kind affecting a boy ten years old, who was carefully guarded in bed during convalescence from a perityphlitis, nephritis suddenly developed. Before its onset the urine had been often examined, but never contained any albumin.

—In New York, Dr. Edson, of the Health Department, vaccinated sixty tramps at the 4th District Station House, on the night of December 7. The story of this achievement is graphically told by a New York daily paper; which also gives a thrilling account of the way in which Dr. John T. Nagle photographed a group of the tramps by the flash of a pistol loaded with gun-cotton and magnesium.

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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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CLOSE OF VOLUME FIFTY-SEVEN.

The present number concludes the fifty-seventh volume of the REPORTER, and precedes its entrance upon the thirty-sixth year of publication. This long career has been marked with so many evidences of appreciation from the medical profession that its vicissitudes, as they recede in the distance, seem less like actual experiences than like the productions of a dream.

It is true the trials of the current year, the embarrassments inseparable from a change of management, the experiences of illness for one editor and of sudden death for the other, are too near to be indistinct. Still, the last six months have seen, we trust, no diminution in the vigor of the REPORTER, no wavering from the principles which its present managers believe to be calculated to increase its usefulness and prosperity. The experiences of the past eight months justify the expectation that the next year will be one of advance and improvement; and we enter upon it hopefully,

wishing to all our friends "A happy New-Year!"

GERMS AND PERITONITIS.

Nothing has contributed more to our knowledge of the relative influence of chemical irritants and micro-organisms upon the human economy than experiments conducted upon the peritoneum. The whole question of the etiological importance of the tubercle bacillus may be said to rest upon the results of investigations in regard to its action upon the peritoneum, and in the vitreous humor of the eye. So it is interesting to observe a new set of experiments made by Pawlowsky upon the action on the peritoneum of the chemical constituents of the contents of the intestines, and of certain microbes. In conducting these experiments Pawlowsky injected into the peritoneal cavity of rabbits a variety of substances. His first set of experiments was made with croton oil, which, in all but very small quantities, produced an acute hemorrhagic peritonitis. He next tried the effect of solutions of a digestive ferment: trypsin. This was found to be in the highest degree irritating, causing a severe hemorrhagic peritonitis, and death within a few hours. This was accompanied with marked evidences of constitutional disturbance: the hairs of the animals experimented upon were loosened, and rubbed off easily; their skin was roughened; and the epithelial layer of the peritoneum came off in large flakes. Microscopical examination of the peritoneum showed that in these experiments there were no bacteria present.

In another series of experiments Pawlowsky investigated the action of microbes pure and simple. The first experiments were made with a cultivated microbe, derived from human pus, which was at first taken for the staphylococcus albus. This, even when mixed with a small quantity of croton oil, did not cause the death of the animals. The same was found to be true in regard to sarcina; so that Pawlowsky concludes that non-pathogenic micro-organisms, even when mixed with small quantities of a chemical irritant, are not capable of producing peritonitis.

His conclusions in regard to pathogenic micro-organisms are altogether different. His experiments with these microbes were first made with cultivated staphylococcus aureus, derived from an acute osteomyelitis. When this was injected into the peritoneal cavity, in all but the most infinitesimal quantities, it produced intense fibrino-purulent peritonitis. Microscopical investigation showed that the microbes had increased rapidly in the peritoneum; and they were also found in the lymph spaces of the central tendon of the diaphragm, in the anterior wall of the abdomen, and in the capsule, the trabeculae and the peripheral layers of the pulp of the spleen.

The next line of investigation taken up by Pawlowsky was to ascertain the influence of the different parts of the contents of the bowels in producing peritonitis. He first injected into the peritoneal cavity of rabbits the unmixed contents of the intestine of a healthy and recently killed rabbit. This caused the death of the four rabbits experimented upon from purulent peritonitis. He next used the liquid obtained from the same material by filtration; and the animals so experiment on survived (*genasen*). Likewise did a rabbit injected with bowel-contents after sterilization for eight days by Tyndall's method; although in this case the autopsy disclosed the fact that particles of the bowel-contents were lodged upon the peritoneum and covered by a fibrinous layer, and the presence of a peculiar bacillus, which Pawlowsky describes. Cultures of this bacillus produced peritonitis in other rabbits.

The final conclusions of Pawlowsky are: first, that chemical irritants, in sufficient quantity, excite a hemorrhagic peritonitis; second, infection with microbes may produce an intense and rapidly fatal peritonitis without marked macroscopic signs, a fact which may explain the occurrence of fatal peritonitis, without demonstrable lesions, in human beings; third, intense infection with microbes produces a hemorrhagic peritonitis; fourth, a less overwhelming infection produces a fibrino-purulent peritonitis; fifth, when the infection is not so severe, or when the animal

survives a long time, the peritonitis is of a purulent character; sixth, free secretion of fibrin is the means adopted by the peritoneum to protect itself.

We have not laid these interesting facts before our readers merely because they are interesting; but rather because they have a most important bearing upon the beliefs and practice of every medical man. They seem to establish the fact that, of all the ingredients of the intestinal tract, the most dangerous, when they come in contact with the peritoneum, are the micro-organisms; and they justify the practice of modern surgery in endeavoring to exclude from the peritoneum the baneful influences of these micro-organisms, by excluding the micro-organisms themselves, or by rendering them innocuous by suitable chemical antidotes. These experiments have also an important bearing upon the question of the so-called germ-theory of disease; and, so far as the peritoneum is concerned, they seem to demonstrate the fact that the most dangerous and most rapidly fatal forms of peritonitis are those which depend for their intensity upon the presence of microbes; so that, for peritonitis, we may consider the germ theory to be pretty well established.

QUACK ADVERTISEMENTS IN RELIGIOUS NEWSPAPERS.

From time to time medical men and medical journals have protested against the prostitution of the columns of religious newspapers to the use of advertisers of quack nostrums. This protest does not apply to temperately worded representations of what seems to have been accomplished by, or what may reasonably be expected of, a remedy or device for the cure of disease or injury. But it does apply to advertisements couched in language which bears the stamp of falsehood on its face, or which is of such a character as to arouse suspicion in the mind of an intelligent man, uninfluenced by a money consideration.

The editors of most religious journals are, as a rule, men of so much intelligence that they will hardly attribute to trade-jealousy alone the objection which medical men have

to the recommendation of "sure cures" for baldness, fits, rupture, consumption, and so on, to persons who are apt to regard their religious teachers as safe guides in matters of health or disease; and who are not sufficiently familiar with the subtleties of the newspaper business to distinguish between the responsibilities of the editor and those of the publisher. As a fact most readers of periodicals have the impression that the advertisements they contain are endorsed by the editor. Advertisers rely upon this fact; and we cannot understand the casuistry which satisfies the conscience of a man who edits a periodical, ostensibly devoted to religion, which replenishes its coffers with the price of palpable falsehoods.

If it were true that a religious paper could not be financially successful without taking money for the advertisement of worthless or delusive remedies, a course might be suggested worthy of the main object of these papers. But it is not true; for there are a few happy illustrations of the fact that, even in a religious newspaper, "honesty is the best policy."

We call the attention of our large circle of readers to this matter, in the hope that they will use their influence to put an end to what we regard as a serious blemish in religious newspapers, and one which injures the good reputation which they ought to enjoy. And we call the attention of those religious newspapers to which our remarks may apply to this matter, in the hope that we shall not have to recur to it in a more explicit manner.

A SECRET OF SUCCESS.

In an interesting paper read before the New Hampshire Medical Society, this year, Dr. W. S. Leonard points out a number of reasons why the laity come to trust in the virtues of non-professional prescriptions, and neglect to seek the advice of their physicians. One of these reasons, to which attention may be profitably called, is the habit many medical men have of treating slight ailments slightly. This habit is often strongest in the ablest practitioners, who conscientiously believe that it is only honest to show a patient with a trivial ailment that it is

trivial. But we believe that it is rarely a good service to do this. As the physician's object is to cure, he must study what course is best adapted to this end; and if this be to keep to himself the belief that his patient is exaggerating the importance of his trouble, it is neither kind, nor especially virtuous, to disclose his opinion. This is a very different thing from practicing upon, and increasing, a patient's fears—the refuge of none but dishonorable men. It is simply showing proper consideration for the state of mind in which the patient is, and securing his harmonious coöperation in the work of cure.

An extreme of candor is harmful in many cases, as it rarely leads the patient to distrust his own opinion, and rarely raises his appreciation of the doctor's. More than this, the habit of treating hastily or superficially ailments which, to the physician, seem of little consequence, often leads patients to think that the physician despises cases which do not call for the greatest skill, or present features of rare interest. Dr. Leonard quotes a man with a lame knee, who came to an old physician whom he had tried in vain to interest in his case, and said: "Doctor, a man must come to you with his shroud in his hand, before you will do anything for him."

When the community thinks thus of a physician, his usefulness, as well as his prosperity, is in imminent danger. Both these are proper objects of solicitude for the right-minded physician; and for the sake of both he should not despise the lesser ills of his patients, remembering—besides the fact that what seems trifling may really be serious—that no ill seems small to the one who bears it, and that an honest and kindly sympathy for small ailments and little anxieties is the mark of a large heart and a wise head.

—A Congress of Physicians and Veterinary Surgeons, having for its object the scientific study of tuberculosis in man and the lower animals, will be held at Paris from July 25 to August 31, 1888. Any physician or veterinary surgeon may become a member of the Congress by enrolling his name and paying an assessment of ten francs (about two dollars). More complete details of the Congress will be published later.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

A TEXT BOOK OF ORGANIC MATERIA MEDICA OF THE BRITISH PHARMACOPŒIA, ETC. By ROBERT BENTLEY, M.R.C.S. Eng., F.L.S., etc. 8vo, pp. xxviii, 415. London and New York: Longmans, Green & Co., 1887. Price, \$2.50.

This book is very like that of Dr. Maisch, which we reviewed in the REPORTER, Nov. 19, 1887, and very much the same comments apply to it. It is admirably prepared, containing in concise sections a description of all the vegetable and animal parts or products which are included in the British Pharmacopœia, their sources, preparations, uses and dosage. It is handsomely illustrated, and clearly printed, and altogether a book creditable to the publisher as well as to the author.

ANNUAL REPORT OF THE SUPERVISING-SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR 1887. 8vo, pp. 308. Washington: Government Printing Office, 1887.

This volume contains a large amount of tabulated statistics of disease and injury coming under the care of medical officers belonging to the Marine Hospital Service. These statistics are for the most part well tabulated; but it would be an improvement if the varieties in each supervision were arranged in alphabetical order. Nearly 200 pages of this Report are occupied by accounts of cases selected from hospital practice, many of them of great interest. Those in which the blood-vessel system was involved are of especial value, and include no less than eleven cases of aneurism of the aorta.

We would recommend our readers to apply to Surgeon-General Hamilton for a copy of this useful Report, for it contains much matter which deserves wide reading.

DE L'ÉTAT DE LA DENTITION CHEZ LES ENFANTS IDIOTS ET ARRIÈRÉS. Par ALICE SOLLIER, née MATHIEU-DUBOIS, Docteur en Médecine, etc. 8vo, pp. 179. Paris: Aux Bureaux du Progrès Médical, 1887. Price, 4 francs.

The author of this book is a woman, who, in her preface, testifies to the kindness with which she has been treated by the Faculty in Paris during the course of her medical studies; and in her book demonstrates what good results may be secured by an earnest and conscientious use of opportunities which present themselves to all who truly seek them. She has taken up a study in which Bourneville and Magitot have already engaged, and has gathered some very interesting facts in regard to the process of dentition in idiots and children with retarded development. Her investigations demonstrate that anomalies and lesions of the teeth are found in 91 per cent. of all idiots, and that these anomalies and lesions affect almost exclusively the second dentition. She finds also that about half (45 per cent.) of the cases she studied had defects of the vault of the palate.

For other details of this interesting study, we must refer our readers to the book itself, which is well written, well printed and admirably illustrated.

PAMPHLETS.

THE USE OF ADHESIVE PLASTER IN ORTHOPÆDIC SURGERY. By A. B. JUDSON, M.D. From the *New York Medical Journal*, June 4, 1887. 12 pp.

HAY-FEVER. THE PRIZE-ESSAY OF THE UNITED STATES HAY-FEVER ASSOCIATION FOR 1887. By SETH S. BISHOP, M.D. From the *Journal of the American Medical Association*, July 23, 1887. 40 pp.

THE ANATOMY AND PHYSIOLOGY OF THE RECURRENT LARYNGEAL NERVES. By FRANK H. HOOPER, M.D. From the *New York Medical Journal*, July 9, 16, 23, and August 6, 1887. 40 pp.

ILLUSTRATIONS OF VIVISECTION. By MISS FRANCES POWER COBBE. Philadelphia: American Soc. for the Restriction of Vivisection, 1887. 23 pp.

—Dr. Judson's pamphlet contains an excellent description of the uses to which adhesive plaster can be put in the correction of deformities, and the way in which it can best be used. With this, is a very interesting history of the subject.

—Dr. Bishop believes that hay-fever is a functional nervous disease. This theory is not incompatible with the fact that a diseased membrane may be found in the nose after many recurrences of congestion in years of suffering. The remedies he suggests are chiefly nervines and general tonics. Quinine, he believes, is both palliative and, in a sense, curative. The best treatment consists in the administration of from $\frac{1}{2}$ – $\frac{1}{4}$ gr. of morphia, with from $\frac{1}{300}$ – $\frac{1}{100}$ gr. of atropia. Of operative treatment he does not appear to think very highly.

—The anatomy and physiology of the recurrent laryngeal nerves furnish a wide field for discussion, and one which has of late attracted considerable attention. Dr. Hooper has studied the subject very thoroughly, both in medical literature, and by experimentation. He concludes that these nerves are purely motor in function; that their action on the glottis is different, in different animals; in the dog they close, in the cat they open the glottis. In the human subject, the evidence seems to indicate that stimulation of the recurrent laryngeal nerves causes widening of the chink of the glottis. An important conclusion of Dr. Hooper is that ether-narcosis abolishes the function of the glottis-closers. In this, he opposes the view expressed by Dr. F. Donaldson, Jr., in the *American Journal of the Medical Sciences*, July, 1886.

—Miss Cobbe's pamphlet contains a number of illustrations copied from various works on physiology, showing the appearance of animals undergoing experimental vivisection. The object of the pamphlet is to excite repugnance to a method of study which involves the infliction of pain upon the subjects of experimentation. Those who are opposed to this method hold that its advantages are not commensurate with the hardships it entails upon defenceless beings; and Miss Cobbe is one of the most earnest and uncompromising of its opponents.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—After January 1, 1888, the *Journal of Reconstructions*, published by Reed & Carnrick, will be published under the title of the *Dietetic Gazette*. Dr. Geo. B. Fowler will be the editor; and the journal will be increased in size by the addition of eight pages.

NEW INSTRUMENTS.

THE JONES-MARTIN SPECULUM.

The speculum invented and used by Dr. August Martin, of Berlin, has been highly praised and much used in this country. Its blade is short and wide, and its handle of a size and shape which enables the assistant to hold it in position without being in the way; and it gives the operator the best possible view of the field of operation. But with the Martin speculum, irrigation, which is often required in operations within the vagina, is apt to cause a good deal of wetting of the patient, of the operator, and of his assistant. But the Jones-Martin speculum, made by Codman & Shurtleff, of Boston, has the advantages of construction found in the original, with the improvement of having the handle made of a tube, with a hook at the end, on which a small pail may be hung to catch the drainage. This makes the operation more cleanly; and the weight of water furnishes a certain amount of traction, and holds the speculum in place without an assistant.



CORRESPONDENCE.

Twins: One Black and One White.

EDS. MED. AND SURG. REPORTER:

Sirs:—A very interesting case has occurred in my practice which I desire to report, thinking probably it would be interesting to the readers of this journal.

Case.—A black negro girl about eighteen years old gave birth to twins at seven months, one of which was as black as the *ace of spades*, and the other as white as any white child I ever saw. This girl has been engaged as nurse in a white family a part of the year, but she has associated with both white and black. Both cords were attached to same placenta. Is this merely a freak of nature, or is it possible that they have different fathers? I would like to have the opinion of some of the brethren.

NEWTON HILL, M.D.

Pickensville, Pickens Co., Ala., Dec. 5, 1887.

Very Early Menstruation.

EDS. MED. AND SURG. REPORTER:

Sirs:—Recently I came across a case of early menstruation which I consider rare. It is very interesting to me: and, thinking it might interest other members of the profession, I will report it to the readers of the REPORTER.

Ellen B——, American born, but of German parents residing in this city, 11 years old, weight 120 pounds, began menstruating when sixteen months old, and has continued to do so regularly every month up to present time. The flow formerly lasted from two to four days, but of late it lasts from five to seven days. The mammæ are much larger than they should be at her age, but not as large as in adult women. There is no growth of hair on the pubes. The girl is physically strong and healthy; she is not tall, but has large bones, and is plump and heavily built. Mentally she is weak, or deficient. Her parents say her memory is not good, and she cannot learn at school as other children do. The parents are honest, reliable, well-to-do people, having had a family of eight children—five girls living, older than this one, all apparently healthy; and two boys living and healthy.

I can give full credit to all they say of the past, and I have examined the child for the present myself.

S. P. BARNES, M.D.

Massillon, Ohio, Dec. 8, 1887.

Clinical Reading.

EDS. MED. AND SURG. REPORTER:

Sirs:—Find enclosed \$5.00 for my subscription for the MEDICAL AND SURGICAL REPORTER for the coming year. This is the twenty-second year that I have taken the REPORTER. Keep on improving the REPORTER; put in all the clinical reading you can.

Yours truly,

S. A. BENNETT, M.D.

New Portland, Me., Dec. 7, 1887.

[In reply to this pleasant note, we would say that we appreciate the desire of our subscribers to have practical subjects discussed in the REPORTER, and especially clinical notes and lectures. Having this in view, we have just completed arrangements to furnish during the coming year clinical reports and hospital notes of the greatest value, and hope to make this department a distinguishing feature of the REPORTER.—EDS. REPORTER.]

NOTES AND COMMENTS.

Two Cases of Poisoning with Nutmegs.

Dr. W. T. Dodge, of Marlette, Mich., in a letter to the *Med. Record*, November 12, 1887, says, that in June, 1886, he was called to see two children, a girl about four years of age, and a boy about eight, who had been left at a farm-house alone all day, and were discovered acting strangely on the return of the family in the evening. An investigation discovered pieces of nutmegs about the house, and the little girl stated that she had eaten one, but had vomited, and that the boy had eaten two. The latter soon becoming stupid, his parents became alarmed and sent for Dr. Dodge, who found him in a semi-comatose condition, and immediately administered an emetic and diffusible stimulants. Vomiting was free, but the coma increased until it was soon impossible to give him anything by the mouth. Hypodermic injections of brandy, ammonia, and small doses of sulphate of atropia were given, and artificial respiration was continued all night, but the little fellow did not rally, and died at an early hour the following morning. There was complete suppression of urine. The little girl became partially unconscious about two hours after the boy was taken, but could be at all times easily aroused and was all right in the morning. It will be seen that the symptoms were similar to those of opium poisoning, but there was no opium in the house, and there appears to be no doubt that the death of one child and the symptoms shown by the other were caused by eating the nutmegs. Probably both children would have died had not the little girl vomited soon after eating her share of the nutmegs.

Ligature of the Clitoris in a Young Child.

Dr. George F. Wilson, Assistant Surgeon, United States Army, of Fort Shaw, Mon. Ter., says in a communication to the *Med. Record*, November 12, 1887, that on the morning of August 29, 1887, he was called to go a distance of about twelve miles from Fort Shaw to see a girl six years of age, who had been taken seriously ill on the previous evening. He was informed that the child had been put to bed at its usual time, in good health apparently, and about ten o'clock it began to cry out with pain. The parents then examined the child to find the source of the trouble, and discovered that something was protruding from her vagina. On arriving at the house Dr. Wilson asked to see

the patient immediately, as the mental distress of the parents rendered their account still more bewildering. The patient, a thin and poorly-nourished girl, was lying on the bed, her clothes completely saturated with sweet oil, urine, and the water from many hop poultices, which had been constantly applied since the discovery of the trouble. Just above the meatus, and occupying the site of the clitoris, was a small, tense, œdematous swelling, about the size of a marble, and separated from the normal parts by a deep sulcus. As every attempt to examine the lump was met by struggles and screams on the part of the patient, and cries of despair from the parents, Dr. Wilson was obliged to administer a small quantity of ether. When partially under the influence of the anæsthetic the child voided her urine, which operation caused the lump to move about as if lightly suspended, at the same time bringing into occasional view the orifice of the meatus, which was to no extent involved in the swelling. As soon as the patient became quiet the mass was examined, and two small ends of thread were seen projecting from the sulcus, anteriorly. Traction on each separately, failed to loosen them, so it was then concluded that they must be the ends of an encircling ligature. Acting on this supposition the tumor was squeezed between the thumb and fingers, which relieved much of the tension, so that the bottom of the sulcus became visible. A thread was then discovered and cut with scissors, after which gentle pressure with the fingers restored the parts almost to the normal, to the very great joy of both parents. As the only other member of the family is a child about three years of age, it is probable that the girl must have tied the string herself. The sex, extreme youth, and undeveloped condition of the parts are the unusual features of the case.

Bantock on Listerism.

The *Glasgow Med. Journal* says that in a paper read before the British Gynæcological Society, 26th January, 1887, Dr. Bantock ventured to predict the future of Listerism in the following words: "Finally, gentlemen, what is to be the future of this system? Shall I play the rôle of prophet, and attempt to forecast its future? The old adage forbids. Perhaps, ere many years have gone over our heads, Listerism will already have become a thing of the past and as a tale that is told; perhaps the men of even the next generation, in the course of their study of this subject as matter of 'ancient history,' will be heard

asking of each other the question. 'What was it all about?' And perhaps it will be chronicled as one of the crazes to which, to our humiliation be it said, our profession has been given up soul and body. And as we now smile at the doctrines of the rationalists and the empiricists, of the dogmatists and the methodici, as we are lost in wonder and amazement at the belief in charms and amulets, and in the efficacy of the royal touch, and as we ridicule the vagaries of the alchemists and the astrologers, of the mesmerists and the healers by faith and prayer, as well as the antics of the African medicine man, so will our sons, perhaps, smile at the credulity of their fathers, and wonder at their unreasoning faith in the virtues of a practice which 'was based upon a hypothesis that was not proven,' and certainly was 'not true.'"

Emulsion of Castor Oil.

Ol. amygd. dulc.....	f. xx
Ol. ricini Ital.....	f. iv
Aq. rosæ.....	f. vj
Liq. ammon. B.P.....	f. j

Mix liq. ammon. and water; add gradually, with shaking, to the oils previously mixed. Scent with essence of bergamot, f. ij, or according to common sense (if any present). It will not separate for years if carefully mixed.—*Chemist and Druggist*, Nov. 26, 1887.

Antipyrin and Antifebrin in Hay Fever.

Dr. W. Cheatham, of Louisville, Ky., in a letter to the *Medical Record*, October 8, 1887, says that he used antipyrin for hay fever frequently during the summer and autumn of 1886, and always with the best results. During the summer of 1887 he tried both antipyrin and antifebrin for this affection. He then reports the following case:

"Mr. B——, foreman in a large railroad repair-shop, has had so-called hay fever for ten years; the difficulty begins with him in early spring, and ends with cold weather. He has taken, during the whole summer, a daily dose of fifteen grains of antipyrin, which has given him great comfort, relieving him entirely of all the fever symptoms, stimulating him for work, giving him good rest at night, and lessening very much all nose and eye symptoms."

Dr. Cheatham says that he used it in the summer of 1886 in fourteen other cases, with similar results. During the past summer he has tried the antifebrin in half of his cases. The effect has been about the same as that obtained from antipyrin. In a few of the cases some slight depression was complained

of, but this is readily corrected by small doses of belladonna or its alkaloid. Some of his patients have taken both the antipyrin or antifebrin (more frequently the former) daily—from ten to thirty grains of the former, or from four to six grains of the latter—for several months, with no bad effects. He believes it to be of great benefit in hay fever, and is anxious for others to try it.

Spurious Hydrophobia.

On November 29, a man called "Marschwald," by the *Chicago Tribune*; "Nassauld," by the *Philadelphia Ledger*; "Norswald" and "Marshwald," by the *New York Tribune*, died in the Brooklyn City Hospital after an illness of three days. His death was attributed to hydrophobia by the newspapers, and so it is said by Dr. T. C. Burnett, house-surgeon of the hospital. The best accounts we have gathered of the case show that the man worked in a tannery and was bitten September 8, 1887, by a Newfoundland dog, kept by the man's employer to drive away thieves. "There was nothing to show that the dog was mad;" but it was killed at once. The wound healed promptly and kindly. As soon as the man was bitten, he went to the City Hospital, where he remained nearly two weeks. Then he came out as cured. He was greatly alarmed about the wound from the bite and visited the hospital every week to have it examined. The owner of the dog, for whom Marshwald worked, said that the man was drunk when the dog bit him, and was trying to hold the animal with one hand. His condition was such that it was deemed necessary to send him to the hospital for treatment for *delirium tremens*. A horse, bitten at the same time, got well. Marshwald kept on drinking, and was in a state of intoxication when he went to the hospital for the last time. On Sunday, November 27, he went to the hospital, saying he was going to have hydrophobia, and showing that he had no hope of recovery.

In the treatment, milk, brandy, chloral, digitalis, and hypodermic injections of curare were given him, and he was confined in a straight-jacket and several men were employed to hold him.

The Diagnosis and Treatment of Lithæmia.

In a paper in the *Medical Record*, Dr. Thomas E. Satterthwait, after giving a brief history of the origin of the word lithæmia, which he ascribes to Murchison, and giving theories as to cause of the group of diseases of that name, gives the following three forms of the disease, with their diagnosis:

1. The hepatic form (hepatic dyspepsia): This variety of lithæmia introduces one at once to the sphere of the digestive functions, in which portal and hepatic congestions play important rôles. Prominent among the symptoms are those of gastric catarrh, distress in the epigastric regions, especially after eating, with drowsiness; acid eructations, a furred tongue and sluggish bowels. Palpitation will occur if the stomach be at any time dilated.

2. In the neurotic form the patient is apt to suffer from neuralgia, frontal headache, tinnitus aurium, a sense of weariness in the limbs, some form of mental aberration, perhaps, such as melancholy or hypochondriasis. Sometimes there are vertigo, muscular cramps, spinal irritations, vaso-motor disturbances, delusions, and, perhaps, epileptiform symptoms.

3. In gout there is as a substratum either of the above forms, and in addition the individual tendency, which is usually, if not always, inherited, to deposition in joints, possibly induced, as Garrod thinks, by the alkalinity of the blood.

Diagnosis.—1. In the hepatic form a diagnosis rests upon the regular occurrence of uric acid in the urine, and especially before the usual acid fermentation takes place upon the deep color of the urine, and its high specific gravity when unaffected by remedies, and by the regular symptoms of hepatic congestion, with its concurrent phenomena, as already described.

2. In the neurotic form, one is only called upon to differentiate it from other organic or functional nervous diseases, in which case the regular occurrence of uric acid in a urine, before the period already mentioned, will indicate the source of the disturbance.

3. In gout the peculiar attacks, affecting, as they do, usually the larger joints of the toes, preceded by irregular cramps and spasms, having a short but violent exacerbation, in which the urine is notably free from uric acid, and followed by sudden and entire relief, while the urine is quickly loaded with uric acid, indicate with sufficient clearness that the affection is gout and nothing else.

Dr. Satterthwaite recommends in the treatment the diminution of the amount of nitrogenous food, but a mixed diet made up of foods which the individual patient can readily digest. The bowels should be freely moved, and for this purpose the natural laxative mineral waters are best. An outdoor life, with active exercise, should be insisted upon, and the patient should be restricted in the use of alcoholic stimulants.

This course of treatment is applicable especially to those of full habit. In other cases a more restricted diet, with rest and a tonic treatment, will be necessary. The author thinks highly of lithia and its preparations, and of strychnia. Dilute nitro-muriatic acid is useful in some cases. Patients should also drink freely of the various carbonated waters.

Hepatic Cirrhosis in Children.

Dr. R. Palmer Howard, of McGill University, Montreal, in a paper read before the meeting of the Association of American Physicians, Washington, June 2, 1887, reported two new cases of this affection, which is rare in children. He states that he did not have an opportunity of seeing the paper of MM. Laure and Honorat, which was published in the *Rev. Mens. des Mal. de l'Enfance*, March, 1887; and that the case reported by Dr. Marsh also escaped his notice. From Dr. Howard's paper, as published in the *American Journal of the Medical Sciences*, October, 1887, the following summary of his study of sixty-three cases is taken:

1. Most of the established causes of the disease in adults obtain also in children, more especially the use of alcohol, which existed in 15.8 per cent. of the whole number of cases. Other causes are syphilis (11 per cent.), tuberculous disease of other organs than the liver (11 per cent.), and, less frequently, venous congestions of the liver, peritonitis, and a general tendency to connective tissue formation in the system.

2. Syphilis occasionally tends to a diffuse interstitial hepatitis or cirrhosis, by first inducing an adhesive inflammation of the portal vein.

3. A general arterio-capillary fibrosis is not proved by these cases to be the usual, and probably not even a frequent, cause of hepatic cirrhosis in childhood.

4. More than half of the cases of hepatic cirrhosis in children do not appear to be produced by the above mentioned well established causes of that affection.

5. There is some evidence that cirrhosis of the liver may be very exceptionally induced by the acute infectious diseases—cholera, typhoid fever, measles, scarlatina; but proof of this is wanting.

6. The habitual use of a stimulating diet, or the absorption of the products of faulty digestion, are probably fruitful sources of hepatic cirrhosis in children.

7. It is in harmony with what is known of the causes of hepatic cirrhosis to believe that the bodies known as ptomaines may be capable of exciting a cirrhotic condition, and

investigation of this subject demands attention.

8. The period of childhood most liable to cirrhosis of the liver is from the ninth to the fifteenth year inclusive; but it may be congenital, and may occur at any age after birth.

9. It is twice as frequent in male children as in female.

10. Its symptoms are essentially the same in childhood as in adult life.

11. It is frequently accompanied by pyrexia.

12. Ascites or icterus, and frequently both together, are of common occurrence in the atrophic and hypertrophic forms.

13. The group of symptoms which have been referred to cholæmia or to cholestæmia, or to acholia, and even sometimes to uræmia, frequently usher in the fatal issue of hepatic cirrhosis in children.

The Treatment of Vaginismus.

The *Glasgow Med. Journal* says that Dr. More Madden, in a paper read on the above subject before the Obstetrical section of the Academy of Medicine in Ireland, January, 1887, gave it as his opinion that vaginismus was generally caused by neuromata occurring in the twigs of the superficial perineal branch of the pudic nerve. Many cases could be cured by forcible dilatation of the vaginal canal and stretching the pudic nerve, combined with general sedative treatment. In some cases Sims' or Emmet's operation might be necessary. In conclusion Dr. Madden pointed out that, even in the worst cases, the condition did not necessarily prevent impregnation.

Hypodermic Injections of Carbolic Acid in Rheumatism.

According to the Vienna correspondent of the *British Medical Journal*, October 8, 1887, Professor Benedict has been using with extraordinary success hypodermic injections of two per cent. solution of carbolic acid in the treatment of rheumatoid affections. He asserts that in even a few months after the injection into the part the joint will be freely movable and free from pain as though narcotized, and in recent cases joints in which there was great tenderness on pressure and distinct swelling of the bones would be apparently free from disease a few days after the injections; not only would the pain disappear in the joints in whose neighborhood the injections had been practised, but would be markedly lessened in distant joints. Professor Benedict believes that the carbolic acid has not only a local influence, but a general effect

in causing the elimination of the rheumatic poison. He has especially obtained good results by the simultaneous use of salicylic and carbolic acids. When the salicylate of sodium is administered by the mouth in small doses, and one to three subcutaneous injections of carbolic acid given in twenty-four hours, the course of the affection was very much accelerated, and no bad consequences were observed, especially if the treatment was carried out from the very beginning of the disease. Extraordinarily good results were obtained by the method in cases of inflammation of the sheaths of tendons, especially after injury. A few injections sufficed to cut short the morbid process, and no local pain or muscular atrophy, etc., was observed, provided the disease was treated in the above-mentioned way from the very outset.—*Therapeutic Gazette*, November 15, 1887.

Darwin as a Medical Student.

In 1825 Darwin was a student of medicine at the University of Edinburgh; but, according to his own account, not a very diligent one. The immediate impression of his studies he describes as follows in his autobiography:

"The instruction at Edinburgh was altogether by lectures, and these were intolerably dull, with the exception of those on chemistry, by Hope; but to my mind there are no advantages, and many disadvantages, in lectures compared with reading. Dr. Duncan's lectures on materia medica at eight o'clock on a winter's morning are something fearful to remember. Dr. — made his lectures on human anatomy as dull as he was himself, and the subject disgusted me. (There are survivors who can fill the blank and recall the memory.) It has proved one of the greatest evils of my life that I was not urged to practice dissection, for I should soon have got over my disgust, and the practice would have been invaluable for all my future work. This has been an irremediable evil, as well as my incapacity to draw. I also attended regularly the clinical wards in the hospital. Some of the cases distressed me a good deal, and I still have vivid pictures before me of some of them; but I was not so foolish as to allow this to lessen my attendance. I also attended on two occasions the operating theatre in the hospital, and saw two very bad operations, one on a child; but I rushed away before they were completed. Nor did I ever attend again, for hardly any inducement would have been strong enough to make me do so; this being long before the blessed days of chloroform."

For Chapped Hands.

A cream for chapped hands, which is far superior to many of the similar advertised products, is made as follows:

Quince seed.....	ʒij
Rose water.....	Oiv
Glycerine.....	Oij
Tr. benzoin.....	fʒij

Macerate the quince seed in the rose water for twenty-four hours. Strain, and add the glycerine and tr. benzoin.—*Drug. Bull.*

Elegant Mouth-wash.

Edina sends a sample of a mouth-wash, half a teaspoonful of which in a wineglassful of water is used to refresh the mouth. It is a pale crimson and transparent solution, with the odor of oil of wintergreen. Its composition is fairly represented by the following formula:

Oil of wintergreen.....	ʒj
Oil of peppermint.....	℥xv
Rose-aniline hydrochlorate[(or magenta).....	gr. ss
Water.....	ʒss
Glycerine.....	ʒiij
Rectified spirit to.....	Oj

Dissolve the oils in the spirit, and the rose-aniline in the water; mix the latter solution with the glycerine, and pour it into the perfumed spirit. Mix.—*Chemist and Druggist.*

Disinfecting Books.

The Sheffield correspondent of the *Chemist and Druggist* says that a fruitful medium for the dissemination of small-pox is afforded by the books of the Free Library. The committee of the library have recognized this, and have ordered the books disinfected. The apparatus employed consists essentially of an oven heated by hot-water pipes communicating with a boiler at the base. At the bottom of the pipes is a copper tray for holding disinfecting fluid. The vapor thrown off by the heat is absorbed by the books, which are thus purified. One hundred books can be disinfected at one time.

Benzol in Whooping Cough.

Dr. John Lowe speaks highly (*Brit. Med. Journ.*) of the efficacy of benzol in whooping cough after the acute stage is past. He gives it in the form of a mixture, of which the following is the formula:

Benzol, puriss.....	℥xxxii
Glycerin, pur.....	f iss
Ol. menthæ pip.....	℥x
Syr. mori (Mulberry).....	fʒss

The dose of this for a child of four or five is a teaspoonful every two hours. The taste of the mixture is not unpleasant. Benzol has the properties of diminishing expectoration and decreasing the spasmodic nature of the cough.

Glassblowers' Syphilis.

The *Lancet* says that Prof. E. De Smet, of Brussels, in lecturing on a case of syphilis occurring in the mouth of a glassblower, referred to several epidemics which have been reported as having occurred among artisans of this description, and remarked that only two plans for preventing these outbreaks had been devised, viz., giving a separate movable mouth-piece to each man, and instituting frequent, vigorous and periodical inspection of the persons of the employés. The first plan is always declared by the workmen to be impracticable, from the loss of time which would be occasioned by fitting the different mouth-pieces on the tubes. The second would, of course, be resisted by the men, but he thinks their objections could be overcome by showing them the danger to themselves and their families, which arises from the present system.

The Value of Cocaine in Obstetrics.

Mr. John Phillips, Physician to the British Lying-in Hospital, after a review of the literature of this subject and a statement of his own experience in the *Lancet*, November 26, 1887, draws the following conclusions: First, cocaine, in whatever way administered, is a valuable adjunct to the treatment of the vomiting of pregnancy, and in some cases is superior to other drugs in use. Second, during the painful earlier stages of labor, especially in primiparæ, it materially assuages the pains, but neither quickens them nor retards their onset, and hence has no effect on the actual dilatation. Third, it is useless in mitigating the pains of expulsion and those caused by pressure on the perineum. Fourth, in the case of sore nipples it relieves the pain attendant on suckling, though the duration of its effects is not sufficiently long to be of material service. It is, however, apparently without any detrimental effect on the suckling.

The Bacillus of Cancer.

The *Deutsche Med. Wochenschrift*, December 1, 1887, contains a paper read before the Medical Society of Berlin, by Dr. Scheurlen, in which he gives an account of his experiments with the cancer bacillus. The following are his conclusions: (1) There exists always in cancerous tumors a bacillus which can be isolated. (2) The spores of this bacillus are met with in all microscopical preparations of cancerous tissues. (3) Inoculations upon animals with pure cultures of this bacillus always give rise to the for-

mation of cancerous tumors. (4) There is consequently a causal relation between this bacillus and cancer.

Eye Affections Treated with Salol.

Dr. Max Thorner, of Cincinnati, reports in the *Cincinnati Lancet and Clinic*, Dec. 10, 1887, his results from the treatment of certain affections of the eye with salol.

Two cases of simple ciliary neuralgia of long standing, one of which had been under treatment for many years, were treated with salol. The first case, of shorter duration, was relieved after the exhibition of the third dose; the second case, of longer standing, resisted the remedy for four days; then relief was gradually obtained and, after the remedy had been used in three daily ten-grain doses for a week, the patient was entirely free from pain, and has had no return of the pain for the last four weeks. This patient has suffered from these pains for over twenty years, the pains being so severe as to confine her to her bed on an average three days out of every week. In one case of rheumatic iritis, in which persistent ciliary neuralgia existed, the remedy was also used. In one case the salicylate of sodium had been used with good effects, but it was discontinued on account of producing gastric disturbances, and salol substituted with great benefit. In the other case the drug was used from the beginning, and checked the pain after the first dose. In one case of acute catarrhal conjunctivitis, combined with severe supra-orbital pain, which relapsed for months in spite of the internal administration of the salicylate of sodium, salol was also given. The salicylate of sodium was discontinued on account of its producing severe tinnitus aurium and deafness, though it never failed to relieve the neuralgia. The result after the use of salol was both a rapid and a permanent one, the remedy having been continued for one week without even producing the annoying complications on the part of the ear, which had deterred the patient from a continued use of the salicylate of sodium. In one case of acute trachoma with ulcerative pannus, in which the pain over and around the eyes was so intense that the patient had been compelled to use daily hypodermic injections of morphia to procure rest, salol was given in ten-grain doses three times a day. The effect was marvelous. After a few doses the patient felt tolerably well, and, although awakened in the night with the severe pain, after taking one dose of ten grains fell asleep within thirty minutes. This prompt action caused the nurse attending this patient to speak of the

remedy as a hypnotic. The repetition of the drug during the day was discontinued after three days, and only one dose was given at bedtime, and repeated during the night whenever a sudden onset of pain caused sleeplessness. The remedy was used in this manner, with the effect of relieving pain and producing quiet sleep, for two weeks, when it was only used whenever the patient noticed an approach of the pain, which, however, seldom occurred.

In most of these cases the dose was ten grains three to four times a day, till relief was obtained. In some cases the single dose was fifteen grains, in others the ten-grain dose was repeated after one hour. At times the patient was ordered to take the remedy whenever indicated by pain. No unpleasant effects were ever observed to follow the use of salol, except slight ringing in the ears in two cases, where the single dose was fifteen grains. But the quantity of salol given within twenty-four hours was rarely, if ever, larger than forty grains, which is far less than the amount usually administered. These small doses of ten to fifteen grains were mostly sufficient in cases of simple rheumatic or neuralgic affections. But even in cases where larger doses are required, the danger of poisoning is apparently not very great, provided the usual caution not to begin with too large a dose is followed. The author does not consider salol a panacea, but advocates the use of it in cases where the salicylate of sodium is indicated, because it is safer than the latter, although in certain cases the salicylate is more effective than salol.

The Treatment of Urethritis in the Male.

In a paper read before the Medical Society of the County of Kings, Dr. H. W. Rand (*N. Y. Med. Journal*) says that for painful urination in gonorrhœa small doses of the oil of sandalwood have given him better results than any other single remedy. He frequently combines ten minims of this oil with two or three grains of extract of hyoscyamus, and gives this quantity two hours after each meal. The effect is said to be more decided when either remedy is given alone. As the inflammatory symptoms subside, the dose of the oil can be increased to twenty or thirty minims, and the hyoscyamus omitted. He also regards the oil of sandalwood as the best internal remedy for the gonorrhœa itself. It is less apt to disagree with the patient than either copaiba or cubebs, and can be given earlier in the course of the disease. When the oil of sandalwood is not tolerated, the tincture of

Cannabis Americana can be given, and will be found a useful remedy. When pain on urinating is very severe, and is not relieved by the means already mentioned, injections of a four per cent. solution of cocaine are useful palliatives, if the act of injecting does not cause too much irritation.

Dr. Rand says that one of the best injections to begin with, which is soothing and at the same time slightly astringent, is the following:

R	Pulv. opii.....	5i
	Aquæ destill. bullientis.....	f3viii
	Mix, filter, and add	
	Liq. plumbi subacetat.....	f3ss

Sometimes a grain of sulphate of atropine may be profitably added to each ounce of this solution. As the inflammatory symptoms subside, the amount of solution of lead in the prescription may be increased to a fluid drachm or more, always bearing in mind that an injection should never be strong enough to produce pain, or even prolonged smarting. Not more than one fluid drachm should be injected early in the disease, but later on three or four drachms may be required to reach all the diseased surfaces. Treatment should be persisted in for at least two weeks after the discharge has entirely ceased.

The Influence of Cold over the Heart in Fever.

Dr. Valke has made a series of experiments upon the action of ice applied to the region of the heart, and extols this procedure in typhoid fever, infectious pneumonia, etc. Numerous tracings of the action of pulse and respiration show that ice applied in this way increases the energy of the heart's action, and acts favorably upon the respiration. The cooling does not lower the temperature of the body, but very probably lowers that of the cardiac muscle.—*Bulletin Medical*, Nov. 20, 1887.

Nervous Phenomena Observed in a Case of Exposure of the Spinal Cord from Syphilitic Ulceration of the Pharynx.

In the *Southern Med. Record*, December, 1887, Dr. A. G. Hobbs reports the case of a young man who was brought to him in October, 1886, supposed to be suffering from ulcerated sore throat. He had been a cowboy in Texas for two years, and had been strong and robust, weighing 140 pounds. When he applied for treatment he was thin, pale and anæmic, weighing only 104 pounds.

He denied ever having had syphilis, nor had he any evidence of this disease, other than an ugly sloughing ulcer about the size of a silver quarter-dollar, in the posterior and superior wall of the pharynx. By the use of a soft palate retractor a direct view of the greater part of the ulcer could be obtained. A bent probe discovered necrosed and detached bone at a depth of about half an inch, a piece of which was extracted at the first sitting. At each succeeding daily visit for two weeks small pieces of bone, from the size of a pin head to a small pea, were either washed out with the cleansing syringe or extracted with the probe or scoop. The index finger could then be inserted into the cavity as far as the first joint.

The treatment had, from the beginning, been based upon the assumption that it was a syphilitic ulcer, notwithstanding his repeated denials of ever having contracted the disease, and his father's assurances that he had been healthy from infancy, and could not, therefore, have inherited the taint. He began on forty grains of iodide of potash, three times a day, in a menstrum of *Succus Alterans*. This dose was afterwards doubled. The ulcer was daily cleansed with cotton probes, syringing and sprays. Sprays were applied not only directly, but through the nose, on account of the discharge being partly expelled through that channel. Listerine was used for its disinfectant and cleansing properties, and nitrate of silver, full strength, was applied to the bottom of the cavity by a cotton probe, after which the cavity was packed with iodoform. About this time—after four or five weeks of daily treatment—the nervous phenomena first occurred. For a week or ten days he had been complaining of constant pain in the back of his head and neck, which caused him to carry his head rigidly to one side. He was also unable to sleep, except for a few minutes at a time, and in a sitting posture. After the cavity had been thoroughly cleansed at one of the treatments, the nitrate of silver probe was pressed to its bottom, when, as suddenly as if he had been shot, one-half of the patient's body became paralyzed; his head fell to the right, his right leg turned outward, and he would have fallen from the chair if Dr. Hobbs had not caught him. Without losing consciousness at any time, this hemiplegic condition lasted about thirty seconds, when, as he expressed it, "he felt a tingling in the right half of his body," and in another half minute he slowly raised his right side into position. The next day the same phenomena were repeated, *but on the opposite*

side. He was now so reduced in weight (to ninety-six pounds) and in strength by the loss of sleep and constant pain, that he could not walk to Dr. Hobbs' office. The extreme insomnia lasted about ten days, during which time his attendants thought he did not sleep one hour in twenty-four. The pupil of the side affected became slightly dilated, but there was apparently no change in the perspiratory glands while the paralysis lasted. But from this time healing began at the bottom of the ulcer, the discharge became less, and examinations with the finger did not discover any more rough bones; he slept better, and complained less of the pain in the back of his head and neck.

A week passed on with all of his symptoms gradually improving when, the author says, he could no longer resist the temptation of making another pressure with the probe. Paralysis of the side which was pressed upon, was again exhibited, but in a much milder degree than before, ending in the same tingling sensations as described before. As only the spray and powder-blower were used from this time onward in dressing the cavity, no more pressures with the probe were made till healing had well progressed—probably ten days or two weeks after the test. The author was then surprised to find that when the probe was now pressed into the cavity a condition just the opposite of paralysis was exhibited; the arm and leg jerked and jumped as in a case of chorea. These choreic muscular contractions, unlike the paralysis, lasted only during the pressure of the probe. In repeating the probe pressures at intervals during the next few days, the same choreic symptoms were produced, always on the side corresponding to the pressure, but in a less and less degree, requiring a still firmer pressure to produce the effect.

Finally, when the healing process had been thoroughly established and cicatricial tissue had, in a measure, closed up the cavity, only a "tingling and prickling" sensation followed the probe pressure—a sensation similar to that which followed the hemiplegia in the first instance. After the cicatricial tissue had thoroughly hardened, no manifestations followed the pressure of the probe. Dr. Hobbs says that ten months after the patient was first seen he had entirely recovered, and presented a perfect picture of health. His weight was thirty to forty pounds more than he weighed in November of 1886. He was kept on a lessened dose of iodide of potash and Succus Alterans until July, 1887.

Food and the Nursing Woman's Milk.

Zalieski's conclusions upon this subject, as stated in *Le Bulletin Médical*, November 20, 1887, are as follows:

1. Woman's milk, which is very rich in fat, can have an injurious influence upon the development and the nutrition of the child.

2. A food very rich in albuminoids increases considerably the proportion of fat in woman's milk, and causes a corresponding diminution of the sugar. The other constituents of the milk are not sensibly altered. It is very possible that alcoholic drinks have the same action as albuminoid foods.

3. The composition of the milk can be told from the manner of life or the food of the mother or nurse, which is a very important matter in the favorable development of the child.

4. The kind of food has an influence upon the composition of woman's milk, exactly as it does in animals.

5. The fat of the milk is formed mediately and immediately, and probably in its greatest quantity, by virtue of the albuminoid substances of the food.

Œdema of the New-Born and Phlegmasia Alba Dolens.

At a meeting of the Academy of Medicine of Paris on November 15, 1887, M. Dumas (*Progrès Médical*, November 19, 1887) spoke upon the probable identity of œdema of the new-born and phlegmasia alba dolens. He thinks the former should not be confounded with sclerema, for it is characterized by the infiltration of serum into the subcutaneous cellular tissue and into all the cellular interstices of the affected parts. On the contrary, this œdema should be regarded as a symptom of phlegmasia. Treatment should consist, (1) in the employment of heat in the form of the brooding-hen (*couveuse*) of Tarnier; (2) in the absolute condemnation of manipulation of the affected parts, which was recommended until then by all authors, as it tends to the formation of emboli.

Effervescent Citrate of Lithium.

Citrate of lithium.....	10 parts
Bicarbonate of sodium	30 "
Tartaric acid.....	20 "
Sugar.....	20 "
Sugar of milk	20 "
Alcohol.....	40 "

Mix the solids, in fine powder; dampen and knead the mixture with the alcohol, rub through a coarse sieve, and dry.—*Am. Druggist*.

Lead Poisoning from Flour.

The *British Med. Journal*, December 3, 1887, says, that a very remarkable epidemic of lead poisoning has recently been investigated in three communes in the north of France. Upwards of one hundred persons were suddenly attacked with violent symptoms, among which severe colic predominated. So serious did the condition of some of the sufferers become, that medical aid was obtained, and the presence in several patients of a characteristic blue line on the gums gave rise to the suspicion of lead poisoning. The water supply was derived from so many different sources that it could not be incriminated, and suspicion ultimately fell on the flour. It was ascertained on inquiry that the affected persons had all obtained their flour from the same mill, but those who had partaken of rye bread were most severely attacked. The mill was gone over, and after a long and painstaking examination, attention was directed to the tin buckets of the elevator which served to transport the rye flour from the grindstones. Several of these buckets had a dull, leaden appearance, and were found to have been "tinned" with lead. As doubts were entertained whether the quantity of lead from this source was sufficient to give rise to such severe symptoms, they were carefully weighed, and were found to have lost upwards of 150 grammes of their weight. The wheaten flour, which passed through another elevator, was free from lead, and this was evidently due to none of these "leaded" buckets having been employed in its construction. The accuracy of the discovery was confirmed by the observation that those who ate rye bread exclusively were most severely attacked, while the others, who mixed the two flours, escaped with comparatively slight symptoms.

Is Cancer Contagious.

Mr. Charles E. Jennings, F.R.C.S., who has given much attention to the question of the contagiousness of cancer, writes to the *Lancet*, October 29, 1887, that he does not think cancer is a contagious disease in the ordinary sense of that term; but that if it is ever transmitted, transmission is effected by grafting—the process being comparable to the well-known method of skin grafting. He, therefore, regards the recently reported case in which a man became affected with cancer of the penis after having for a long time carefully nursed his wife, who was suffering from cancer of the uterus, as simply a remarkable coincidence. The same opinion is expressed with regard to the case reported

by Mr. Adam, in which a physician married a lady who subsequently developed cancer of the uterus and mamma, of which she died. The physician, a short time afterwards, became himself affected with cancer of the stomach and liver. Before his death, however, he married again; and a year or so later this second wife was under the necessity of having both mammae removed for cancer, in successive operations, as a result of which she died.

Sublimate Paper as a Surgical Dressing.

Filter paper prepared in the following way has been found useful as a surgical dressing. It is first steeped in a solution consisting of sublimate grs. 3, glycerine $\mathfrak{m}$ 75, and water $3\frac{1}{2}$ oz., and then dried. It is not alone useful in small superficial wounds, but even large wounds and major operations may be dressed with this material.

From personal observation Gedeke, *Centralblatt für Chirurgie*, comes to the following conclusions:

1. That filter paper saturated with a $\frac{2}{10}$ per cent. bichloride of mercury solution makes a good material for surgical dressings.
2. That according to the size of the wound, from a single layer up to eight ply should be used, and the whole held in place by a dry bandage.
3. That such a dressing is particularly adapted to fresh wounds.
4. In complicated injuries of the fingers, this dressing has the advantage of acting as a splint as well as a dressing.
5. It should be changed every two or three days.
6. When other antiseptic surgical dressings cannot be had, suppurating wounds can be kept aseptic for a short time with this dressings.—*Pacific Med. and Surg. Journal*, Dec., 1887.

Effervescent Carbonate of Lithium.

Carbonate of lithium.....	10 parts
Bicarbonate of sodium	.30 "
Tartaric acid.....	.20 "
Sugar.....	.40 "
Alcohol.....	.40 "

Reduce the solids to a fine powder; mix thoroughly; dampen and knead the powder with the alcohol; then rub it through a coarse tinned-iron or hair sieve, or through an enamelled colander, and dry it, first at 68° F., then at 104° F. Separate the somewhat coherent mass by cautious pressure, and preserve in well closed vessels.—*Am. Druggist*.

News Items.

—Dr. William G. Wright, of New York, who fired several shots in Clinton place on the night of October 19, after a quarrel with Paul Jardine, a commission merchant, was arraigned before Recorder Smith, Nov. 28, for examination as to his sanity. Drs. Trual and Field testified that Dr. Wright was a sufferer from general paresis. He had delusions as to his wealth. The jury found him insane, and Recorder Smith sent him to the State Hospital for the Insane at Poughkeepsie.

—Dr. H. H. G. Piffard, of New York, has been making some interesting experiments in orthochromatic photography with the instantaneous flash. The magnesium was found to be too white a light, and he made a "golden orthochromatic compound," with which he has obtained remarkable results. A print was shown at the Philadelphia Amateur Photographic Club recently from a negative made in this way. The subject was a bunch of chrysanthemums, yellow, magenta, etc., and the color values are reproduced in the most perfect manner.

—The position as medicine man to a band of Indians at Bay Centre, on Shoalwater Bay, in Oregon, is about being vacated, and a competitive examination was at last accounts being held for a successor. The examination was unique and in accordance with the laws of the tribe, which provide that the candidate who dances for one week, night and day, without giving out, and succeeds in the meantime in finding some object which has been previously hidden, is chosen. He is forthwith declared the medicine man, and the "healing business" is turned over to him. When last heard from, the candidates had been tripping for four days, and several were almost exhausted.—*Phila. Ledger*, Dec. 6, 1887.

—Dr. William A. Hammond appeared in the Tombs Police Court, New York, December 1, as complainant against George A. Scott, whom he charged with criminal libel. Scott makes and extensively advertises an electric corset and belt, and in the advertisement appears this passage, which Dr. Hammond characterizes as libelous: "Every mail brings us testimonials like the following: 'The celebrated Dr. W. A. Hammond, of New York, formerly Surgeon-General of the United States Army, lately lectured upon this subject and advised all medical men to make trial of these agencies, describing at the same time most remarkable cures he has made, even in cases which would seem hopeless.'" Dr. Hammond denies that he ever used the

articles in question, and says that the statement in the advertisement is false, fraudulent and intended to injure him in professional and other circles.

—Revolt in a Hospital. —The *Progrès Médicale*, November 12, 1887, states that a terrible revolt has broken out in the Hospital of Santa Maria, at Naples, which is occupied by several hundred women who have venereal diseases. They commenced by driving the nuns from the convent and forcing them to take refuge with the police. They then sacked the hospital, breaking in pieces and throwing everything out of the windows. Armed with table-knives they attacked the police, who had to force the gate. A platoon of soldiers and some riflemen were called upon, but hesitated to employ brute force against the women and were repulsed. But as they were assailed by chairs, plates, bottles, bars of iron and broken bedsteads, they marched against them with fixed bayonets and drawn swords. The revolt lasted eight hours, and twenty-two sisters, as well as several of the soldiery, were more or less seriously hurt. Twenty-eight of the most desperate women were arrested. The principal cause of the revolt was the prohibition of visits to the hospital, as it was found that lovers were received in place of parents.

—Dr. Edmund Andrews has written a letter to the *Chicago Tribune*, December 6, in which he describes the pathology of cancer, on the theory that it is dependent upon a bacillus. He has couched his description in terms intended to be understood by laymen; and we think has made his exposition so clear that it will alarm some of the readers of the Chicago newspaper referred to:

"The world swarms," he says, "with numberless species of microscopic fungi, called in a general way microbes, of which the bacilli are one group. They are everywhere present, especially in all decaying substances, in stagnant waters, and in the dust of the air. They are blown about on all winds, seeming in the dry form as dead as thistle-seeds do in their aerial flight, but when they light on moist surfaces, or fresh wounds, for instance, many of the species germinate and multiply by billions, and some of them cause the putrid diseases commonly grouped together under the name of 'blood poisoning.' Some of them possess the power of swimming in fluids, and when they light on a wound leading into the sac of a joint, or other delicate interior cavity, they make their way into the inner spaces and set up there a decomposition of a poisonous and deadly character."

—A Pasteur Institute has recently been set on foot in Constantinople, where it is expected a large material will always be on hand on which to practice. An institution in which the treatment of persons bitten by rabid animals will be undertaken, has also been founded in Barcelona. A wealthy merchant of that city gave a large sum of money for the purpose of founding a hospital similar to that of M. Pasteur. The city added largely to the sum, so that as to include within one building the Pasteur Institute, and a laboratory for bacteriological and histological investigations. The whole will be under the directorship of Ferran, of cholera inoculation fame, who will himself perform the anti-rabies inoculation.

—Something akin to emotional insanity is set up in the defence in the case of Weidler, charged with shooting a Brooklyn physician (referred to in an editorial in the *REPORTER*, July 2, 1887), and two doctors have testified that the man was insane at the time of the murder. He is clearly sane enough now. His insanity he attributes to malaria, and he alleges that his mind was blank for some time after the fatal day. The murder itself was extremely deliberate. Weidler lay in wait for the doctor and shot him repeatedly in broad daylight. It is possible that the jury may be sufficiently soft-hearted to accept the plea of insanity for that occasion only. If they do, it will be a direct encouragement to the use of the pistol, and cannot but have an unwholesome effect.—*N. Y. Tribune*, Dec. 2, 1887.

HUMOR.

DIAGNOSIS.—A friar once met some medical students, who asked him, "Do you know the difference between a friar and a jackass? Give it up?" "Yes, I give it up." "Well," said they, "one wears a cross on his breast and the other on his back." "Now," said the friar, "do you know the difference between a medical student and a jackass?" "No," said the students. "Neither do I," said the friar.

"How is it that you charge me fifty cents for this little pinch of bicarbonate of soda when you gave three times as much for ten cents yesterday?" Druggist: "We are filling a prescription to-day. Suppose we are going to translate Latin for nothing? My dear sir, you don't seem to appreciate what it costs to obtain a classical education. Hold on! I've given you oxalic acid. That boy's always shifting them bottles around.—*Boston Transcript*.

A LADY, who had been severely bitten, once went to Abernethy, and knowing his aversion to hearing unimportant details from his patients, merely uncovered her arm, and held it up before him in silence. After looking at it, Abernethy asked: "Scratch?" "Bite," said the lady. "Cat?" asked the doctor. "Dog," she said. Whereupon the gruff doctor broke out: "Zounds, madam, you are the most sensible woman I ever saw in my life!"

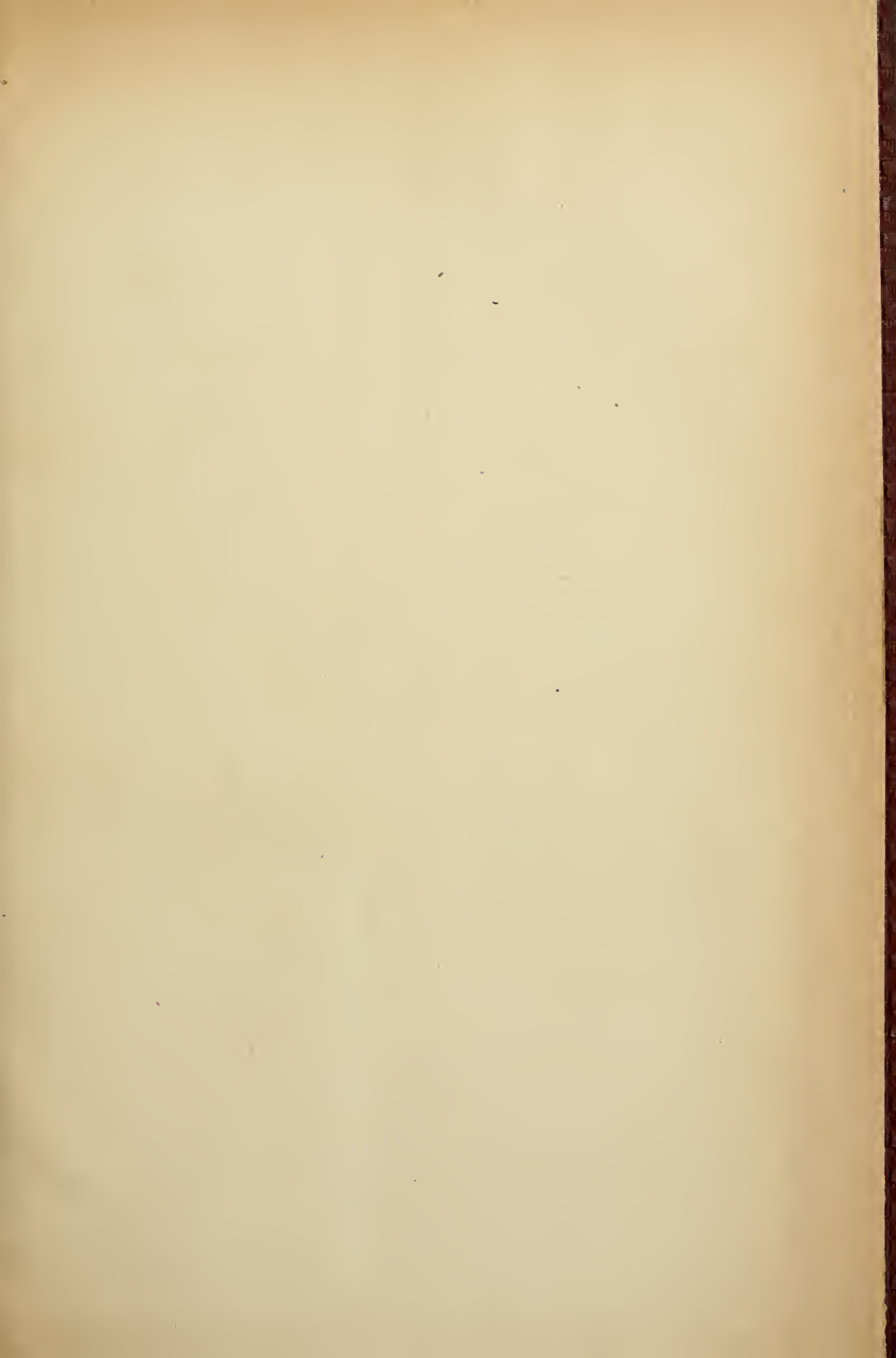
A MATTER OF FAMILY PRIDE.—"Prisoner, have you anything to say why the sentence of death should not be passed upon you?" "A few words, your Honor. I am thirty years of age." "Well?" "Your older brother is a physician." "This is impertinent and irrelevant." "It may sound so, your Honor, but it means life or death to me. I understand that you take a great pride in the phenomenal success of your brother?" "I do, but what possible bearing can that have upon your case?" "Simply this: Your brother, the doctor, examined me a year ago and predicted that I would live at least thirty years. It would certainly undermine his reputation as a scientist should I die before that time."

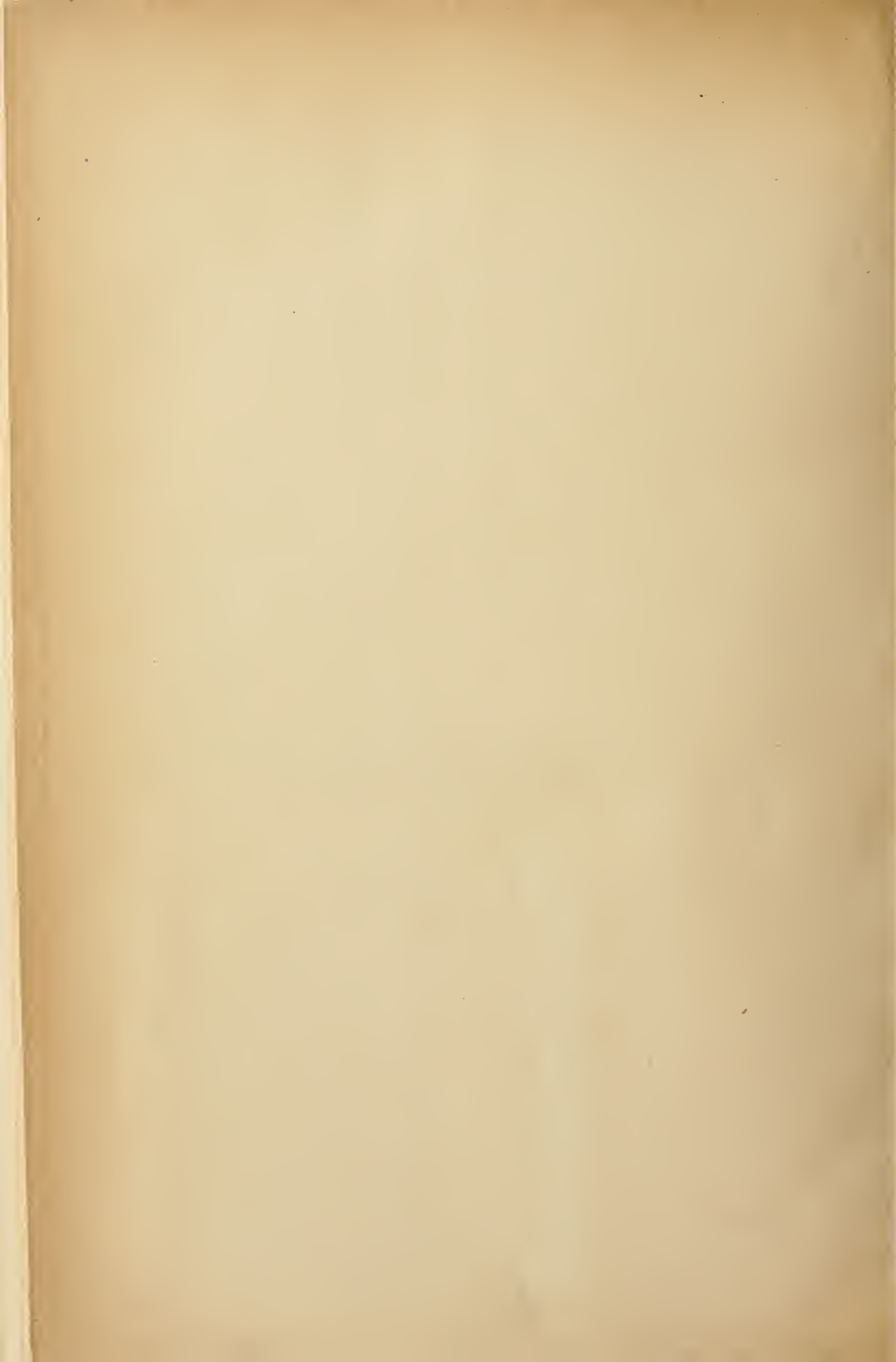
—A MAN MET his doctor on the street and complained of rheumatic pains, for which the doctor recommended him to take a pinch of "nitrate of potash" two or three times a day. Shortly afterwards he met the doctor again, and, in reply to a question regarding his health, remarked, "Oh, I'm getting well, doctor; but 'tain't your medicine. I tried that for some time, till a neighbor told me of something he took for his rheumatism—a very simple remedy. I tried it, and it does me a great deal of good." "What is it?" said the doctor. "Oh, it's simple: I'm afraid you'll laugh at me if I tell you." The doctor promised to control his risibles, and the patient, after much urging, informed him that it was "saltpetre." The doctor's smile was longer than the street.—*Chemist and Druggist*.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Dec. 18, 1887, to Dec. 24, 1887:

Capt. Victor Biart, Assistant Surgeon, relieved from further duty in Dept. Dakota. S. O. 293, A. G. O. Dec. 17, 1887.

First Lieutenant Eugene L. Swift, Assistant Surgeon, ordered for duty at Fort Spokam, Wash. Ter. S. O. 293, A. G. O. Dec. 17, 1887.









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Medical and surgical reporter
(Philadelphia)

GERSTS

